

# CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3936

## FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT#  
(Ethics Commission file)

2 Total pages filed:

7 (Seven)

3 CANDIDATE/  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
*BARBARA C.*

NICKNAME LAST SUFFIX  
*BEMBRY*

4 CANDIDATE/  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
*P.O. Box 26355  
Austin, TX 78755*

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
*Tom*

NICKNAME LAST SUFFIX  
*SANSING*

Receipt #

HD / PM

Amount

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, 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  
*1 / 31 / 98          2 / 27 / 98*

10 ELECTION

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

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

OFFICE USE ONLY  
FILED  
FEB 27 11 53 AM '98  
TARRANT COUNTY CLERK  
DAVIS COUNTY TEXAS

# CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH 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

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)

\$ *1,641.40*

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ *1,961.61*

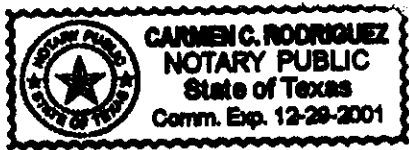
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP/SEAL ABOVE

*Barbara Bembry*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Barbara Bembry*, this the *27th* day of *Feb* 19 *98*, to certify which, witness my hand and seal of office.

*Carmen C. Rodriguez*  
Signature of officer administering oath

Print name of officer administering oath

*Notary Public*  
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:  
**2 (Two)**

2 FILER NAME  
**BARBARA BEMBRY**

3 ACCOUNT # (Ethics Commission files)

4 Date  
**2/13/98**

5 Full name of contributor  out of state PAC  
**AUSTIN APARTMENT ASSN. PAC.**  
6 Contributor address, City, State, Zip Code  
**4107 MEDICAL PARKWAY, #100  
AUSTIN, TEXAS 78756**

7 Amount of contribution (\$)  
**\$ 1,000.<sup>00</sup>**

8 In-kind contribution description (if applicable)

9 Principal occupation  
**ASSN. PAC**

10 Employer (optional)

Date  
**2/6/98**

Full name of contributor  out of state PAC  
**Yolanda KORNEGAY**  
Contributor address, City, State, Zip Code  
**5716 MARILYN DR.  
AUSTIN, TX 78757**

Amount of contribution (\$)  
**30.<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation  
**COURT COORDINATOR**

Employer (optional)

Date  
**2/23/98**

Full name of contributor  out of state PAC  
**BETTY EDWARDS**  
Contributor address, City, State, Zip Code  
**9026 BALCONES CLUB DR.  
AUSTIN, TX 78750**

Amount of contribution (\$)  
**50.<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date  
**2/16/95**

Full name of contributor  out of state PAC  
**BETTY TEMPLE**  
Contributor address, City, State, Zip Code  
**12426 DEER TRACK  
AUSTIN, TX 78727**

Amount of contribution (\$)  
**25.<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date  
**2/15/98**

Full name of contributor  out of state PAC  
**B.F. SELLARS**  
Contributor address, City, State, Zip Code  
**11512-309 TIN CUP  
AUSTIN, TX 78750**

Amount of contribution (\$)  
**50.<sup>00</sup>**

In-kind contribution 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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: <b>2 (Two)</b>	
2 FILER NAME <b>BARBARA BEMBRY</b>				3 ACCOUNT # (Ethics Commission files)	
4 Date <b>2/19/98</b>	5 Full name of contributor <b>BRUCE FOX</b> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <b>404 WEST 13TH AUSTIN, TX 78701</b>	7 Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>	8 In-kind contribution description (if applicable)	
9 Principal occupation <b>ATTY</b>			10 Employer (optional)		
Date <b>3/15/98</b>	Full name of contributor <b>SUE BRADLEY</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>9201 CEDAR FOREST DR. AUSTIN, TX 78750</b>	Amount of contribution (\$) <b>—</b>	In-kind contribution description (if applicable) <b>\$ 81.40</b>	
Principal occupation <b>RETIRED</b>			Employer (optional)		
Date <b>2/3/98</b>	Full name of contributor <b>JEANETTE KINARD</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>1200 VALLEY VIEW WIMBERLY, TX 78676</b>	Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>	In-kind contribution description (if applicable)	
Principal occupation <b>ATTY</b>			Employer (optional)		
Date <b>2/1/98</b>	Full name of contributor <b>NW HILLS PHARMACY + FLORIST</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>3910 FAR WEST BLVD. AUSTIN, TX 78731</b>	Amount of contribution (\$) <b>\$ 105.<sup>00</sup></b>	In-kind contribution description (if applicable)	
Principal occupation <b>PHARMACY</b>			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		

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If contributor 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:

2 (Two)

2 FILERNAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission files)

4 Date

2/1/98

5 Payee name

ACE PRINTING

7

Amount (\$)

\$ 500.00

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

2/4/98

Payee name

ACE PRINTING

Amount (\$)

\$ 500.00

Payee address; City, State; Zip Code

P.O. 13522  
AUSTIN, TX 78711

Purpose of expenditure

YARD signs

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

2/13/98

Payee name

TRAVIS COUNTY REPUBLICAN PARTY

Amount (\$)

\$ 75.00

Payee address; City, State; Zip Code

1300 W. KOENIG, SUITE 103  
AUSTIN, TX 78756

Purpose of expenditure

ADVERTISEMENT

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

2/15/98

Payee name

ACE PRINTING

Amount (\$)

\$ 500.00

Payee address; City, State; Zip Code

P.O. 13522  
AUSTIN, TX 78711

Purpose of expenditure

YARD SIGNS

-- 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: <b>2 (Two)</b>
2 FILER NAME <b>BARBARA BEMBRY</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7/20/98</b>	5 Payee name <b>Wells Fargo Bank</b> 6 Payee address, City, State, Zip Code <b>P.O. 6995 Portland, Oreg. 97228-6995</b>	7 Amount (\$) <b>3.00</b>
8 Purpose of expenditure <b>Banking fees</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/24/98</b>	Payee name <b>ARMY</b> Payee address, City, State, Zip Code <b>6100 AIRPORT BLVD AUSTIN, TX 78752</b>	Amount (\$) <b>\$32.42</b>
Purpose of expenditure <b>Stationery</b>		** 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

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**
**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <i>1 (One)</i>
2 FILER NAME <i>BARBARA BEMBRY</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/16/98</i>	5 Payee name <i>McCoy's</i>	8 Amount (\$) <i>\$ 24.89</i>
	6 Payee address; City; State; Zip Code <i>14009 Research Blvd AUSTIN, TX 78717</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <i>Sign supplies</i>	
Date <i>2/16/98</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$ 8.11</i>
	Payee address; City; State; Zip Code <i>10107 Research Blvd. AUSTIN, TX 78759</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Hammer for signs</i>	
Date <i>2/14/98</i>	Payee name <i>McCoy's</i>	Amount (\$) <i>\$ 24.84</i>
	Payee address; City; State; Zip Code <i>10301 BURNET Rd. AUSTIN, TX 78758</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>NAILS</i>	
Date <i>2/8/98</i>	Payee name <i>McCoy's</i>	Amount (\$) <i>\$ 29.22</i>
	Payee address; City; State; Zip Code <i>10301 BURNET Rd AUSTIN, TX 78758</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>NAILS</i>	
Date <i>2/14/98</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$ 264.13</i>
	Payee address; City; State; Zip Code <i>10107 Research Blvd AUSTIN, TX 78759</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>SIGN STICKS</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED