

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

8479

**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 <p style="font-size: 1.2em; text-align: center;">FRIENDS OF ROSEMARY LETIMBERG</p>		OFFICE USE ONLY										
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em; text-align: center;">1820 WEST 10TH STREET AUSTIN, TX 78703</p>		Date Received <div style="text-align: center; font-size: 0.8em;"> 2015 JAN 14 PM 12:24 RECEIVED </div>									
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="font-size: 1.2em; text-align: center;">RACHEL A.</p> NICKNAME LAST SUFFIX <p style="font-size: 1.2em; text-align: center;">HOWELL</p>		Date Hand-delivered or Postmarked Receipt # Amount 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 <p style="font-size: 1.2em; text-align: center;">3801 WOODBROOK CIRCLE AUSTIN, TX 78759</p>											
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em; text-align: center;">3801 WOODBROOK CIRCLE AUSTIN, TX 78759</p>											
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em; text-align: center;">(512) 422-8439</p>											
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input 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 checked="" type="checkbox"/> Dissolution (attach PAC-DR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">01 / 01 / 15</td> <td></td> <td style="text-align: center; font-size: 1.2em;">01 / 15 / 15</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 01 / 15		01 / 15 / 15			
Month Day Year	THROUGH	Month Day Year										
01 / 01 / 15		01 / 15 / 15										
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE Month Day Year</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">/ /</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE			/ /	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
ELECTION DATE Month Day Year	ELECTION TYPE											
/ /	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special								

GOTO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

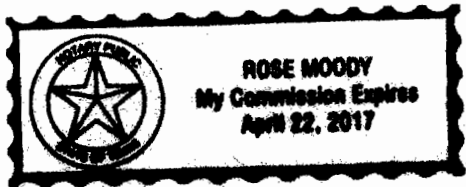
12 COMMITTEE NAME *FRIENDS OF ROSEMARY LEHMBERG* **ACCOUNT # (Ethics Commission Filers)**

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 type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <i>ROSEMARY LEHMBERG</i>
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>TRAVIS COUNTY DISTRICT ATTY</i>
	<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	\$ 2182.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Rose Moody Notary Public for State of Texas
Signature of officer administering oath Printed name of officer administering oath 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: 1	2 FILER NAME FRIENDS OF ROSEMARY LEHMBERG	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-12-15	5 Payee name CATHERINE MAUZY
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6 Amount (\$) \$ 1614.00	7 Payee address; City; State; Zip Code 1717 W. 6th Street #315 Austin Tx 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	(b) Description (If travel outside of Texas, complete Schedule T) RETURN OF CONTRIBUTION <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 1-12-15	Payee name PATRICIA S. SUMMERVILLE
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Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 1820 W. 10th Street Austin, Tx 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) LOAN REPAYMENT <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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Date 1-12-15	Payee name ODYSSEY SCHOOL
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Amount (\$) \$ 182.19	Payee address; City; State; Zip Code 4407 RED RIVER, AUSTIN, TX 78751
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONT/DONATION MADE BY POL COMM.	Description (If travel outside of Texas, complete Schedule T) CHARITABLE CONTRIBUTION <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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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME

FRIENDS OF ROSEMARY LEHMBERG

2 ACCOUNT # (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Rachel Howell
Signature of Campaign Treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**



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