

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

8414

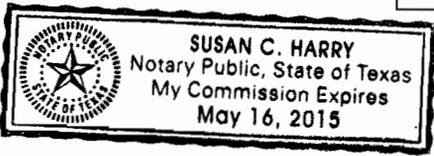
1 ACCOUNT # 2 Total pages filed: 6 OFFICE USE ONLY 3 COMMITTEE NAME FRIENDS OF ROSEMARY LEAMBERG 4 TREASURER NAME RACHEL HOWELL 5 ORIGINAL REPORT TYPE [X] January 15 [] Runoff [] July 15 [] 10th day after campaign treasurer termination [] 30th day before election [] Dissolution Report [] 8th day before election [] Other (specify) 6 ORIGINAL PERIOD COVERED Month Day Year 7 / 1 / 2013 THROUGH Month Day Year 12 / 30 / 13

7 EXPLANATION OF CORRECTION - \$96.00 IN EXPENDITURES ADDED - SCH K ADDED - OUTSTANDING LOANS TOTAL ADJUSTED - I SIGNED THE REPORT

8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable:

[X] 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 12, to certify which, witness my hand and seal of office. Signature of officer administering oath: Susan C. Harry 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: AUG 20 11:29
---	---

4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1820 W. 10th STREET AUSTIN TX 78703	Date Hand-delivered or Postmarked Receipt # Amount
---	---	--

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI RACHEL A NICKNAME LAST SUFFIX 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 <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3801 WOODBROOK CIRCLE AUSTIN TX 78759
--	--

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 422-8439
----------------------------	---

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
---------------	--

10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 13 THROUGH 12 / 30 / 13
-------------------	---

11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
-------------	---	---

GO TO PAGE 2

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2** 2 FILER NAME **FRIENDS OF ROSEMARY LEHMBERG** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **7.23.13** 5 Payee name **WELLS FARGO, N.A. (808)**

6 Amount (\$) **16.00** 7 Payee address; City; State; Zip Code
P.O. Box 266000 DALLAS, TX 75326

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 SUC FEE**
 Check if Austin, TX, officeholder living expense

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

Date **8.22.13** Payee name **WELLS FARGO, N.A. (808)**

Amount (\$) **16.00** Payee address; City; State; Zip Code
P.O. Box 266000 DALLAS, TX 75326

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **ACCOUNTING/BANKING** Description (If travel outside of Texas, complete Schedule T) **MONTHLY SUC FEE**
 Check if Austin, TX, officeholder living expense

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

Date **9.24.13** Payee name **WELLS FARGO, N.A. (808)**

Amount (\$) **16.00** Payee address; City; State; Zip Code
P.O. Box 266000 DALLAS, TX 75326

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **ACCOUNTING/BANKING** Description (If travel outside of Texas, complete Schedule T) **MONTHLY SUC FEE**
 Check if Austin, TX, officeholder living expense

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

Date **10.23.13** Payee name **WELLS FARGO, N.A. (808)**

Amount (\$) **16.00** Payee address; City; State; Zip Code
P.O. Box 266000 DALLAS, TX 75326

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **ACCOUNTING/BANKING** Description (If travel outside of Texas, complete Schedule T) **MONTHLY SUC FEE**
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	3 ACCOUNT # (Ethics Commission Filers)
2	FRIENDS OF ROSEMARY LEHMBERG	
4 Date	5 Payee name	
11.25.13	WELLS FARGO	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
16.00	P.O. Box 266000 DALLAS TX 75326	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	ACCOUNTING / BANKING	MONTHLY SVC FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12.23.13	WELLS FARGO	
Amount (\$)	Payee address; City; State; Zip Code	
16.00	P.O. Box 266000 DALLAS TX 75326	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ACCOUNTING / BANKING	MONTHLY SVC FEE <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
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
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

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 <u>8.22.13</u>	5 Name of person from whom amount is received <u>WELLS FARGO, N.A.</u> 6 Address of person from whom amount is received; City; State; Zip Code <u>P.O. Box 266000 DALLAS, Tx 75326</u>	8 Amount (\$) <u>0.01</u>
7 Purpose for which amount is received <u>INTEREST</u>		

Date <u>9.24.13</u>	Name of person from whom amount is received <u>WELLS FARGO, N.A.</u> Address of person from whom amount is received; City; State; Zip Code <u>P.O. Box 266000 DALLAS, Tx 75326</u>	Amount (\$) <u>0.01</u>
Purpose for which amount is received <u>INTEREST</u>		

Date <u>11.25.13</u>	Name of person from whom amount is received <u>WELLS FARGO, N.A.</u> Address of person from whom amount is received; City; State; Zip Code <u>P.O. Box 266000 DALLAS Tx 75326</u>	Amount (\$) <u>0.01</u>
Purpose for which amount is received <u>INTEREST</u>		

Date <u>12.23.13</u>	Name of person from whom amount is received <u>WELLS FARGO, N.A.</u> Address of person from whom amount is received; City; State; Zip Code <u>P.O. Box 266000 DALLAS, Tx 75326</u>	Amount (\$) <u>0.01</u>
Purpose for which amount is received <u>INTEREST</u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED