PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2016, covering calendar year ending December 31, 2015.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
19

ACCOUNT #
00041325

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
02/12/2016

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI
The Honorable Debra H.

NICKNAME; LAST; SUFFIX
Lehrmann

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
823 Congress Ave, Ste 1330

Austin, TX 78701

☐ (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(817) 657-8937

4 REASON FOR FILIING STATEMENT

- ☐ CANDIDATE _____ (INDICATE OFFICE)
- ☒ ELECTED OFFICER Justice, Texas Supreme Court (INDICATE OFFICE)
- ☐ APPOINTED OFFICER _____ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD _____ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR _____ (INDICATE PARTY)
- ☐ OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Mr. Gregory Alan Lehrmann

DEPENDENT CHILD
1. Mr. Gregory Alan Lehrmann II
2. Mr. Jonathan William Lehrmann
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD ____

2 EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Supreme Court of Texas

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

201 West 14th St.

Room 104

Austiin, TX 78701

POSITION HELD

Supreme Court Justice

NATURE OF OCCUPATION

[ ] SELF-EMPLOYED

INFORMATION RELATES TO

[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD ____

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Asset Preservation, Inc

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1420 Rocky Ridge Drive

Ste. 100

Roseville, CA 95661

POSITION HELD

Texas Oklahoma Division Manager

NATURE OF OCCUPATION

[ ] SELF-EMPLOYED

INFORMATION RELATES TO

[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 2

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

Texas Stars Hockey Club

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2100 Avenue of the Stars

Cedar Park, TX 78613

POSITION HELD

Legal Intern

NATURE OF OCCUPATION

[ ] SELF-EMPLOYED

SOURCES OF OCCUPATIONAL INCOME

PART 1A

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO

☐ FILER ☐ SPOUSE ☒ DEPENDENT CHILD 1

2 EMPLOYMENT

☒ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

EMPLOYER

Texas Senate

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 12068

Austin, TX 78711

POSITION HELD

Committee Assistant

NATURE OF OCCUPATION

☐ SELF-EMPLOYED

INFORMATION RELATES TO

☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD

EMPLOYMENT

☒ EMPLOYED BY ANOTHER

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

☐ (Check if Filer's Home Address)

EMPLOYER

Texas County & District Retirement System

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P O Box 2034

Austin, TX 78768-2034

POSITION HELD

Former Judge

NATURE OF OCCUPATION

☐ SELF-EMPLOYED

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME ExxonMobil			
2 STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE	[ ] DEPENDENT CHILD _____	
3 NUMBER OF SHARES	[X] LESS THAN 100 [ ] LESS THAN 10K	[ ] 100 TO 499 [ ] 10,000 OR MORE	[ ] 500 TO 999	[ ] 1,000 TO 4,999
4 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000	[ ] $5,000 - $9,999	[ ] $10,000 - $24,999	[ ] $25,000--OR MORE

BUSINESS ENTITY	NAME ExxonMobil			
STOCK HELD OR ACQUIRED BY	[ ] FILER	[ ] SPOUSE	[X] DEPENDENT CHILD 1	
NUMBER OF SHARES	[X] LESS THAN 100 [ ] LESS THAN 10K	[ ] 100 TO 499 [ ] 10,000 OR MORE	[ ] 500 TO 999	[ ] 1,000 TO 4,999
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000	[ ] $5,000 - $9,999	[ ] $10,000 - $24,999	[ ] $25,000--OR MORE

BUSINESS ENTITY	NAME ExxonMobil			
STOCK HELD OR ACQUIRED BY	[ ] FILER	[ ] SPOUSE	[X] DEPENDENT CHILD 2	
NUMBER OF SHARES	[X] LESS THAN 100 [ ] LESS THAN 10K	[ ] 100 TO 499 [ ] 10,000 OR MORE	[ ] 500 TO 999	[ ] 1,000 TO 4,999
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000	[ ] $5,000 - $9,999	[ ] $10,000 - $24,999	[ ] $25,000--OR MORE

BUSINESS ENTITY	NAME MFS Intermediate Trust			
STOCK HELD OR ACQUIRED BY	[X] FILER	[ ] SPOUSE	[ ] DEPENDENT CHILD _____	
NUMBER OF SHARES	[X] LESS THAN 100 [ ] LESS THAN 10K	[ ] 100 TO 499 [ ] 10,000 OR MORE	[ ] 500 TO 999	[ ] 1,000 TO 4,999
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000	[ ] $5,000 - $9,999	[ ] $10,000 - $24,999	[ ] $25,000--OR MORE

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME Oppenheimer Main Street
2 STOCK HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3 NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BUSINESS ENTITY	NAME Stewart Information Services
STOCK HELD OR ACQUIRED BY	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received in excess of $500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME	NAME AND ADDRESS Greg Foxworth ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6523 Central Avenue North Richard Hills, TX 76180
2 RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3 AMOUNT	[ ] $500 - $4,999 [X] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS ExxonMobil ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 9223 Houston, TX 77054-3211
RECEIVED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[X] $500 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS Ken Biggs ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6521 Central Avenue North Richland Hills , TX 76180
RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[ ] $500 - $4,999 [X] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS Lexis Nexis ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 933 Dayton , OH 45401
RECEIVED BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[X] $500 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than $1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Tarrant Country Credit Union
2 LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo
LIABILITY OF	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 1
GUARANTOR	Norma, Talley
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo
LIABILITY OF	[ ] FILER [ ] SPOUSE [X] DEPENDENT CHILD 2
GUARANTOR	Norma, Talley
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	U.S. Department of Education
LIABILITY OF	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 1
GUARANTOR	
AMOUNT	[ ] $1,000 - $4,999 [X] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSONAL NOTES AND LEASE AGREEMENTS

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1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	U.S. Department of Education
2 LIABILITY OF	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 2
3 GUARANTOR	
4 AMOUNT	[ ] $1,000 - $4,999 [X] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Sallie Mae
LIABILITY OF	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 1
GUARANTOR	
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Sallie Mae
LIABILITY OF	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 2
GUARANTOR	
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	PNC Mortgage
LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD
GUARANTOR	
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

PERSONAL NOTES AND LEASE AGREEMENTS

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1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Greystar Triangle Apts
2 LIABILITY OF	[X] FILER [X] SPOUSE [X] DEPENDENT CHILD 2
3 GUARANTOR	
4 AMOUNT	[ ] $1,000 - $4,999 [X] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 STREET ADDRESS [ ] NOT AVAILABLE [X] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted] [redacted]
3 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Travis
4 NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
STREET ADDRESS [ ] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 6521-6523 Contral Avenue North Richland Hills, TX 76180
DESCRIPTION [ ] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 Tarrant
NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

INTERESTS IN REAL PROPERTY

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 STREET ADDRESS [ ] NOT AVAILABLE [X] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [redacted] [redacted]
3 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Tarrant
4 NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
STREET ADDRESS [ ] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE The Cliffs Timeshare Palo Pinto, TX 76484-0160
DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Palo Pinto
NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	ABA Family Law Section
2 POSITION HELD	Past Chair
3 POSITION HELD BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

ORGANIZATION	Lockridge Inn of Court
POSITION HELD	President
POSITION HELD BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS University of Texas Tyler 3900 University Blvd Tyler, TX 75799
2 AMOUNT	$222.70

PROVIDER	NAME AND ADDRESS Abilene Christian University 1600 Campus Ct Abilene, TX 79601
AMOUNT	$238.48

PROVIDER	NAME AND ADDRESS Texas Tech University 2500 Broadway Lubbock, TX 79409
AMOUNT	$324.20

PROVIDER	NAME AND ADDRESS National Conference of Commissioners on Uniform State Laws 111 N. Wabash Ave Suite 1010 Chicago, IL 60602
AMOUNT	$962.29

PROVIDER	NAME AND ADDRESS Texas Women Lawyers 3267 Bee Caves Rd. Ste. 107-208 Austin, TX 78746
AMOUNT	$698.59

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

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1 PROVIDER	NAME AND ADDRESS The Federalist Society for Law & Public Policy Studies 1015 18th Street N.W. Ste. 425 Washington, DC 20036
2 AMOUNT	$506.08

PROVIDER	NAME AND ADDRESS National Conference of Commissioners on Uniform State Laws 111 N. Wabash Ave Suite 1010 Chicago, IL 60602
AMOUNT	$874.06

PROVIDER	NAME AND ADDRESS National Conference of Commissioners on Uniform State Laws 111 N. Wabash Ave Suite 1010 Chicago, IL 60602
AMOUNT	$820.53

PROVIDER	NAME AND ADDRESS Amarillo Area Women's Bar Association 701 S. Taylor Suite 500 Amarillo, TX 79101-0000
AMOUNT	$438.20

PROVIDER	NAME AND ADDRESS Texas Center for the Judiciary 1210 San Antonio Suite 800 Austin, TX 78701
AMOUNT	$360.85

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

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1 PROVIDER	NAME AND ADDRESS Houston Bar Association 1111 Bagby St FLB 200 Houston, TX 77002
2 AMOUNT	$86.10

PROVIDER	NAME AND ADDRESS Duke University direct reimbursement P.O. Box 140131 Durham, NC 27708
AMOUNT	$778.20

PROVIDER	NAME AND ADDRESS State Bar of Texas 1414 Colorado Austin, TX 78701-0000
AMOUNT	$405.80

PROVIDER	NAME AND ADDRESS Texas Center for the Judiciary 1210 San Antonio Suite 800 Austin, TX 78701
AMOUNT	$189.00

PROVIDER	NAME AND ADDRESS Texas Center for Legal Ethics 1414 Colorado 4th Floor Austin, TX 78701
AMOUNT	$378.00

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

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Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS Comptroller of Public Accounts PO Box 13528 Austin, TX 78711
2 AMOUNT	$3,538.44

PROVIDER	NAME AND ADDRESS Texas Center for the Judiciary 1210 San Antonio Suite 800 Austin, TX 78701
AMOUNT	$620.00

PROVIDER	NAME AND ADDRESS Texas Center for the Judiciary 1210 San Antonio Suite 800 Austin, TX 78701
AMOUNT	$926.69

PROVIDER	NAME AND ADDRESS State Bar of Texas 1414 Colorado Austin, TX 78701-0000
AMOUNT	$590.60

PROVIDER	NAME AND ADDRESS Municipal Parking Privileges 201 West 14th Street Room 104 Austin, TX 78711
AMOUNT	$100.00

EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

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Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS Uniform Common Law Commission direct reimbursement 111 N. Wabash Ave Suite 1010 Chicago, IL 60602
2 AMOUNT	$874.06

PROVIDER	NAME AND ADDRESS Uniform Common Law Commission direct reimbursement 111 N. Wabash Ave Suite 1010 Chicago, IL 60602
AMOUNT	$820.53

PROVIDER	NAME AND ADDRESS Duke University indirect reimbursement P.O. Box 140131 Durham, NC 27708
AMOUNT	$20,780.00

PROVIDER	NAME AND ADDRESS Uniform Common Law Commission indirect reimbursement 111 N. Wabash Ave Suite 1010 Chicago, IL 60602
AMOUNT	$555.24

PROVIDER	NAME AND ADDRESS Uniform Common Law Commission indirect reimbursement 111 N. Wabash Ave Suite 1010 Chicago, IL 60602
AMOUNT	$567.00

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- [ ] N/A Part 1A - Sources of Occupational Income
- [X] N/A Part 1B - Retainers
- [ ] N/A Part 2 - Stock
- [X] N/A Part 3 - Bonds, Notes & Other Commercial Paper
- [X] N/A Part 4 - Mutual Funds
- [ ] N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- [ ] N/A Part 6 - Personal Notes and Lease Agreements
- [ ] N/A Part 7A - Interests in Real Property
- [X] N/A Part 7B - Interests in Business Entities
- [X] N/A Part 8 - Gifts
- [X] N/A Part 9 - Trust Income
- [X] N/A Part 10A - Blind Trusts
- [X] N/A Part 10B - Trustee Statement
- [X] N/A Part 11A - Assets of Business Associations
- [X] N/A Part 11B - Liabilities of Business Associations
- [ ] N/A Part 12 - Boards and Executive Positions
- [ ] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [X] N/A Part 14 - Interest in Business in Common with Lobbyist
- [X] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [X] N/A Part 16 - Representation by Legislator Before State Agency
- [X] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [X] N/A Part 18 - Legislative Continuances

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2014, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Debra H. Lehrmann

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath