

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

8478

**FORM SPAC
COVER SHEET PG 1**

<p>The SPAC Instruction Guide explains how to complete this form.</p>	<p>1 ACCOUNT # (Ethics Commission Filers)</p>	<p>2 Total pages filed: 6</p>
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<p>3 COMMITTEE NAME FRIENDS OF ROSEMARY LEHMBERG</p>	<p>OFFICE USE ONLY</p> <p>Date Received</p>
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<p>4 COMMITTEE ADDRESS</p> <p><input type="checkbox"/> change of address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>1820 W. 10th Street Austin Tx 78703</p>	<p>Date Hand-delivered or Postmarked</p> <p>Receipt #</p> <p>Amount</p>
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<p>5 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>RACHELL A</p> <p>NICKNAME LAST SUFFIX</p> <p>HOWELL</p>	<p>Date Processed</p> <p>Date Imaged</p>
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<p>6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>3801 WOODBROOK CIRCLE AUSTIN, TX 78759</p>
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<p>7 CAMPAIGN TREASURER'S MAILING ADDRESS</p> <p><input type="checkbox"/> change of address</p>	<p>STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>3801 WOODBROOK CIRCLE AUSTIN, TX 78759</p>
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<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(512) 442-8439</p>
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<p>9 REPORT TYPE</p>	<p> <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 </p>
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<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p>07 / 01 / 14 THROUGH 12 / 31 / 14</p>
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<p>11 ELECTION</p> <p>ELECTION DATE</p> <p>Month Day Year</p> <p>/ /</p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </p>
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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 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 102.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2182.19
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 13th day of January, 20 15, to certify which, witness my hand and seal of office.

Rose Moody Signature of officer administering oath
Rose Moody Printed name of officer administering oath
Notary Public for State of Texas Title of officer administering oath

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)

4 Date: **7/23/14** 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: **ACCTG/BANKING**
 (a) Category (See categories listed at the top of this schedule): **ACCTG/BANKING**
 (b) Description (If travel outside of Texas, complete Schedule T): **MONTHLY SVC 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: **8/22/14** Payee name: **WELLS FARGO, N.A. (808)**

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

PURPOSE OF EXPENDITURE: **ACCTG/BANKING**
 Category (See categories listed at the top of this schedule): **ACCTG/BANKING**
 Description (If travel outside of Texas, complete Schedule T): **MONTHLY SVC 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: **9/9/14** Payee name: **WELLS FARGO, N.A. (808)**

Amount (\$): **3.00** Payee address; City: State; Zip Code: **P.O. Box 266000 DALLAS, TX 75326**

PURPOSE OF EXPENDITURE: **ACCTG/BANKING**
 Category (See categories listed at the top of this schedule): **ACCTG/BANKING**
 Description (If travel outside of Texas, complete Schedule T): **ONLINE DEP DETAIL + CHARGES**
 Check if Austin, TX, officeholder living expense

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

Date: **9/23/14** 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: **ACCTG/BANKING**
 Category (See categories listed at the top of this schedule): **ACCTG/BANKING**
 Description (If travel outside of Texas, complete Schedule T): **MONTHLY SVC 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	2 FILER NAME FRIENDS OF ROSEMARY LEHMBERG	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/23/14	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
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Date 11/25/14	Payee name WELLS FARGO, N.A. (808)
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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) ACCTG/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
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Date 12/22/14	Payee name WELLS FARGO, N.A. (808)
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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) ACCTG/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
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Date 8/8/14	Payee name WELLS FARGO, N.A. (808)
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Amount (\$) 3.00	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) ACCTG/BANKING	Description (If travel outside of Texas, complete Schedule T) ONLINE DEP DETAIL IMAGES <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
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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:

2 FILER NAME **FRIENDS OF ROSEMARY LEHMBERG** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 7/23/14	5 Name of person from whom amount is received WELLS FARGO, N.A. 6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 266000 DALLAS, Tx 75326	8 Amount (\$) 0.01
7 Purpose for which amount is received INTEREST		

Date 8/22/14	Name of person from whom amount is received WELLS FARGO, N.A. Address of person from whom amount is received; City; State; Zip Code P.O. Box 266000 DALLAS, Tx 75326	Amount (\$) 0.01
Purpose for which amount is received INTEREST		

Date 9/23/14	Name of person from whom amount is received WELLS FARGO, N.A. Address of person from whom amount is received; City; State; Zip Code P.O. Box 266000 DALLAS, Tx 75326	Amount (\$) 0.02
Purpose for which amount is received INTEREST		

Date 10/23/14	Name of person from whom amount is received WELLS FARGO, N.A. Address of person from whom amount is received; City; State; Zip Code P.O. Box 266000 DALLAS, Tx 75326	Amount (\$) 0.02
Purpose for which amount is received INTEREST		

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**

2 FILER NAME **FRIENDS OF ROSEMARY LEHMBERG** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 11/25/14	5 Name of person from whom amount is received WELLS FARGO, N.A. 6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 266000 DALLAS, TX 75326	8 Amount (\$) 0.02
7 Purpose for which amount is received INTEREST		

Date 12/22/14	Name of person from whom amount is received WELLS FARGO, N.A. Address of person from whom amount is received; City; State; Zip Code P.O. Box 266000 DALLAS, TX 75326	Amount (\$) 0.01
Purpose for which amount is received INTEREST		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED