Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7200

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed.

OFFICE USE ONLY

Date Received

FILED FOR RECORD '10 JAN 11 PM 12:02 DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST ROSEMARY MI

NICKNAME LAST LEHMBERG SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 2606 DEERFOOT TRAIL APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78704

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (512) PHONE NUMBER 658-5346 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST Bill MI

NICKNAME LAST McLELLAN SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 611 S. CONGRESS APT / SUITE #: Suite 340 CITY: Austin STATE: TX ZIP CODE 78704

8 CAMPAIGN TREASURER PHONE

AREA CODE (512) PHONE NUMBER 707-0886 EXTENSION

9 REPORT TYPE

- ☑ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month 7 Day 1 Year 09 THROUGH Month 12 Day 31 Year 09

11 ELECTION

ELECTION DATE Month 11 Day 4 Year 08

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☑ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any) Travis Co. Dist. Atty.

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Rosemary Lehmberg

16 ACCOUNT # (Ethics Commission Filers)

17 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5789.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

LINDA K. MAXWELL
Notary Public
STATE OF TEXAS
Commission Exp. 03-12-2012

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 Rosemary Lehmberg, this the 11th day of Jan., 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Printed name of officer administering oath: LINDA K. MAXWELL — Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME ROSEMARY LEHMBERG

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount ($)
9/19/09	Council on At-Risk Youth 6 Payee address. City: State: Zip Code 3710 Cedar St. Box 23 Austin TX 78705	200.00

8 Purpose of payment (See instructions regarding type of information required.)
CELEBRATION DINNER SPONSOR
(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	Payee name	Amount ($)
11/20/09	NAACP Payee address; City; State; Zip Code 1704 E. 12th St. Austin TX 78702	100.00

Purpose of payment (See instructions regarding type of information required.)
AD - Banquet Booklet
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED