

**CANDIDATE/OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

3810

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

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

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:

15 (Fifteen)

3 CANDIDATE/
OFFICEHOLDER
NAME

TITLE FIRST MI
BARBARA C
NICKNAME LAST SUFFIX
BEMBRY

OFFICER USE ONLY

4 CANDIDATE/
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 26355
AUSTIN, TX 78755-3055

Change of Address

FILED
FEB 5 3 42 PM '98
TRAVIS COUNTY, TEXAS
COUNTY CLERK
EX-104

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Tom
NICKNAME LAST SUFFIX
SANSING

Receipt #
HD / PM
Date Processed

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
3910 FAR WEST Blvd.
AUSTIN, TEXAS 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
1 / 1 / 98 THROUGH 1 / 30 / 98

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

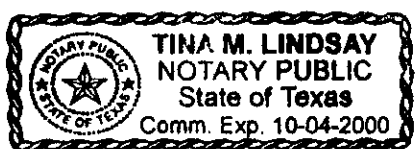
GOTOPAGE2

**CANDIDATE/OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM COH
COVER SHEET PG 2**


14 COHNAME	BARBARA BEMBRY		15 ACCOUNT # (Ethics Commission files)
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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> additional pages			
17 NOREPORTABLE ACTIVITY	<input type="checkbox"/> 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)	\$ 1930. ⁰⁰
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 4,657. ⁹³
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




AFFIX NOTARY STAMP/SEAL ABOVE

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

Sworn to and subscribed before me, by the said _____, this the 5th day of February, 19 98, to certify which, witness my hand and seal of office.



Signature of officer administering oath

TINA M. Lindsay

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:

6 (Six)

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission files)

4 Date

1/21/98

5 Full name of contributor

CHRISTOPHER M. GUNTER

out of state PAC

7 Amount of contribution (\$)

250.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

600 W. 9th ST.
AUSTIN, TX 78701

9 Principal occupation

ATTORNEY

10 Employer (optional)

Date

1/3/98

Full name of contributor

SUE BRADLEY

out of state PAC

Amount of contribution (\$)

\$ 50.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9201 CEDAR FOREST DR.
AUSTIN, TX 78750

Principal occupation

RET.

Employer (optional)

Date

1/8/98

Full name of contributor

FRAN COLBY

out of state PAC

Amount of contribution (\$)

\$ 50.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2403 Homedale Cir.
AUSTIN, TX 78704

Principal occupation

RET.

Employer (optional)

Date

1/8/98

Full name of contributor

ELAINE FANNIN

out of state PAC

Amount of contribution (\$)

\$ 50.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5514 DELWOOD DR.
AUSTIN, TX 78723

Principal occupation

ATTORNEY

Employer (optional)

Date

1/14/98

Full name of contributor

GEOFFREY PRICE

out of state PAC

Amount of contribution (\$)

\$ 100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6010 BALCONES DR., 1st FLOOR
AUSTIN, TX 78731

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:
6 (Six)

2 FILER NAME
BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission files)

4 Date: 1/15/98
5 Full name of contributor: Bob Richardson out of state PAC
6 Contributor address: 812 SAN ANTONIO, # 300
AUSTIN, TX 78701

7 Amount of contribution (\$): 250.⁰⁰
8 In-kind contribution description (if applicable)

9 Principal occupation: ATTORNEY
10 Employer (optional)

Date: 1/14/98
Full name of contributor: IRA DAVIS out of state PAC
Contributor address: 1012 RIO GRANDE
AUSTIN, TX 78701

Amount of contribution (\$): 100.⁰⁰
In-kind contribution description (if applicable)

Principal occupation: ATTORNEY
Employer (optional)

Date: 1/9/98
Full name of contributor: CHARLES RUESINK out of state PAC
Contributor address: 10200 SAUSALITO DR.
AUSTIN, TX 78759

Amount of contribution (\$): 100.⁰⁰
In-kind contribution description (if applicable)

Principal occupation: ATTORNEY
Employer (optional)

Date: 1/14/98
Full name of contributor: DREW McANGUS out of state PAC
Contributor address: 9204 ELM CREEK COVE
AUSTIN, TX 78736

Amount of contribution (\$): 50.⁰⁰
In-kind contribution description (if applicable)

Principal occupation: PRIVATE INVESTIGATOR
Employer (optional)

Date: 1/15/98
Full name of contributor: CHIP WALDRON out of state PAC
Contributor address: 811 NUECES ST.
AUSTIN, TX 78701

Amount of contribution (\$): 25.⁰⁰
In-kind contribution description (if applicable)

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:

6 (Six)

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/15/98

5 Full name of contributor

DAIN WHITWORTH

out of state PAC

7 Amount of contribution (\$)

100.⁰⁰/₁₀₀

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

812 SAN ANTONIO, # 304
AUSTIN, TX 78701

9 Principal occupation

ATTORNEY

10 Employer (optional)

Date

1/15/98

Full name of contributor

R.P. COLLINS

out of state PAC

Amount of contribution (\$)

100.⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1100 GUADALUPE ST.
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

1/15/98

Full name of contributor

ALEX MARANO

out of state PAC

Amount of contribution (\$)

25⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

213 CONGRESS AVE., SUITE 112
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

1/14/98

Full name of contributor

SYLVIA SANDERS

out of state PAC

Amount of contribution (\$)

25⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10123 ASPEN ST.
AUSTIN, TX 78758

Principal occupation

ATTORNEY

Employer (optional)

Date

1/15/98

Full name of contributor

EVA EAKIN WISSER

out of state PAC

Amount of contribution (\$)

25⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

606 W. 11th
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6 (Six)

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission files)

4 Date

1/15/98

5 Full name of contributor

Doug O'Connell

out of state PAC

7 Amount of contribution (\$)

25⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

707 NORWALK LANE
AUSTIN, TX 78703

9 Principal occupation

ATTORNEY

10 Employer (optional)

Date

1/15/98

Full name of contributor

DARYL WEINMAN

out of state PAC

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

707 RIO GRANDE, #200
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

1/15/98

Full name of contributor

ALAN E. BRAMANT

out of state PAC

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 SAN ANTONIO,
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

1/16/98

Full name of contributor

JEFFREY CASEY

out of state PAC

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6530 NEEDHAM LANE
AUSTIN, TX 78739

Principal occupation

ATTORNEY

Employer (optional)

Date

1/15/98

Full name of contributor

CARLOS BARRERA

out of state PAC

Amount of contribution (\$)

40⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3036 S. 1ST. #201
AUSTIN, TX 78704

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:

6 (six)

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission files)

4 Date

1/15/98

5 Full name of contributor

FERNANDO MARTINEZ

out of state PAC

7 Amount of contribution (\$)

100.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

500 W. 16th St., #101
AUSTIN, TX 78701

9 Principal occupation

ATTORNEY

10 Employer (optional)

Date

1/15/98

Full name of contributor

WAYNE MEISSNER

out of state PAC

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

812 SAN ANTONIO, #400
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

1/20/98

Full name of contributor

RICHARD JONES

out of state PAC

Amount of contribution (\$)

\$100.⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

602 WEST 7th St., #201
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

1/15/98

Full name of contributor

TOM PRICHARD

out of state PAC

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

1300 GUADALUPE #110
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

1/15/98

Full name of contributor

DAVID TODD

out of state PAC

Amount of contribution (\$)

\$25⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

316 W. 12th St #213
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: *6 (Six)*

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/15/98

5 Full name of contributor out of state PAC

KEITH LAURMAN

6 Contributor address; City; State; Zip Code

*4408 Spicewood Springs
AUSTIN, TX 78759*

7 Amount of contribution (\$)

25.⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation

ATTORNEY

10 Employer (optional)

Date

1/15/98

Full name of contributor out of state PAC

TOM SANSING

Contributor address; City; State; Zip Code

*3910 Far West Blvd
AUSTIN, TX 78731*

Amount of contribution (\$)

25.⁰⁰

In-kind contribution description (if applicable)

Principal occupation

PHARMACIST

Employer (optional)

Date

1/15/98

Full name of contributor out of state PAC

John Howard

Contributor address; City; State; Zip Code

*P.O. Box 684763
AUSTIN, TX 78768*

Amount of contribution (\$)

25.⁰⁰

In-kind contribution description (if applicable)

Principal occupation

ATTORNEY

Employer (optional)

Date

1/1/98

Full name of contributor out of state PAC

*Tom Sansing
Northwest Hills Pharm. + Florist*

Contributor address; City; State; Zip Code

*3910 Far West Blvd.
Austin, Texas 78731*

Amount of contribution (\$)

55.⁰⁰

In-kind contribution description (if applicable)

Envelopes

Principal occupation

Pharm.

Employer (optional)

Date

1/1/98

Full name of contributor out of state PAC

*Tom Sansing
Northwest Hills Pharm. + Florist*

Contributor address; City; State; Zip Code

*3910 Far West Blvd.
Austin, Texas 78731*

Amount of contribution (\$)

10.⁰⁰

In-kind contribution description (if applicable)

*endorsement
stamp*

Principal occupation

Pharm.

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 FILERNAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			

10 Principal occupation	11 Employer (optional)
-------------------------	------------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <i>1 (one)</i>
2 FILERNAME <i>BARBARA BEMBRY</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <i>None this period</i>	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> 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 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/20/98

5 Payee name

Wells Fargo Bank

7 Amount (\$)

\$3.00

6 Payee address; City; State; Zip Code

P.O. 6995
Portland, Oregon 97228-6995

8 Purpose of expenditure

Banking fee

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

Office sought / held

Date

1/5/98

Payee name

POSTMASTER

Amount (\$)

\$160.00

Payee address; City; State; Zip Code

3525 Far West Blvd
AUSTIN, TX 78731

Purpose of expenditure

POSTAGE

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

Office sought / held

Date

1/5/98

Payee name

G+LVB J

Amount (\$)

\$37.69

Payee address; City; State; Zip Code

10101 Burnett Rd
Austin, TX 78758

Purpose of expenditure

Stationery

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

Office sought / held

Date

1/5/98

Payee name

Kinco's

Amount (\$)

\$68.42

Payee address; City; State; Zip Code

9222 Burnett Rd.
Austin, TX 78758

Purpose of expenditure

F/R Invitation

** 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 FILERNAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/7/98

5 Payee name

Postmaster

7 Amount (\$)

\$160.⁰⁰

6 Payee address; City; State; Zip Code

3575 Far West Blvd
Austin, TX 78731

8 Purpose of expenditure

Postage

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

Office sought / held

Date

1/13/98

Payee name

Aztec Marketg

Amount (\$)

\$2,045.⁹⁵

Payee address; City; State; Zip Code

Commercial Park Dr.
Austin, TX 78724

Purpose of expenditure

4x8 signs

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

Office sought / held

Date

1/15/98

Payee name

Sam's

Amount (\$)

\$211.⁸²

Payee address; City; State; Zip Code

Hwy 183 + 360
Austin, TX

Purpose of expenditure

F/R - food

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

Office sought / held

Date

1/15/98

Payee name

Joe Valentine

Amount (\$)

\$200.⁰⁰

Payee address; City; State; Zip Code

311 E. 6th St.
AUSTIN, TX 78701

Purpose of expenditure

F/R - music

** 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 FILERNAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/17/98

5 Payee name

Ace Printing

7 Amount (\$)

\$773.²⁵

6 Payee address; City; State; Zip Code

P.O. 13522
Austin, Tx 78711

8 Purpose of expenditure

yard signs

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

1/24/98

5 Payee name

Home Depot

6 Payee address; City; State; Zip Code

10107 Research Blvd
Austin, TX

8 Amount (\$)

\$ 103.⁴⁵₋₋₋

7 Purpose of expenditure

Sign materials / posts

Reimbursement from political contributions intended

Date

1/16/98

Payee name

Home Depot

Payee address; City; State; Zip Code

2551 South I-35
Round Rock, TX 78664

Amount (\$)

\$ 894.³²₋₋₋

Purpose of expenditure

Sign materials / posts

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

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 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED