

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

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

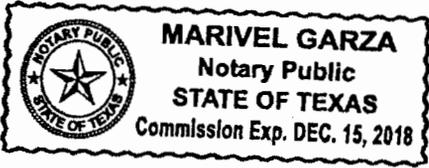
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

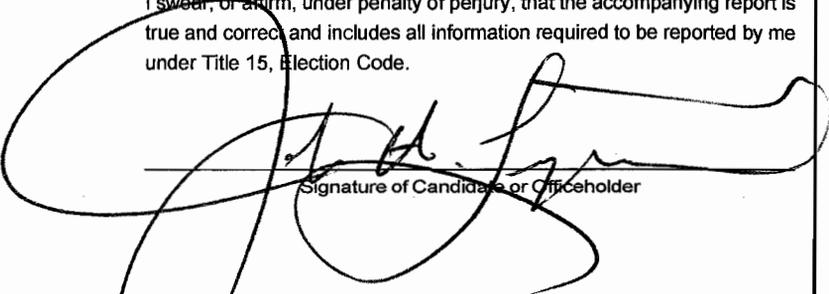
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1250. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 444. ⁸²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,042. ⁵¹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Lipscombe, this the 14 day of January, 2015, 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 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME John H. Lipscombe	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/29/14	5 Payee name GMI Strategies
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6 Amount (\$) 134.82	7 Payee address; City; State; Zip Code PO Box 685008 Austin TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) URL Purchase	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/23/14	Payee name Austin AFL-CIO
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Amount (\$) 310.00	Payee address; City; State; Zip Code 1106 Lavaca St. #200 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

**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 <i>John H Lipscombe</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/1/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David M Douglas</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6404 Oasis Drive Austin, TX 78749</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Lawyer</i>		10 Contributor's job title <i>Lawyer</i>	
11 Contributor's employer/law firm <i>City of Austin</i>		12 Law firm of contributor's spouse (if any) <i>N/A</i>	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>7/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Soechting</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3331 Ranch Road 12, Suite 107 San Marcos, TX 78666</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Lawyer</i>	
Contributor's employer/law firm <i>Soechting Law Firm</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>8/4/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ben Florey</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1800 Guadalupe St. Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Lawyer</i>	
Contributor's employer/law firm <i>Florey Law Offices</i>		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 SCHEDULE AS NEEDED 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 <i>John H. Lipscombe</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/2/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ben Florey</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1800 Guadalupe St. Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Lawyer</i>		10 Contributor's job title <i>Lawyer</i>	
11 Contributor's employer/law firm <i>Florey Law Offices</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>7/1/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jack Bacon</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>508 W 14th Street Austin TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Jack Bacon Attorney At Law</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>7/3/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian & Tanisa Bernard</i>	Amount of contribution (\$) <i>\$ 300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1203 Baylor St. Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Brian Bernard & Associates</i>		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.