

**JUDICIAL CANDIDATE / OFFICEHOLDER 8890  
CAMPAIGN FINANCE REPORT**

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

|   |  |  |                       |
|---|--|--|-----------------------|
| The JC/OH Instruction Guide explains how to complete this form. |  | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:  |
| 3 CANDIDATE / OFFICEHOLDER NAME                                 | MS / MRS / MR  | FIRST  | MI                    |
|   | NICKNAME   | LAST   | SUFFIX                |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                      | ADDRESS / PO BOX:  | APT / SUITE #:   | CITY: STATE: ZIP CODE |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                | AREA CODE  | PHONE NUMBER   | EXTENSION             |
| 6 CAMPAIGN TREASURER NAME                                       | MS / MRS / MR  | FIRST  | MI                    |
|   | NICKNAME   | LAST   | SUFFIX                |
| 7 CAMPAIGN TREASURER ADDRESS                                    | STREET ADDRESS (NO PO BOX PLEASE):   | APT / SUITE #:   | CITY: STATE: ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE                                      | AREA CODE  | PHONE NUMBER   | EXTENSION             |
| 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 checked="" 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        |
| 11 ELECTION   | ELECTION DATE  | ELECTION TYPE  |                       |
|   | Month Day Year   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                       |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)  |                       |

**OFFICE USE ONLY**

Date Received  
 Dana D  
 Coun  
 Travis Co  
 2016 JUL 15 AM 11:19  
 FILED  
 2016

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 250.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

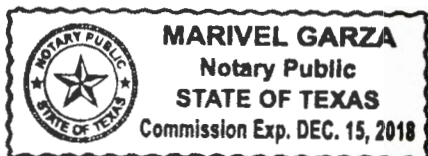
\$ 17,482.51

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John H. Lipscombe, this the 12th day of July, 20 16, to certify which, witness my hand and seal of office.

Marivel Garza  
Signature of officer administering oath

Marivel Garza  
Printed name of officer administering oath

Notary Public - State of Texas  
Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

|               |   |  |
|---------------|---|--|
| 19 FILER NAME |   | 20 Filer ID (Ethics Commission Filers) |
| 21            | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT                     |
| 1.            | <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$ 0                                   |
| 2.            | <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                       | \$ 0                                   |
| 3.            | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$ 0                                   |
| 4.            | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$ 0                                   |
| 5.            | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 250.00                              |
| 6.            | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0                                   |
| 7.            | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0                                   |
| 8.            | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0                                   |
| 9.            | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0                                   |
| 10.           | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0                                   |
| 11.           | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0                                   |
| 12.           | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                                   |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                   |  |  |
|-----------------------------------|--|--|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>John H. Lipscombe | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|--|--|

|                       |   |
|-----------------------|---|
| <b>4</b> Date<br>7/16 | <b>5</b> Payee name<br>G.M. Strategies, LLC |
|-----------------------|---|

|                                |   |
|--------------------------------|---|
| <b>6</b> Amount (\$)<br>250.00 | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 685008 Austin, TX 78768 |
|--------------------------------|---|

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Compliance Consulting | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|--|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED