

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8321

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. John H. NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Lipscombe</p>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 685008 Austin, TX 78768		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 420-0037		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Sylvia NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Camarillo</p>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 685008 Austin, TX 78768		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 420-0037		
9 REPORT TYPE	<input 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 checked="" 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 1 / 24 / 14 THROUGH 2 / 22 / 14		
11 ELECTION	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	
12 OFFICE	OFFICE HELD (if any) County Court at Law #3	13 OFFICE SOUGHT (if known) " "	
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)

 additional pages

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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)	\$ 1,800 ⁰⁰
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 35,202. ⁷¹
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,433. ¹¹
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000 ⁰⁰

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.



John H. Lipscombe
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John H. Lipscombe, this the 24th day of February, 2014, to certify which, witness my hand and seal of office.

Cynthia Hall Flint Cynthia Hall Flint Notary Public
Signature of officer administering oath Print name of officer administering oath 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 out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

1/27/14

Baird Farrelly
6 Contributor address; City; State; Zip Code
2312 Western Trails Blvd.
#102-A Austin, TX

250⁰⁰

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Self

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

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/31/14

Eva Gonzalez
Contributor address; City; State; Zip Code
P.O. Box 152751
Austin, TX 78715

25⁰⁰

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Legal Assistant

Contributor's job title

Tx Dept of Aging + Disability Services

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 out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/6/14

Margaret Kercher
Contributor address; City; State; Zip Code
1301 Nueces St. #101
Austin, TX 78701

50⁰⁰

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

The Kercher Firm PLLC

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Saver	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/7/14	6 Contributor address; City; State; Zip Code 6117 Highlandale Dr. Austin, TX 78731	100⁰⁰	
(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 **Self** 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#: _____) Chris Jackson	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/10/14	Contributor address; City; State; Zip Code 6702 Zenith Cove Austin, TX 78759	150⁰⁰	
(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#: _____) Bob Perkins	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/10/14	Contributor address; City; State; Zip Code 1104 Nueces St. #203 Austin, TX 78701	100⁰⁰	
(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)

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 2/4/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Berran	7 Amount of contribution (\$) 150 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code N/A		(If travel outside of Texas, complete Schedule T)	
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 2/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanisa Jeffers	Amount of contribution (\$) 150 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code N/A		(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 2/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody Sims	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10617 North Platt River Dr. Austin, TX 78748		(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)			

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 2/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin Hecker	7 Amount of contribution (\$) 25 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1319 Wilson Heights Dr. Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Audiovisual Design Consultant		10 Contributor's job title	
11 Contributor's employer/law firm JanCom Technologies, Inc		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raman Gill	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4308 Bellvue Ave. Austin, TX 78756		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Sumpter & Gonzalez		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Trager Neavel	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2905 Scenic Dr. Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Advocate		Contributor's job title	
Contributor's employer/law firm None		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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/21/14	Betty Blackwell 6 Contributor address; City; State; Zip Code 2700 Townes Lane Austin, TX 78703	100 ⁰⁰	
9 Contributor's principal occupation		10 Contributor's job title	
Attorney			
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
Self			
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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/21/14	Cecilia Burke Contributor address; City; State; Zip Code 6500 Santolina Cove Austin, TX 78731	100 ⁰⁰	
Contributor's principal occupation		Contributor's job title	
Retired			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
N/A			
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)
2/22/14	Karen Sonleitner Contributor address; City; State; Zip Code 1712 Pasadena Dr. Austin, TX 78757	250 ⁰⁰	
Contributor's principal occupation		Contributor's job title	
Senior Planner			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Travis County			
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	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/14/14	5 Payee name Andre Treiber	
6 Amount (\$) 875.00	7 Payee address; City; State; Zip Code 1826 Pinewood Ct. Sugarland, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Field Director	(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 2/14/14	Payee name GNI Strategies	
Amount (\$) 1500.00	Payee address; City; State; Zip Code P.O. Box 686008 Austin, TX 78768	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 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
Date 2/17/14	Payee name Paul Chambless	
Amount (\$) 675.00	Payee address; City; State; Zip Code 16900 Fortmead Rd. Del Valle, TX 76829	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Sign Distribution	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 2/17/14	Payee name Ystrategy	
Amount (\$) 2300.00	Payee address; City; State; Zip Code 603 W. 13th St. #2G Austin, TX 78721	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ID calls	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

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	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/12/14	5 Payee name Ystrategy	
6 Amount (\$) 3701.60	7 Payee address; City; State; Zip Code 603 W. 13th St. # 2G Austin, TX 78721	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ID calls	(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 2/12/14	Payee name Littlefield Consulting	
Amount (\$) 1200.00	Payee address; City; State; Zip Code P.O. Box 90591 Austin, TX 78709	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) County Judge Survey	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 2/10/14	Payee name GNI Strategies	
Amount (\$) 9586.58	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) Mail Piece # 1	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 2/5/14	Payee name Check Mark Typesetting	
Amount (\$) 2690.84	Payee address; City; State; Zip Code 3217 N 135 Austin, TX 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Yard Signs	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

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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/4/14		5 Payee name Travis County Democratic Party			
6 Amount (\$) 400 ⁰⁰		7 Payee address; City; State; Zip Code 1311 E. 6th St. Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Program Ad		(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 1/27/14		Payee name Matt Glazer			
Amount (\$) 1000 ⁰⁰		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) 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	
Date 2/20/14		Payee name GNI Strategies			
Amount (\$) 9586.58		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) Mail Piece # 2		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 2/20/14		Payee name GNI Strategies			
Amount (\$) 346.63		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) Mail Piece		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

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	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/18/14	5 Payee name Ash Hall	
6 Amount (\$) 70 ⁰⁰	7 Payee address; City; State; Zip Code 15130 Cranbourne Houston, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Canvassing	(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 2/18/14	Payee name Brandon Sterratt	
Amount (\$) 170 ⁰⁰	Payee address; City; State; Zip Code 1930 W. Rundberg Ln. #1118 Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Canvassing	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 2/18/14	Payee name Ronald Bowsher	
Amount (\$) 170 ⁰⁰	Payee address; City; State; Zip Code 13542 Wimbledon Dr. Sugarland, TX 77498	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Canvassing	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 2/18/14	Payee name Max Yancy	
Amount (\$) 150 ⁰⁰	Payee address; City; State; Zip Code 100 Skyline Dr. Austin, TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Canvassing	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

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	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/18/14	5 Payee name Allison Lang
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6 Amount (\$) 12 ³²	7 Payee address; City; State; Zip Code 2800 La Frontera Blvd. #3021 Round Rock, TX 78681
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Mileage	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/18/14	Payee name Andre Treiber
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Amount (\$) 17 ³⁶	Payee address; City; State; Zip Code 1826 Pinewood Ct. Sugarland, TX 77498
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Mileage	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/20/14	Payee name Karl-Thomas Musselman
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Amount (\$) 750 ⁰⁰	Payee address; City; State; Zip Code 4504 Ruiz St, Austin, TX 78723
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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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Complete ONLY 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
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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED