# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST Alan	MI D	OFFICE USE ONLY
NAME	NICKNAME	Lehmann	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	400 E. Mans Brenham, Tx	field	ITY; STATE; ZIP CODE	04/02/2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979 )	PHONE NUMBER 451-8927	EXTENSION	Date Hand-delivered or Date Postmarked HAND DELLYERED
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST Mack	МІ	Receipt # Amount \$  Date Processed
, , , , , , , , , , , , , , , , , , ,	NICKNAME	Bean	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1001 Trellis F Brenham, Tx		ITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 979 )	PHONE NUMBER 830-4232	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 21 / 25	Month THROUGH 4	Day Year / 3 / 25
11 ELECTION	Month Day  5 / 3	Year Primary  25 General	Runoff Other Description non partisan	~
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know City council, pla	10
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	HOLDER, THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA		
		GO TO F	AGEZ	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	OUVEIN	OHELITOZ
15 C/OH NAME Alan Lehmann Campa	The state of the s	Filer ID (Eth	ics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	1,094.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	455.12
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	HE \$	
	Please complete either option below:  ROBIN HUTCHENS Notary Public, State of Texas Comm. Expires 08-31-2027	idate or Offic	eholder
(1) Affidavit	Notary ID 130168174		
	before me by AUAN LEHMANN this the 2	nd day	of APRIL,
	which, witness my hand and seal of office.		,
Rebuilder	poein Hutchens D	ERMYC	
Signature of officer administ		Title of	officer administering oath
(2) Unsworn Declarati	on		
My name is	, and my date of birth is		
My address is			·
		te) (zip cod	de) (country)
Executed in	County, State of, on the day of(month)	, 20	vear)

Signature of Candidate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

	19 FILER NAME Alan Lehmann			ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,550.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS	•	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	6	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			1,094.88
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	\$		

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

if the requested information is not applicable, bo NOT include this page in the report.						
The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:						
2 FILER NAME Alan D. Le	hmann		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Alan D. Lehmann	(ID#:)	7 Amount of contribution (\$)			
02/21/2025	6 Contributor address; City;  Brenham Tx 7	State; Zip Code	250.00			
8 Principal occu Professor	pation / Job title (See Instructions)	9 Employer (See Instruct Blinn College	tions)			
Date	Full name of contributor out-of-state PAC  Lynwood & Sandra Kindt	(ID#:)	Amount of contribution (\$)			
02/21/2025		State; Zip Code	250.00			
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		: (ID#:)	Amount of contribution (\$)			
02/21/2025	Christine Giese  Contributor address; City;  Brenham, Tx	State; Zip Code	250.00			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct BENCOR	iions)			
Date	Full name of contributor out-of-state PAC  Lynwood & Sandra Kindt	(ID#:)	Amount of contribution (\$)			
03/21/2025	Contributor address; City; Brenham, 7	State; Zip Code	100.00			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)			
	ATTACH ADDITIONAL CODIES (	OF THIS SCHEDIII E AS N	EEDED			

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Alan Lehn	nann		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2025	Kenneth Tofel	State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC  Contributor address; City;		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC  Contributor address; City;	DE 201 B	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC  Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## LOANS

#### SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
YN			11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Colla	ateral	Check if personal function account (See Instruction	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political		
none	Name of guarantor	***	Amount Guaranteed (\$)		
INFORMATION			,		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.

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

Travel Out Of District Other (enter a category not listed above)

		va estado ∎o trata. Mante estado en Partido de Partido				
1 Total pages Schedule F1:	2 FILER NAME Alan Lehmann		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
02/28/2025	NBD Graphics					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
920.00	917 Mason Road, Katy, Tx 77450					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Advertising Expense	Advertising				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
03/08/2025	NBD Graphics					
Amount (\$)	Payee address;	City;	State;	Zip Code		
27.06	917 Mason Road, Katy, Tx 77450					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising Expense	Advertising				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living					
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	(a)	Office held		
Date	Payee name					
- Annexander						
03/11/2025	Squarespace, Inc					
Amount (\$)	Payee address;	City;	State;	Zip Code		
26.65	225 Varick St., 12th Floor New York, NY 10014					
	Category (See Calegories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense 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 F1:			3 Filer ID (Ethic	s Commission Filers)		
	Alan Lehmann					
4 Date	5 Payee name					
03/13/2025	Squarespace, Inc					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
14.00	225 Varick St. 12th Floor New York, NY 10014					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Advertising Expense	Advertising				
OF EXPENDITURE		100000				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OF	1					
Date	Payee name					
03/14/2025	Brand it Graphix					
100 mm - 0		City;	State;	Zip Code		
Amount (\$)	Payee address;	Ony,	Stato			
71.45	2507 Becker Dr.					
	Brenham, Tx 77833	<u> </u>				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising Expnse	Advertising				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OF	1					
Date	Payee name					
03/20/0245	Brand it Graphix					
Amount (\$)	Payee address;	City;	State;	Zip Code		
35.72	2507 Becker Dr.					
33.12	Brenham, Tx 77833					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/Oh						
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED			

Revised 1/1/2025

## POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	Cal Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/ContractLabor complete this form.	Other (enter a category	not listed above)		
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Alan D. Lehmann	1 :	3 Filer ID (Ethics Commission Filers)			
4 Date 03/30/2025	5 Payee name			la a t		
6 Amount (\$) 1,094.88 Reimbursement from political contributions intended	7 Payee address;	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name	4				
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended				= = <sub>0.6</sub>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	,	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED			

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politi		s/Memorials Expense		Expense	Travel	Out Of District	
			Salaries	Wages/Contract La			not listed above)
7.8 5-2	Guide explains how to co	mpiete this form.		USE A NEW PA	GE FOR EACH O	REDIT CARL	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILE	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut	ion					=
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credi	t Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Description			
Political Non-Political	(c) Check if travel out:	side of Texas. Complet	e Schedule T.	Ch	neck if Austin, TX, offi	iceholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credi	t Card Issuer Paid	3	
	\$						
PAYEE	(a) Payee name		(b) Payee add	tress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	dule)	(b) Description			
Non-Political	(c) Check if travel out:	side of Texas. Complete	e Schedule T.	Cl	heck if Austin, TX, off	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit	t Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee add	łress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	dule)	(b) Description			
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	36	Check if Austin, TX, o	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought		Office Held	
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE A	AS NEEDED		

Forms provided by Texas Ethics Com

**Reset Form** 

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Reset Page Revised 1/1/2025