#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00041325 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Debra H. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Lehrmann CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Greg NAME NICKNAME LAST **SUFFIX** Lehrmann **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 477-7722 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Supreme Court Justice Place 3

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Lehrmann, Debra H.	(The Honorable)	<b>14</b> Filer ID 00041325	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made without I officeholders are required to report this information	ut the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
, additional raggo	GENERAL	Judge Debra Lehrmann for Texas Supren	e Court	
		COMMITTEE ADDRESS		
	X SPECIFIC	PO Box 341027		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAMI		
		Greg, Lehrmann		
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
		1005 Congress Ave., Ste. 400		
		Austin, TX 78701		
<b>16</b> CONTRIBUTION TOTALS	<b> </b>	ZED POLITICAL CONTRIBUTIONS(OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO.	ANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 10,548.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required t	companying report is o be reported by me
		The Hon	orable Debra H. Lehrm	ann
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

# SUBTOTALS - JC/OH COVER SHEET PG 3 3 of 20 8 FILER NAME Lehrmann, Debra H. (The Honorable) 0 SCHEDULE SUBTOTALS

18 FILER NAME Lehrmann, Debra H.	Lehrmann, Debra H. (The Honorable) 00041325								
20 SCHEDULE SUBTOTA NAME OF SCHEDULE			SUBTOTAL AM	MOUNT					
1. SCHEDUL	LE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$						
2. SCHEDUL	LE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3. SCHEDUL		\$							
4. SCHEDUL	LE E(J): LOANS (JUDICIAL)		\$						
5. SCHEDUL	LE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$						
6. SCHEDUL	LE F2: UNPAID INCURRED OBLIGATIONS		\$						
7. SCHEDUL	LE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$						
8. SCHEDUL	LE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9. X SCHEDUL	LE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	10,548.09					
10. SCHEDUL	LE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$						
11. SCHEDUL	LE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$						
12. SCHEDUL TO FILER	E K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	RETURNED	\$						

## SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains h	how to co	omplete this form.		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/15 Rpt: 4/20		Lehrmann, Debra H. (The Honorable)				00041325
4	Date	5	Payee name			•	
	11/07/2023		7-Eleven				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$2.37		613 Congress Ave				
	Reimbursement from						
	X political contributions intended		Austin, TX 78701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense			Che	eck if Austin, TX, officeholder living expense
	LAFENDITORE				Court Thanksgivi	ing E	Event
9	Complete ONLY if direct	Car	ıdidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH						
	Data	<del></del>	Para a same				
	Date 11/07/2023		Payee name Amazon				
		╀		7:- 0-	-1-		
	Amount (\$)			Zip Co	ode		
	\$3.06		410 Terry Ave N.				
	X Reimbursement from political contributions intended		Seattle, WA 98109				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense			Che	eck if Austin, TX, officeholder living expense
					Court Thanksgivi	ing E	Event
		Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH						
H	Data	_					
	Date 09/14/2023		Payee name American Inns of Court				
		╙					
	Amount (\$)		•	Zip Co	ode		
	\$400.00		225 Reinekers Lane Ste 770				
	X Reimbursement from political contributions						
	intended		Alexandria, VA 22314				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees		L	_	eck if Austin, TX, officeholder living expense
					Membership due	es fo	r Lloyd Lochridge Am. Inn of Court
	Complete ONLY if direct	<u>I</u> Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit				3		
	C/OH						

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/15 Rpt: 5/20 Lehrmann, Debra H. (The Honorable) 00041325 Date Payee name 09/14/2023 Amtrak Payee address; Amount (\$) City; State; Zip Code \$473.40 1 Masschusetts Ave NW Reimbursement from political contributions Х intended Washington, DC 20001 X Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Train ticket from DC to NY for CLE presentation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/12/2023 Chateau Bellevue Amount (\$) Payee address; City; State; Zip Code \$813.96 708 San Antonio St. Reimbursement from political contributions Χ Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Food/Beverages for Court Event - Free Speech Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/12/2023 Clay Pit Payee address; City; State; Zip Code Amount (\$) \$134.03 1601 Guadalupe St Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Staff Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Offit/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule G:	P FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 6/20	Lehrmann, Debra H. (The Honorable)	00041325
4	Date	Payee name	
	10/02/2023	Costco	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$503.11	4301 W William Cannon	
	Reimbursement from political contributions intended	Austin, TX 78749	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
	EXPENDITORE	Food/Beverages	for Court Event
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/29/2023	DuMont's Down Low	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.54	214 W 4th St Suite B	
	Reimbursement from political contributions intended	Austin, TX 78701	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Staff Event	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/07/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.55	5800 W Slaughter Ln	
	Reimbursement from political contributions intended	Austin, TX 78749	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Court Thanksgiv	ing Event
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name Office sought	Office held

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/15 Rpt: 7/20 Lehrmann, Debra H. (The Honorable) 00041325 Date Payee name 10/24/2023 **Headliners Club** Payee address; Amount (\$) City; State; Zip Code \$253.86 221 W 6th St Reimbursement from political contributions Х intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Staff Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2023 Lehrmann, Debra (The Honorable) Amount (\$) Payee address; City; State; Zip Code \$275.10 1005 Congress Ave., Ste. 400 Reimbursement from political contributions Χ Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Roundtrip mileage to Dallas to speak at event Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 Lehrmann, Debra (The Honorable) Payee address; City; State; Zip Code Amount (\$) \$262.00 1005 Congress Ave., Ste. 400 Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Roundtrip Mileage to Fort Worth for Memorial Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

C/OH

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorials E Legal Services  The Instruction Gui			Vages/Contract Labor		el Out of District ER (enter a category not list	ed above)
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1	Total pages Schedule G:	I	FILER NAME					3 Filer	•	ission Filers)
	Sch: 5/15 Rpt: 8/20	L	Lehrmann, I	Debra H. (The Ho	onorable)			000	41325	
4	Date	5 F	Payee name							
	08/21/2023	L	Lone Star L	egacies						
6	Amount (\$)	7 F	Payee addres	ss; City;	State:	Zip Co	ode			
	\$422.18	2	4907 South	Crest Drive	,	•				
				0.000 20						
	X Reimbursement from political contributions	Ι,	A	207.40						
	intended		Austin, TX 7	8740						
8	PURPOSE OF	(a) (	Category (Se	e Categories listed at the	top of this sch	edule)	(b) Description	=	travel outside of Texas. Co	
	EXPENDITURE	(	Gift/Awards	Memorials Expe	nse		L		Austin, TX, officeholder livir	ng expense
							End-of-term Law	/ Clerk G	Gifts (portfolios)	
9	Complete ONLY if direct	Cand	didate/Officel	older name			Office sought		Office held	
	expenditure to benefit C/OH									
	0/011									
	Date	F	Payee name							
	11/07/2023	L	Luby's							
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	ode			
	\$260.08	4	415 W Slau	ghter Ln						
	Reimbursement from			S						
	x political contributions intended	Ι,	Auctin TV 7	20740						
		<u> </u>	Austin, TX 7	0740				_		
	PURPOSE OF	1	'	e Categories listed at the	top of this sch	edule)	Description L	_	travel outside of Texas. Co Austin, TX, officeholder livir	
	EXPENDITURE	F	Food/Bever	age Expense			L	_		ig expense
							Court Thanksgiv	ıng Evei	nt	
	•	Cano	didate/Officeh	older name			Office sought		Office held	
	expenditure to benefit C/OH									
		_								
	Date	1	Payee name							
	09/26/2023	1	National Co	nference of State	Courts					
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	ode			
	\$300.00	3	300 Newpoi	t Ave						
	Reimbursement from									
	X political contributions intended	lι	Williamsbur	g, VA 23185						
H	PURPOSE	├		-	A # Al-: I-	1 -1 - 1	Description	Chook if	travel outside of Texas. Co	mploto Cobodulo T
	OF	I		e Categories listed at the	top of this sch	eaule)		_	Austin, TX, officeholder livir	·
	EXPENDITURE	'	Event Expe	ise			Cupet registration		CJ Annual Meeting	3 - 1
							Suest registration	,,, 101 CC	20 Airiuai Meetiliy	
	0 1: 0:::::::::::::::::::::::::::::::::		11 1 1500 1						0.00	
	Complete ONLY if direct expenditure to benefit	Cano	aidate/Officeh	loider name			Office sought		Office held	
	C/OH									
$\vdash$										

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/15 Rpt: 9/20 Lehrmann, Debra H. (The Honorable) 00041325 Date Payee name 09/21/2023 New York Hilton Midtown Payee address; Amount (\$) City; State; Zip Code \$110.47 1335 6th Ave Reimbursement from political contributions Х intended New York, NY 10019 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Charge to print CLE presentation materials Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2023 Perry's Steakhouse & Grille Amount (\$) Payee address; City; State; Zip Code \$431.66 114 W. 7th St. Reimbursement from political contributions Х Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Post Conference Dinner with Court and Staff Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/14/2023 Perry's Steakhouse & Grille Payee address; City; State; Zip Code Amount (\$) \$20.00 114 W. 7th St. Reimbursement from

Austin, TX 78701

Travel In District

Candidate/Officeholder name

Category (See Categories listed at the top of this schedule)

Χ

C/OH

political contributions intended

Complete ONLY if direct

expenditure to benefit

**PURPOSE** 

OF

**EXPENDITURE** 

Description

Office sought

Parking for Family Law Council Dinner

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E: Printing E Salaries/	Expense Wages/Contract Labor		Travel in D Travel Out	
	orean oard rayment		The Instruction Guide explain	s how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NA	AME			3	Filer ID	(Ethics Commission Filers)
	Sch: 7/15 Rpt: 10/20	Lehrmar	nn, Debra H. (The Honorable)	)		(	000413	325
4	Date	5 Payee na	ıme					
	09/19/2023	Renaiss	ance Washington DC Downto	wn Hote	I			
6	Amount (\$)	7 Payee ad	dress; City; State	e; Zip C	ode			
	\$999.00	900 7th	St NW #1000					
	Reimbursement from political contributions intended	New Yo	rk, NY 20001					
8	PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description	Che	eck if travel	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel C	out of District			Che	eck if Austir	n, TX, officeholder living expense
	EXI ENDITORE				Lodging to attend	ding	Inns of	Court Meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought			Office held
	Date	Payee na	me					
	07/05/2023	RightSic	le Compliance					
	Amount (\$)	Payee ac	dress; City; State	e; Zip C	ode			
	\$30.00	PO Box	341027					
	Reimbursement from							
	X   political contributions intended   Austin, TX 78734							
	PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description	Che	eck if travel	I outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consulti	ng Expense			Che	eck if Austii	n, TX, officeholder living expense
	LAI LINDITORE				Compliance Con	sulti	ng	
	Complete ONLY if direct	Candidate/Of	ficeholder name		Office sought			Office held
	expenditure to benefit C/OH							
	Data							
	Date 08/04/2023	Payee na	<sub>lme</sub> le Compliance					
				7: 0				
	Amount (\$)	Payee ac	•	e; Zip C	ode			
	\$900.00	POBOX	341027					
	X Reimbursement from political contributions intended	Austin, 7	TX 78734					
	PURPOSE OF	Category	(See Categories listed at the top of this so	chedule)	Description	=		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulti	ng Expense		L	_		n, TX, officeholder living expense
					Compliance Con	sulti	ng	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought			Office held

## SCHEDULE G

Solicitation/Fundraising Expense

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	Expense Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed abort	
			The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	Sch: 8/15 Rpt: 11/20	Lehrmann,	Debra H. (The Honorable)				00041325	
4	Date	5 Payee name						
	12/05/2023	RightSide (	Compliance					
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State;	; Zip Co	ode			
	\$30.00	PO Box 34:	1027					
	Reimbursement from							
	X political contributions intended	Austin, TX	78734					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete	Schedule T.
	OF EXPENDITURE	Consulting	Expense			Ch	neck if Austin, TX, officeholder living expe	ense
	LA LABITORE				Compliance Con	sult	ing	
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							
_	Date	Dayoo nama						
	11/06/2023	Payee name Rosemary's						
_	Amount (\$)	Payee addre		; Zip Co	nde			
	\$552.90	2110 San J		, Zip Ct	ouc			
	Reimbursement from	2110 04.10	donno Biva					
	x political contributions intended	Austin, TX	7871 <i>2</i>					
_	PURPOSE	_	ee Categories listed at the top of this sch	odulo)	Description	☐ Ch	neck if travel outside of Texas. Complete	Schedule T
	OF		rage Expense	edule)	Description	=	neck if Austin, TX, officeholder living expe	
	EXPENDITURE	1 000/2000	age Expense		Deposit for Court	<u>−</u> t Ho	oliday Party	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
		<u> </u>						
	Date	Payee name						
	12/14/2023	Rosemary's						
	Amount (\$)	Payee addre		; Zip Co	ode			
	\$528.63	2110 San J	acinto Blvd					
	Reimbursement from political contributions intended	Austin, TX	78712					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete	Schedule T.
	OF EXPENDITURE	Food/Bever	rage Expense			Ch	neck if Austin, TX, officeholder living expe	ense
					Balance for Cour	rt Ho	oliday Party	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			mmittee	Gift/Awards/Memorials E Legal Services  The Instruction Guid	xpense		xpense Nages/Contract Labor	-	Travel III District Travel Out of District OTHER (enter a category no	t listed above)
1	Total pages Schedule G:	2	FILER NAME	≣				3 F	Filer ID (Ethics Con	nmission Filers)
	Sch: 9/15 Rpt: 12/20		Lehrmann,	Debra H. (The Ho	onorable)				00041325	
4	Date	5	Payee name							
	09/27/2023		Sam's Club							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$40.10		4970 W HV	VY 290						
	Reimbursement from political contributions intended		Austin, TX	78735						
8	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this sche	edule)	(b) Description	Che	eck if travel outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				Che	eck if Austin, TX, officeholder	living expense
							Coffee for Court			
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	I
	Date		Payee name							
	11/07/2023		Sam's Club							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$66.45		4970 W HV	/Y 290						
	Reimbursement from									
	X political contributions intended		Austin, TX	78735						
	PURPOSE		Category (S	ee Categories listed at the	top of this sche	edule)	Description		eck if travel outside of Texas.	
	OF EXPENDITURE		Food/Bever	age Expense			L	_	eck if Austin, TX, officeholder	living expense
							Court Thanksgivi	ing E	Event	
_	Complete ONLY if direct	Car	ndidate/Office	holder name			Office sought		Office held	ı
	expenditure to benefit	_ ~,					5 00 dg.1t		253 .1010	
	C/OH									
	Date		Payee name							
	09/13/2023		Scholz Bee	r Garten						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$341.29		1607 San J	acinto						
	X Reimbursement from political contributions intended		Austin, TX	78701						
	PURPOSE		Category (S	ee Categories listed at the	top of this sche	edule)	Description	Che	eck if travel outside of Texas.	Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				Che	eck if Austin, TX, officeholder	living expense
	ZAI ZAISTONZ						Court Event - La	w Cle	erk Welcome	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	I
l										

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Cicuit Caiu Fayillelli		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers	5)
	Sch: 10/15 Rpt: 13/20	Lehrmann,	Debra H. (The Honorable)				00041325	
4	Date	5 Payee name						
	09/12/2023	Spec's						
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode			
	\$62.30	4970 W. H	wy 290					
	Reimbursement from							
	X political contributions intended	Austin, TX	78735					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	=	neck if travel outside of Texas. Complete Schedul	le T.
	OF EXPENDITURE	Food/Beve	rage Expense			_	neck if Austin, TX, officeholder living expense	
					Court Event - Fre	ee S	Speech	
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							
	Date	Payee name	)					
	09/14/2023	Torchy's Ta						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$40.56	110 San Aı	ntonio St, Ste 120					
Reimbursement from								
	X political contributions intended	Austin, TX	78701					
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedul	le T.
	OF EXPENDITURE	Food/Beve	rage Expense			Ch	neck if Austin, TX, officeholder living expense	
					Oral Argument B	real	kfast	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							
	Date	Payee name	1					
	08/07/2023	1 *	nologies, Inc.					
$\vdash$	Amount (\$)	Payee addre		; Zip Co	ode			
	\$55.03	685 Market		,				
	Reimbursement from							
	X political contributions intended	San Franci	sco, CA 94103					
	PURPOSE	Category (S	See Categories listed at the top of this sch	iedule)	Description	Ch	neck if travel outside of Texas. Complete Schedul	le T.
	OF EXPENDITURE	Travel In D	istrict			_	neck if Austin, TX, officeholder living expense	
					Transportation to	me	eeting	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Nages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L			The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAM		-		3	Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 14/20	Lehrmann,	Debra H. (The Honorable)				00041325
4	Date	<b>5</b> Payee name	<u> </u>			1	
	08/08/2023	1	nologies, Inc.				
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	; Zip Co	ode		
	\$30.62	685 Market	t St.				
	Reimbursement from						
	X political contributions intended	San Franci	sco, CA 94103				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	istrict		l L	Ch	eck if Austin, TX, officeholder living expense
					Transportation to	an an	d from memorial
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	09/18/2023	l í	nologies, Inc.				
_				; Zip Co	nde		
	Amount (\$) \$19.91	Payee addre		, Zip C(	Jue		
	\$19.91	085 Marke	ı Sı.				
	Reimbursement from political contributions						
	intended	San Franci	sco, CA 94103				
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description >	X Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District			Ch	eck if Austin, TX, officeholder living expense
					Transportation to	) Inr	ns of Court Embassy Event in D.C.
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
L							
	Date	Payee name					
	09/19/2023	Uber Techi	nologies, Inc.				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$22.90	685 Market					
	Reimbursement from						
	y political contributions intended	San Franci	sco, CA 94103				
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description >	X Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District		[	Ch	eck if Austin, TX, officeholder living expense
	LAFLINDITORE					om	hotel to Inns of Court Meeting in
					D.C.		
		<u> </u>	holder name		Office sought		Office held
	expenditure to benefit				-		
	C/OH						

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/15 Rpt: 15/20 Lehrmann, Debra H. (The Honorable) 00041325 Date Payee name 09/01/2023 **Uniform Law Commission** Payee address: Amount (\$) City: State; Zip Code \$300.00 111 N. Wabash Ave Ste 1010 Reimbursement from political contributions Х intended Chicago, IL 60602 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Life member dinner at ULC 2023 Annual Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2023 Uniform Law Commission Amount (\$) Payee address; City; State; Zip Code \$1,000.00 111 N. Wabash Ave Ste 1010 Reimbursement from political contributions Χ Chicago, IL 60602 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Uniform Law Foundation Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/26/2023 Verizon Wireless Payee address; City; State; Zip Code Amount (\$) \$131.25 PO Box 105378 Reimbursement from Χ political contributions intended Atlanta, GA 30348 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Telephone Service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		! - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	kpense /ages/Contract Labor		Travel in Di Travel Out		
	oroak oara'i aymone		The Instruction Guide explains h	now to co	mplete this form.				
1	Total pages Schedule G:	2 FILER NAME	Ē			3	Filer ID	(Ethics Commission Filers	5)
	Sch: 13/15 Rpt: 16/20	Lehrmann,	Debra H. (The Honorable)				000413	25	
4	Date	5 Payee name							
	11/24/2023	Verizon Wir	reless						
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State;	Zip Co	de				
	\$83.80	PO Box 105	5378						
	Reimbursement from								
	X political contributions intended	Atlanta, GA	30348						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Ch	eck if travel	outside of Texas. Complete Schedu	le T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Ch	eck if Austir	n, TX, officeholder living expense	
	EXPENDITORE				Telephone Servi	се			
9		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Data								
	Date 10/24/2023	Payee name Verizon Wir							
	Amount (\$)	Payee addre		Zip Co	de				
\$84.59 PO Box 105378									
Reimbursement from political contributions									
	intended	Atlanta, GA	. 30348		_				
	PURPOSE OF		ee Categories listed at the top of this sche	edule)	Description	_		outside of Texas. Complete Schedul	le T.
	EXPENDITURE	Office Over	head/Rental Expense		L	_	eck II Ausui	n, TX, officeholder living expense	
					Telephone Servi	Ce			
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit	Candidate/Office	noider name		Office Sought			Office field	
	C/OH								
	Date	Payee name							
	09/25/2023	Verizon Wir	reless						
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de				
	\$85.32	PO Box 10	5378						
	Reimbursement from political contributions								
	intended	Atlanta, GA	30348						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	=		outside of Texas. Complete Schedu	le T.
	OF EXPENDITURE	Office Over	head/Rental Expense			_	eck if Austir	n, TX, officeholder living expense	
					Telephone Servi	ce			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services	Polling E Printing E Salaries/			Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explain	s how to c	omplete this form.		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 14/15 Rpt: 17/20		Lehrmann, Debra H. (The Honorable)				00041325
4	Date	5	Payee name				
	08/23/2023		Verizon Wireless				
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode		
	\$81.32		PO Box 105378				
	Reimbursement from						
	x political contributions intended		Atlanta, GA 30348				
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Cl	neck if Austin, TX, officeholder living expense
	LAFENDITORE				Telephone Servi	се	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	07/25/2023		Verizon Wireless				
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode		
	\$81.32		PO Box 105378				
	Reimbursement from political contributions intended		Atlanta, GA 30348				
	PURPOSE		Category (See Categories listed at the top of this so	chedule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			CI	neck if Austin, TX, officeholder living expense
	LAFENDITORE				Telephone Servi	се	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date	Г	Payee name				
	11/07/2023		Walmart				
	Amount (\$)	$\vdash$	Payee address; City; Stat	e; Zip C	ode		
	\$20.23		1030 Norwood Park Blvd.				
	Reimbursement from						
	X political contributions intended		Austin, TX 78753				
	PURPOSE		Category (See Categories listed at the top of this se	chedule)	Description	_	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		L	_	heck if Austin, TX, officeholder living expense
					Court Thanksgivi	ing	Event
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 15/15 Rpt: 18/20 Lehrmann, Debra H. (The Honorable) 00041325 Date Payee name 09/18/2023 Yardbird Southern Table & Bar Payee address; 6 Amount (\$) City: State; Zip Code \$71.84 901 New York Ave NW Reimbursement from political contributions Х intended Washington, DC 20001 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal while in D.C. for Inns of Court event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/19/2023 Yardbird Southern Table & Bar Amount (\$) Payee address; City; State; Zip Code \$83.36 901 New York Ave NW Reimbursement from political contributions Х Washington, DC 20001 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal while in D.C. for Inns of Court event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCH		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T: Sch: 1/2 Rpt: 19/20			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Lehrmann, Debr					00041325	
4 Name of Contribut Amtrak	or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee		
5 Contribution / Expe	enditure rep	oorted on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2	Schedule F4 X Schedule G Schedule H Schedule COH-UC					
6 Dates of Travel 7 Name of person(s) traveling						
	Lehrmann, Debra (The Honorable)					
00/00/0000	8 Departure city or name of departure location					
09/20/2023	Washington DC					
09/20/2023	9 Destination city or name of destination location  New York					
			wal (including name of o	onforonce cominer or	other event	
10 Means of transportation11 Purpose of travel (including name of conference, seminar, or other event)RailroadTrain to New York for CLE presentation						
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Amtrak						
	enditure rer	oorted on:				
Schedule A2	Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2	브	Schedule F4	X Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel						
Bates of Traver	of Travel Name of person(s) traveling  Lehrmann, Greg					
	Departure city or name of departure location					
09/20/2023	Washington DC					
	Destination city or name of destination location					
09/20/2023	New York					
Means of transpor	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Railroad Train to New York for CLE presentation						
Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee		
Uber Technologi	ies, Inc.					
Contribution / Expenditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2		Schedule F4	X Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel	Name of person(s) traveling					
	Lehrm	nann, Debra H.				
	Departure city or name of departure location					
09/18/2023	Washington DC					
00/40/2022	Destination city or name of destination location					
09/18/2023 Washington DC						
· ·	Means of transportation Purpose of travel (including name of conference, seminar, or other event)  Commercial Automobile Transportation to Inns of Court Embassy Event in D.C.					
Commercial Automobile   Harisportation to mins of Court Embassy Event in D.C.						

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber Technologies, Inc. 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC 6 Dates of Travel Name of person(s) traveling Lehrmann, Debra H. 8 Departure city or name of departure location 09/19/2023 Washington DC Destination city or name of destination location 09/19/2023 Washington DC 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Commercial Automobile Transportation from hotel to Inns of Court Meeting in D.C.