

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Lehmberg, Rosemary

15 ACCOUNT # (Ethics Commission filers)
00063214

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

additional pages

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 \$ 515.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 26,785.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 25.00

4. TOTAL POLITICAL EXPENDITURES \$ 11,169.75

CONTRIBUTION BALANCE

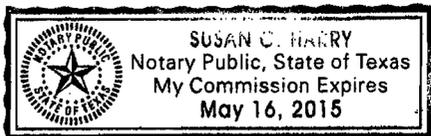
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 28,267.78

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rosemary Lehmberg, this the 14th day of July, 20 11, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Susan C. Harry

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/8 Report: 3/13	
2 FILER NAME Lehmberg, Rosemary		3 ACCOUNT # (Ethics Commission filers) 00063214	
4 Date 06/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Almanza Blackburn & Dickie, LLP 6 Contributor address; City; State; Zip Code 2301 S. Capital of Texas Hwy. Bldg. H Austin, TX 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bassett, Margaret Contributor address; City; State; Zip Code 4902 Pony Chase Austin, TX 78727	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackwell, Betty Contributor address; City; State; Zip Code 1306 Nueces St. Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Booher, James Contributor address; City; State; Zip Code 2901 Majestic Oaks Pass Austin, TX 78732	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crosby, Donna Contributor address; City; State; Zip Code 1510D Camp Craft Rd. Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/8 Report: 6/13	
2 FILER NAME Lehberg, Rosemary		3 ACCOUNT # (Ethics Commission filers) 00063214	
4 Date 04/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mauzy, Catherine	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) ticket to luncheon
6 Contributor address; City; State; Zip Code 700 Lavaca St., Ste. 1150 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McElroy, Laura	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6603 Beauford Dr. Austin, TX 78750		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McFarland, Stephanie	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4007 Rosedale Austin, TX 78756		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNelis, Anna	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5302 Valburn Circle Austin, TX 78731		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minton, Burton, Foster & Collins P.C.	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1100 Guadalupe Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/8 Report: 9/13	
2 FILER NAME Lehmburg, Rosemary		3 ACCOUNT # (Ethics Commission filers) 00063214	
4 Date 06/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Holly 6 Contributor address; City; State; Zip Code 4520 Caswell Ave. Austin, TX 78751	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sheriff's Law Enforcement Assn. PAC Contributor address; City; State; Zip Code 8600 Ranch Road 620 N #210 Austin, TX 78726	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wetzel, Allison Contributor address; City; State; Zip Code 1310 Shannon Oaks Tr. Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitehurst, Harkness, Brees & Cheng, P.C. Contributor address; City; State; Zip Code 5113 Southwest Parkway, Ste. 150 Austin, TX 78735	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Kimberly Contributor address; City; State; Zip Code 2400 Camino Alto Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/8 Report: 10/13	
2 FILER NAME Lehmberg, Rosemary		3 ACCOUNT # (Ethics Commission filers) 00063214	
4 Date 06/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willis, Beverly 6 Contributor address; City; State; Zip Code 7703 Creekbluff Dr. Austin, TX 78750	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wood, Jacqueline Contributor address; City; State; Zip Code 1608B Wild Basin South Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woodiel, Theresa Contributor address; City; State; Zip Code 4902 Pony Chase Austin, TX 78727	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woody, LaRu Contributor address; City; State; Zip Code 1801 Santa Clara Steet Austin, TX 78757	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 1/3 Report: 11/13	2 FILER NAME Lehberg, Rosemary	3 ACCOUNT # (TEC filers) 00063214
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4 Date 01/31/2011	5 Payee name Bank of America
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6 Amount (\$) \$16.00	7 Payee address City; State; Zip Code PO Box 53150 Phoenix, AZ 85072-3150
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly banking fee
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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 02/28/2011	Payee name Bank of America
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Amount (\$) \$16.00	Payee address City; State; Zip Code PO Box 53150 Phoenix, AZ 85072-3150
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly banking fee
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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 03/31/2011	Payee name Bank of America
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Amount (\$) \$16.00	Payee address City; State; Zip Code PO Box 53150 Phoenix, AZ 85072-3150
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly banking fee
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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 04/30/2011	Payee name Bank of America
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Amount (\$) \$16.00	Payee address City; State; Zip Code PO Box 53150 Phoenix, AZ 85072-3150
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly banking fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 2/3 Report: 12/13		2 FILER NAME Lehmborg, Rosemary		3 ACCOUNT # (TEC filers) 00063214	
4 Date 05/31/2011	5 Payee name Bank of America				
6 Amount (\$) \$16.00	7 Payee address City; State; Zip Code PO Box 53150 Phoenix, AZ 85072-3150				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly banking fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/30/2011	Payee name Bank of America				
Amount (\$) \$16.00	Payee address City; State; Zip Code PO Box 53150 Phoenix, AZ 85072-3150				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly banking fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 01/07/2011	Payee name Baugh, Chris				
Amount (\$) \$300.00	Payee address City; State; Zip Code 10220 Big Thicket Dr. Austin, TX 78747				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office DA certificates		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 01/07/2011	Payee name Butts, David				
Amount (\$) \$10,000.00	Payee address City; State; Zip Code 1914 Patton Lane Austin, TX 78723				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting (on 2008 campaign)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 3/3 Report: 13/13		2 FILER NAME Lehmburg, Rosemary		3 ACCOUNT # (TEC filers) 00063214	
4 Date 05/31/2011		5 Payee name Craddock & Rodriguez, P.C.			
6 Amount (\$) \$250.00		7 Payee address City; State; Zip Code 4311 South 1st Street Austin, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> return of prior contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/18/2011		Payee name Harry, Susan			
Amount (\$) \$250.00		Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> compliance consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/30/2011		Payee name Piryx			
Amount (\$) \$123.75		Payee address City; State; Zip Code 401 W. 15th St. Ste. 520 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees for reporting period	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/05/2011		Payee name Travis County Women Lawyers Association			
Amount (\$) \$125.00		Payee address City; State; Zip Code P. O. Box 684683 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ticket to luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	