

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

3737 FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

16 (Sixteen)

3 CANDIDATE/
OFFICEHOLDER
NAME

TITLE FIRST MI
BARBARA C.
NICKNAME LAST SUFFIX
BEMBRY

OFFICE USE ONLY

FILED
JAN 15 2 30 PM '98
COUNTY CLERK
TRAVIS COUNTY, TEXAS

4 CANDIDATE/
OFFICEHOLDER
ADDRESS

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

P.O. Box 26355
AUSTIN, TX 78755-3055

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Tom
NICKNAME LAST SUFFIX
Sausing

Receipt #

HD / PM

Amount

Date Processed

1/15/98

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3910 Far West Blvd.
AUSTIN, TX 78731

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 345-3712

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
8 / 4 / 97 12 / 31 / 97

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 10 / 98 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

JP, Precinct 2

13 DIRECT CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GOTO PAGE 2

CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM COH COVER SHEET PG 2

14 COH NAME _____

15 ACCOUNT # (Ethics Commission file #) _____

16 SUPPORTING
POLITICAL
COMMITTEE(S)

** This listing includes political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NOREPORTABLE
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ _____

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,250.⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 1,124.79

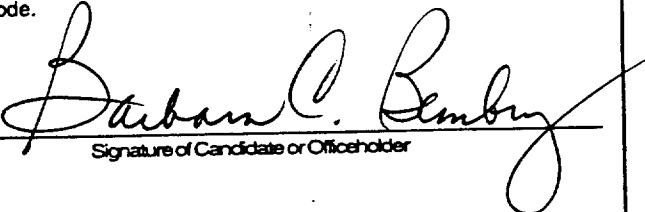
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5,000.⁰⁰

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____

19_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: **5 (five)**

2 FILER NAME **BARBARA BEMBRY** 3 ACCOUNT # (Ethics Commission files)

4 Date 8/24/97	5 Full name of contributor <input type="checkbox"/> out of state PAC Aley Marano	7 Amount of contribution (\$) \$50.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code 213 Congress Ave. #112 Austin, TX 78701			

9 Principal occupation **attorney** 10 Employer (optional)

Date 8/13/97	Full name of contributor <input type="checkbox"/> out of state PAC Scott C. Smith	Amount of contribution (\$) \$25.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 603 W. 12th Austin, TX 78701			

Principal occupation **attorney** Employer (optional)

Date 10/20/97	Full name of contributor <input type="checkbox"/> out of state PAC Gilbert Rowe	Amount of contribution (\$) \$50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 807 Baages, #714 Austin, TX 78701			

Principal occupation **attorney** Employer (optional)

Date 7/22/97	Full name of contributor <input type="checkbox"/> out of state PAC Steve Turro	Amount of contribution (\$) \$50.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 404 W. 13th St. Austin, TX 78701			

Principal occupation **attorney** Employer (optional)

Date 8/26/97	Full name of contributor <input type="checkbox"/> out of state PAC Joe Turner	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 1504 West Ave Austin, TX 78701			

Principal occupation **attorney** Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME BARBARA BEMBRY		3 ACCOUNT # (Ethics Commission files)	
4 Date 8/20/97	5 Full name of contributor T. J. Biezo <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$50.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 812 San Antonio Austin, Texas 78701			
9 Principal occupation attorney		10 Employer (optional)	
Date 8/27/97	Full name of contributor Candice Caperton <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 404 W. 13th Austin, TX 78701			
Principal occupation attorney		Employer (optional)	
Date 8/25/97	Full name of contributor John S. Howard <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$25.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code P.O. 684763 Austin, Tex 78768			
Principal occupation attorney		Employer (optional)	
Date 8/26/97	Full name of contributor Suzanne M. Spencer <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 2800 Barton's Bluff #2104 Austin, TX 78746			
Principal occupation attorney		Employer (optional)	
Date 8/26/97	Full name of contributor Sylvia G. Sanders <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$25.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 10123 Aspen St. Austin, TX 78758			
Principal occupation attorney		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>5</u>	
2 FILER NAME <u>BARBARA BEMBRY</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>8/25/97</u>	5 Full name of contributor <input checked="" type="checkbox"/> out of state PAC <u>Tracy D. Clark</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <u>101 W. 6th St. Austin, TX 78701</u>			
9 Principal occupation <u>attorney</u>		10 Employer (optional)	
Date <u>8/26/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Herman C. Gatcher</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>8/2 San Antonio, #304 Austin, TX 78701</u>			
Principal occupation <u>attorney</u>		Employer (optional)	
Date <u>8/26/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Francis W. Williams</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>500 W. 16th #101 Austin, Texas 78701</u>			
Principal occupation <u>attorney</u>		Employer (optional)	
Date <u>8/26/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Patricia A. Brown</u>	Amount of contribution (\$) <u>\$25.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>8/2 San Antonio, #304 Austin, TX 78701</u>			
Principal occupation <u>attorney</u>		Employer (optional)	
Date <u>8/26/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Anderson + Anina (Barbara)</u>	Amount of contribution (\$) <u>\$25.00</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>8/2 San Antonio, #302 Austin, Texas 78701</u>			
Principal occupation <u>attorney</u>		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: 5

2 FILER NAME BARBARA BEMBRY 3 ACCOUNT # (Ethics Commission files)

4 Date <u>8/28/97</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>RICHARD J. Segura</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <u>812 San Antonio, #G13 AUSTIN, TX 78701</u>			

9 Principal occupation attorney 10 Employer (optional)

Date <u>8/21/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Sara J. Rushing</u>	Amount of contribution (\$) <u>\$25.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>812 San Antonio, #509 Austin, TX 78701</u>			

Principal occupation attorney Employer (optional)

Date <u>9/11/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Stephen B. Edwards</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>812 San Antonio, #304 Austin, TX 78701</u>			

Principal occupation attorney Employer (optional)

Date <u>9/5/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Elsie F. Craven</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>1302 West Ave. Austin, TX 78701</u>			

Principal occupation attorney Employer (optional)

Date <u>9/22/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Steve Turro</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>404 West 13th St. Austin, TX 78701</u>			

Principal occupation attorney Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission files)

4 Date

8/26/97

5 Full name of contributor

Thomas Garza

out of state PAC

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

812 San Antonio
Austin, TX 78701

9 Principal occupation

attorney

10 Employer (optional)

Date

11/14/97

Full name of contributor

Michael L. Brandes

out of state PAC

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. 1421
Austin, TX 78767

Principal occupation

attorney

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1 (one)

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date

8/26/97

6 Full name of pledgor

Dain Whitworth

out of state PAC

7 Pledgor address; City; State; Zip Code

812 San Antonio, #304
Austin, TX 78701

8 Amount of pledge (\$)

\$100.00

9 In-kind description (if applicable)

10 Principal occupation

attorney

11 Employer (optional)

Date

8/26/97

Full name of pledgor

David Chambers

out of state PAC

Pledgor address; City; State; Zip Code

1104 Nueces
Austin, TX 78701

Amount of pledge (\$)

\$25.00

In-kind description (if applicable)

Principal occupation

attorney

Employer (optional)

Date

Full name of pledgor

out of state PAC

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1 (one)

2 FILERNAME BARBARA C. BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
8/5/97

7 Name of lender out of state PAC
THOMAS A. BEMBRY

9 Loan Amount (\$)
\$5,000.⁰⁰

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
P.O. 26355
AUSTIN, TX 78755

10 Interest rate
0

11 Maturity date
12/31/2002

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor
.....
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation
Reg. Supplier Quality Eng.

18 Employer
Dell Computer

Date of loan
.....
Is lender a financial institution?
Y N

Name of lender out of state PAC
.....
Lender address; City; State; Zip Code

Loan Amount (\$)
.....
Interest rate
.....
Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor
.....
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 (Three)

2 FILERNAME BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/17/97

5 Payee name The Third Eye
Payee address: 2532 Guadalupe
Austin, TX 787

7 Amount (\$) \$ 81.¹⁹

8 Purpose of expenditure photos

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date 12/29/97

Payee name Travis County Republican Party
Payee address: 8th & Brazos Streets
Austin, TX 78701

Amount (\$) \$ 800.⁰⁰

Purpose of expenditure filing fee

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date 9/17/97

Payee name Wells Fargo Bank
Payee address: P.O. 6995
Portland, Oregon 97228

Amount (\$) \$ 2.⁰⁰

Purpose of expenditure banking fee

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date 10/17/97

Payee name Wells Fargo Bank
Payee address: P.O. 6995
Portland, Oregon 97228

Amount (\$) \$ 3.⁰⁰

Purpose of expenditure banking fee

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 (Three)
2 FILER NAME: BARBARA BEMBRY		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/5/97	5 Payee name Nelda Wells Spears, Tax Assessor 6 Payee address: City, State, Zip Code 1010 Lavae Austin, Texas 78701	7 Amount (\$) \$40.50
8 Purpose of expenditure Precinct Maps		9 -- Complete if direct expenditure to benefit C/OH -- Candidate/Officeholder name Office sought / held
Date 9/9/97	Payee name Kinkos Payee address: City, State, Zip Code 9222 Burnett Rd. #101 Austin, Tex 78758	Amount (\$) \$75.78
Purpose of expenditure Business Cards		-- Complete if direct expenditure to benefit C/OH -- Candidate/Officeholder name Office sought / held
Date 9/24/97	Payee name G+LUBJ Payee address: City, State, Zip Code 515 S. Congress Austin, TX 78768	Amount (\$) \$26.95
Purpose of expenditure Stationery		-- Complete if direct expenditure to benefit C/OH -- Candidate/Officeholder name Office sought / held
Date 11/14/97	Payee name Nelda Wells Spears Payee address: City, State, Zip Code 1010 Lavae Austin, TX 78701	Amount (\$) \$50.95
Purpose of expenditure Voter lists		-- Complete if direct expenditure to benefit C/OH -- Candidate/Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 (three)

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/19/97

5 Payee name

Wells Fargo Bank

6 Payee address; City; State; Zip Code

P.O. 6995
Portland, Oregon 97228

7

Amount (\$)

\$ 3.00

8 Purpose of expenditure

banking fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

12/16/97

Payee name

Wells Fargo Bank

Payee address; City; State; Zip Code

P.O. 6995
Portland, Oregon 97228

Amount (\$)

\$ 3.00

Purpose of expenditure

banking fee

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 (one)

2 FILER NAME BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>8/29/97</u>	5 Payee name <u>Art. Hall Awards</u>	8 Amount (\$) <u>\$ 12.99</u>
	6 Payee address: City: State: Zip Code <u>9421 Burnett Rd, Suite C Austin, TX 78758</u>	
7 Purpose of expenditure <u>Name Badge</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>8/27/97</u>	Payee name <u>G.L.V.B.J.</u>	Amount (\$) <u>\$ 3.25</u>
	Payee address: City: State: Zip Code <u>515 S. Congress Austin, TX 78704</u>	
Purpose of expenditure <u>Blank bus. cards</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>8/27/97</u>	Payee name <u>G.L.V.B.J.</u>	Amount (\$) <u>\$ 12.⁸³</u>
	Payee address: City: State: Zip Code <u>515 S. Congress Austin, TX 78704</u>	
Purpose of expenditure <u>Stationery</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>8/6/97</u>	Payee name <u>Office Max</u>	Amount (\$) <u>\$ 4.³¹</u>
	Payee address: City: State: Zip Code <u>10001 Research Austin, TX</u>	
Purpose of expenditure <u>magic markers</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>8/27/97</u>	Payee name <u>Target</u>	Amount (\$) <u>\$ 1.99</u>
	Payee address: City: State: Zip Code <u>8601 Research Blvd. Austin, Texas 78750</u>	
Purpose of expenditure <u>index cards</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: **1 (one)**

2 FILER NAME **BARBARA BEMBRY**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City, State; Zip Code	

8 Purpose of payment	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
----------------------	---

Date	Business name	Amount (\$)
	Business address; City, State; Zip Code	

Purpose of payment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--------------------	---

Date	Business name	Amount (\$)
	Business address; City, State; Zip Code	

Purpose of payment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--------------------	---

Date	Business name	Amount (\$)
	Business address; City, State; Zip Code	

Purpose of payment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--------------------	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: **1 (one)**

2 FILERNAME **BARBARA BEMBRY**

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: - 1 (one)

2 FILERNAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
7 Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED