

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

7517

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. John ----- NICKNAME LAST SUFFIX Lipscombe	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 902 E. 5th St. #204 Austin, Texas, 78702	Date Received Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 4853003	Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Emma ----- NICKNAME LAST SUFFIX Barrientos	DATA RECEIVED COUNTY CLERK TRAVIS COUNTY 11 JAN 13 PM 1:29 FILED FOR RECORD	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2906 Gem Circle Austin, Texas, 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 442-7233		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2010 12 / 31 / 2010		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Court at Law in District #3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

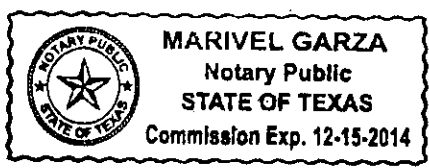
**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME John Lipscombe	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

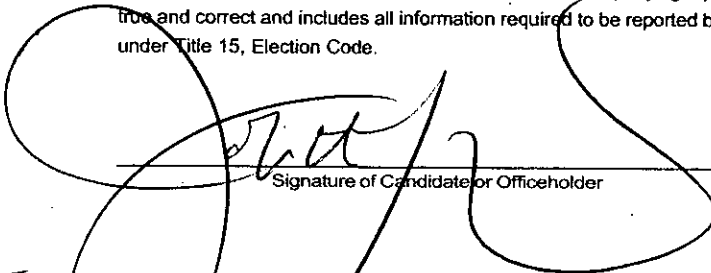
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9815.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2103.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Lipscombe, this the 18 day of January, 2011, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Marivel Garza

 Print name of officer administering oath

Notary Public State of Texas

 Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 1 of 3	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/7/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Jones	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 11028 Mint Julep Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm self		12 Law firm of contributor's spouse (if any)	

13 If contributor is a child, law firm of parent(s) (if any)

Date 7/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Martinez Law Firm	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 2101 S. IH 35 Ste 201 Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 7/7/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Wahlberg	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1208 West Ave Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm P. David Wahlberg		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 2 of 3	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/22/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan-Thrasher, L.L.C. 6 Contributor address; City; State; Zip Code 1104 San Antonio St. Austin, TX 78707	7 Amount of contribution (\$) 150.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 10/8/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Oliver Grigson Contributor address; City; State; Zip Code 603 Westlake Dr. Austin, TX 78746	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
Contributor's principal occupation lawyer		Contributor's job title	
Contributor's employer/law firm Law Office of Charles O. Grigson		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 10/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen M. Sonleitner Contributor address; City; State; Zip Code 1712 Pasadena Drive Austin, TX 78757	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
Contributor's principal occupation deputy auditor		Contributor's job title	
Contributor's employer/law firm County Auditor		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 3 of 3	
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/10/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kellie michele bailey	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 2200 woodmont ave austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation attorney		10 Contributor's job title owner	
11 Contributor's employer/law firm Kellie M. Bailey attorney at law		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 9/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Buckle	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 602 W 11th St Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Scanlan, Buckle and Young P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1 of 3
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/7/2010	5 Payee name Piryx, Inc. 6 Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	7 Amount (\$) 4.50
8 Purpose of payment (See instructions regarding type of information required.) Transaction fee (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/7/2010	Payee name GNI Strategies Payee address; City; State; Zip Code 908 E. 5th St Ste 114 Austin, TX 78702	Amount (\$) 750.00
Purpose of payment (See instructions regarding type of information required.) admin (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/7/2010	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78702	Amount (\$) 750.00
Purpose of payment (See instructions regarding type of information required.) 2nd part of sponsorship (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/7/2010	Payee name David Butts Payee address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723	Amount (\$) 5000.00
Purpose of payment (See instructions regarding type of information required.) consulting service-part of win bonus (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 of 3
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/15/2010	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78702	7 Amount (\$) 1000.00
8 Purpose of payment (See instructions regarding type of information required.) Coordinated Campaign (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/26/2010	Payee name Mr. Joel Blanchard Payee address; City; State; Zip Code 7108 Teaberry Dr. Austin, TX 78745	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/10/2010	Payee name Piryx, Inc. Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$) 11.25
Purpose of payment (See instructions regarding type of information required.) Transaction fee (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/8/2010	Payee name Paddington Media Payee address; City; State; Zip Code 504 W. 7th St Austin, TX 78701	Amount (\$) 500.00
Purpose of payment (See instructions regarding type of information required.) Win Contingency Bonus (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:
3 of 3

2 FILER NAME
John Lipscombe 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name GNI Strategies	7 Amount (\$)
12/13/2010	6 Payee address; City; State; Zip Code 902 E. 5th St Ste 204 Austin, TX 78702	750.00

8 Purpose of payment (See instructions regarding type of information required.) Quarterly Consulting/Administration (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name GNI Strategies	Amount (\$)
10/18/2010	Payee address; City; State; Zip Code 902 E. 5th St Ste 204 Austin, TX 78702	750.00

Purpose of payment (See instructions regarding type of information required.) Quarterly Consulting/Administration (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME John Lipscombe		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/8/2010	5 Payee name GNI Strategies <hr/> 6 Payee address; City; State; Zip Code 902 E. 5th St Ste 204 Austin, TX 78702 7 Purpose of expenditure (See instructions regarding type of information required.) Election Night Party	8 Amount (\$) 100.00
Date	Payee name <hr/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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