

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8296

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Mr.      John      H. NICKNAME      LAST      SUFFIX Lipscombe	<div style="border: 1px solid black; padding: 2px;"> <b>OFFICE USE ONLY</b>                  Date Received: FEB - 3 AM : 3                  Date Hand-delivered or Postmarked:                  Receipt #      Amount                  Date Processed                  Date Imaged             </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE P.O. BOX 685008 Austin, TX 78768		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (512) 420-0037		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Mrs.      Sylvia Camarillo NICKNAME      LAST      SUFFIX		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE P.O. Box 685008		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (512)      420-0037		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 1 / 1 / 14      THROUGH      1 / 23 / 14		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 03 / 04 / 14	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b> OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>		
County Court at Law #3			

**GO TO PAGE 2**

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

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

14 C/OH NAME  
John H. Lipscombe

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. 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  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1420. <sup>00</sup>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 9,240. <sup>00</sup>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,035.82
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000. <sup>00</sup>

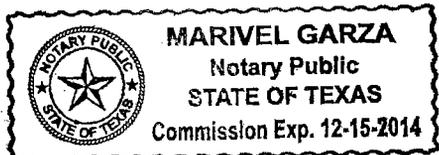
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*John H. Lipscombe*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John H. Lipscombe, this the 30 day of January, 20 14, to certify which, witness my hand and seal of office.

*Marivel Garza*  
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):

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESUS Tirrez</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<b>1/6/14</b>	6 Contributor address; City; State; Zip Code <b>4801 Crafty Cove Austin, TX 78749</b>	<b>250<sup>00</sup></b>	
(If travel outside of Texas, complete Schedule T)			

9 Contributor's principal occupation **Attorney** 10 Contributor's job title

11 Contributor's employer/law firm **JESUS Tirrez + Associates** 12 Law firm of contributor's spouse (if any)

13 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#: _____) <b>Andrew Forsythe</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>1/7/14</b>	Contributor address; City; State; Zip Code <b>3200 Crosswind Rd. Spicewood, TX 78669</b>	<b>100<sup>00</sup></b>	
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation **Attorney** Contributor's job title

Contributor's employer/law firm **Self** 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#: _____) <b>Corby Holcomb</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>1/8/14</b>	Contributor address; City; State; Zip Code <b>199 Wild Plum Way Austin, TX 78737</b>	<b>25<sup>00</sup></b>	
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation **Attorney** Contributor's job title

Contributor's employer/law firm **Travis County** 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 SCHEDULE 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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/8/14	5 Full name of contributor <input type="checkbox"/> but-of-state PAC (ID#: _____) Corby Holcomb 6 Contributor address; City; State; Zip Code 199 Wild Plum Way Austin, TX 78737	7 Amount of contribution (\$) 250 <sup>00</sup>	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title	
11 Contributor's employer/law firm Travis County		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 1/9/14	Full name of contributor <input type="checkbox"/> but-of-state PAC (ID#: _____) Ross Bingham Contributor address; City; State; Zip Code 1807 Palma Plaza Austin, TX 78703	Amount of contribution (\$) 250 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor's principal occupation Software Developer		Contributor's job title	
Contributor's employer/law firm C.A.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 1/16/14	Full name of contributor <input type="checkbox"/> but-of-state PAC (ID#: _____) Susan Griffith Contributor address; City; State; Zip Code 950 Westbank Dr. #100 Austin, TX 78746	Amount of contribution (\$) 100 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor's principal occupation Realtor		Contributor's job title	
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/17/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich Bailey	7 Amount of contribution (\$) 20 <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 2062 Austin, TX 78768		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Government Relations		10 Contributor's job title	
11 Contributor's employer/law firm City of Austin		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia Burke	Amount of contribution (\$) 100 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6500 Santolina Cove Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Retired		Contributor's job title	
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Medley	Amount of contribution (\$) 50 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2206 Pennsylvania Ave. B. Austin, TX 78702		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Student		Contributor's job title	
Contributor's employer/law firm University of Texas		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 SCHEDULE 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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/23/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Betty Blackwell</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2700 Townes Ln. Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title	
11 Contributor's employer/law firm <b>Self</b>		12 Law firm of contributor's spouse (if any)	
13 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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(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)			

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

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME John H. Lipscomb	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/21/14	5 Payee name GNI Strategies LLC	
6 Amount (\$) \$ 3,200 <sup>00</sup>	7 Payee address; City; State; Zip Code P.O. Box 685008 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/9/14	Payee name Texas Democratic Party	
Amount (\$) \$750 <sup>00</sup>	Payee address; City; State; Zip Code 4818 East Ben White Blvd. #104 Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) VAN NGP	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/14/14	Payee name GNI Strategies LLC	
Amount (\$) \$1500 <sup>00</sup>	Payee address; City; State; Zip Code P.O. Box 685008 Austin, TX 78768	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/22/14	Payee name Glazer Group	
Amount (\$) \$1000 <sup>00</sup>	Payee address; City; State; Zip Code 5114 Emerald Forest Dr. Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DEC. CONSULTING	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME John H. Lipscombe	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1/9/14	<b>5</b> Payee name Black Austin Democrats	
<b>6</b> Amount (\$) \$60 <sup>00</sup> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code N/A	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contribution	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
Date 1/13/14	Payee name NXNW	
Amount (\$) \$20 <sup>00</sup> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Member fee	Description (If travel outside of Texas, complete Schedule T)
Date 1/6/14	Payee name Capital Area Democrats	
Amount (\$) \$20 <sup>00</sup> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 413 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Member fee	Description (If travel outside of Texas, complete Schedule T)
Date 1/8/14	Payee name Austin Tejano Democrats	
Amount (\$) \$150 <sup>00</sup> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>John H. Lipscombe</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/8/14</b>	5 Payee name <b>University Democrats</b>
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6 Amount (\$) <b>\$250<sup>00</sup></b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>N/A</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contribution</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <b>1/20/14</b>	Payee name <b>South Austin Democrats</b>
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Amount (\$) <b>\$150<sup>00</sup></b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>N/A</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contribution</b>	Description (If travel outside of Texas, complete Schedule T)
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Date <b>1/7/14</b>	Payee name <b>Capital Area Progressive Democrats</b>
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Amount (\$) <b>\$170<sup>00</sup></b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>N/A</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution + member fee</b>	Description (If travel outside of Texas, complete Schedule T)
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Date <b>1/8/14</b>	Payee name <b>Liberal Austin Democrats</b>
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Amount (\$) <b>\$50<sup>00</sup></b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>N/A</b>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME John H. Lipscombe	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/6/14	<b>5</b> Payee name West Austin Democrats
--------------------------	--

<b>6</b> Amount (\$) \$ 2000 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code N/A
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Member fee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

Date 1/22/14	Payee name Travis County Democratic Party
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Amount (\$) \$ 1900.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1311 E. 6th St. Austin, TX 78702
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) JBR Dinner + finance council
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED