

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

8415

1 ACCOUNT #		2 Total pages filed: <u>7</u>		OFFICE USE ONLY	
3 COMMITTEE NAME <u>FRIENDS OF ROSEMARY LEHMBERG</u>		Date Received			
4 TREASURER NAME <u>RACHEL HOWELL</u>		Date Hand-delivered or Postmarked		Receipt #	
5 ORIGINAL REPORT TYPE		Date Processed		Amount	
6 ORIGINAL PERIOD COVERED		Date Imaged			

7 EXPLANATION OF CORRECTION

- CONTRIBUTION BALANCE ~~CORRECTED~~ ^{ADJUSTED} SLIGHTLY
- EXPENDITURES FOR BANK SERVICES INCREASED BY \$32.00
- REDUNDANT SCHEDULE E DELETED
- OUTSTANDING LOANS TOTAL CORRECTED
- 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:

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, to certify which, witness my hand and seal of office.
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 REPORT:
PURPOSE AND TOTALS**

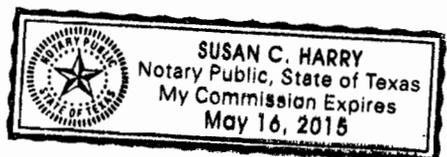
**FORM SPAC
COVER SHEET PG 2**

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 ATTY</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)	\$ 1500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 104.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1768.11
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, 20 14, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Susan C. Harry 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 LEHMBERG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-3-14

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

BEVERLY MATTHEWS WILLIS

6 Contributor address; City; State; Zip Code

7703 CREEK BLUFF DRIVE AUSTIN TX
78750

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ATTY / DIR OF FAMILY JUSTICE

10 Employer (See Instructions)

TRAVIS COUNTY D.A.'s OFFICE

Date

6.30.14

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

ALLISON BENESCH

Contributor address; City; State; Zip Code

1710 W. 29TH STREET AUSTIN TX
78703

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTY / ASSISTANT D.A.

Employer (See Instructions)

TRAVIS COUNTY D.A.'s OFFICE

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.

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	2 FILER NAME FRIENDS OF ROSEMARY LEHMBERG	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1.24.14	5 Payee name WELLS FARGO, N.A. (808)
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 2.25.14	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 SVC FEE <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 3.24.14	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 SVC FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date 4.22.14	Payee name WELLS FARGO, N.A. (808)
------------------------	----------------------------------------------

Amount (\$) 16.00	Payee address; City; State; Zip Code P.O. Box 266000 DALLAS, TX 75326
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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) MONTHLY SVC FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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	2 FILER NAME FRIENDS OF ROSEMARY LEHMBERG	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5.20.14	5 Payee name WELLS FARGO
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6 Amount (\$) 8.00	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) HARLAND CHECKS ORDERED <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 5.22.14	Payee name WELLS FARGO
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Amount (\$) 16.00	Payee address; City; State; Zip Code P.O. Box 266000 DALLAS Tx 75326
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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) MONTHLY SVC FEE <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
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 6.23.14	Payee name WELLS FARGO
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Amount (\$) 16.00	Payee address; City; State; Zip Code P.O. Box 266000 DALLAS Tx 75326
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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) MONTHLY SVC FEE <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
-----------------------------------------------------	-------------------------------	---------------	-------------

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
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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:

2 FILER NAME

FRIENDS OF ROSEMARY LEHMBERG

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1.24.14

5 Name of person from whom amount is received

WELLS FARGO, N.A.

8 Amount (\$)

0.01

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

P.O. Box 266000 DALLAS, Tx 75326

7 Purpose for which amount is received

INTEREST

Date

3.24.14

Name of person from whom amount is received

WELLS FARGO, N.A.

Amount (\$)

0.01

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

P.O. Box 266000 DALLAS, Tx 75326

Purpose for which amount is received

INTEREST

Date

5.22.14

Name of person from whom amount is received

WELLS FARGO, N.A.

Amount (\$)

0.01

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

P.O. Box 266000 DALLAS Tx 75326

Purpose for which amount is received

INTEREST

Date

6.23.14

Name of person from whom amount is received

WELLS FARGO, N.A.

Amount (\$)

0.02

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

P.O. Box 266000 DALLAS, Tx 75326

Purpose for which amount is received

INTEREST

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED