

**CORRECTION/AMENDMENT AFFIDAVIT
FOR POLITICAL COMMITTEE**

8413

1 ACCOUNT #		2 Total pages filed: <u>7</u>		OFFICE USE ONLY	
3 COMMITTEE NAME <u>FRIENDS OF ROSEMARY LEHMBERG</u>		Date Received <u>2013 AUG 20 11:11 AM</u>			
4 TREASURER NAME <u>RACHEL HOWELL</u>		Date Hand-delivered or Postmarked		Receipt #	
5 ORIGINAL REPORT TYPE		Date Processed		Amount	
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution Report <input type="checkbox"/> Other (specify _____)		Date Imaged			
6 ORIGINAL PERIOD COVERED		Month Day Year			
		<u>5 / 07 / 13</u> THROUGH <u>6 / 30 / 13</u>			

7 EXPLANATION OF CORRECTION

- CONTRIBUTION BALANCE CORRECTED
- TOTAL POLITICAL CONTRIBUTIONS ADJUSTED
- \$16 BANK SVC FEE EXPENDITURE ADDED
- PREVIOUSLY REPORTED LOAN SHOULD HAVE BEEN REPORTED AS IN-KIND CONTRIBUTION.
- OUTSTANDING LOANS TOTALS ADJUSTED
- I SIGNED THE REPORT
- SCHEDULE K ADDED

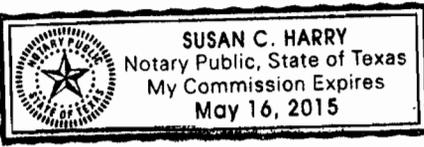
8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Rachel Howell
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rachel Howell, this the 20th day of August.

20 14 [Signature], to certify which, witness my hand and seal, of office.

[Signature] Printed name of officer administering oath
Notary Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 COMMITTEE NAME

FRIENDS OF ROSEMARY LEHMBERG

OFFICE USE ONLY

Date Received:

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

change of address

1820 W. 10TH STREET AUSTIN TX 78703

Date Hand-delivered or Postmarked:

Receipt #

Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

RACHEL

A

HOWELL

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3801 WOODBROOK CIRCLE AUSTIN, TX 78759

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

change of address

3801 WOODBROOK CIRCLE AUSTIN TX 78759

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 422-8439

9 REPORT TYPE

January 15

30th day before election

Exceeded \$500 limit

July 15

8th day before election

Dissolution (attach PAC-DR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

5 / 7 / 2013

THROUGH

Month Day Year

6 / 30 / 2013

11 ELECTION

ELECTION DATE
Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

General

Special

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME FRIENDS OF ROSEMARY LEHMBERG ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>ROSEMARY LEHMBERG</u>
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>TRAVIS COUNTY DISTRICT ATTORNEY</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month / Day / Year _____
		DESCRIPTION _____

14 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)	\$ 2114.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 16.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 984.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

15 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.



Rachel Howell
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rachel Howell, this the 20th day of August, 2014, to certify which, witness my hand and seal of office.

Susan C. Harry Signature of officer administering oath
 Printed 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 Total pages Schedule A:

2 FILER NAME

FRIENDS OF ROSEMARY LEAMBERG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.13.13

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

BARBARA B. MILLER

6 Contributor address; City; State; Zip Code

P.O. Box 1029 AUSTIN, TX 78767

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

CONSULTANT

10 Employer (See Instructions)

SELF: BARBARA MILLER COMMUNICATIONS

Date

5-18-13

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

CATHERINE A. MAUZY

Contributor address; City; State; Zip Code

5203 SHOAL CREEK BLVD AUSTIN, TX 78756

Amount of contribution (\$)

1614.00

In-kind contribution description (if applicable)

AD PURCHASED IN AUSTIN CHRONICLE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY / PARTNER

Employer (See Instructions)

MAUZY + TUCKER, PLLC

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

FRIENDS OF ROSEMARY LEHMBERG

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

5/9/13

7 Name of lender

PATRICA SUE SUMMERVILLE

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

500.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

1820 W. 10TH STREET AUSTIN TX 78703

10 Interest rate

—

11 Maturity date

—

12 Principal occupation / Job title (See Instructions)

CONSULTANT / OWNER

13 Employer (See Instructions)

SELF: SUMMERVILLE CONSULTING + COACHING

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 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 FRIENDS OF ROSEMARY LEHMBERG	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6.24.13	5 Payee name WELLS FARGO
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6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code P.O. Box 266000 DALLAS TX 75326
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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) MONTHLY SVC FEE <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	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
------------------------	--	--

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
-------------	--------------------------------------

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
------------------------	--	--

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
-------------	--------------------------------------

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

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

FRIENDS OF ROSEMARY LEHMBERG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

WELLS FARGO, N.A. (808)

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

P.O. Box 266 000 DALLAS, TX 75326

0.01

6.24.13

7 Purpose for which amount is received

INTEREST

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED