

# CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4009

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

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

1 ACCOUNT #  
(Ethics Commission files)

2 Total pages filed:

APR 6 (8:04 AM) '98

3 CANDIDATE/  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
*BARBARA C. BEMBRY*  
NICKNAME LAST SUFFIX

OFFICE USE ONLY  
COUNTY CLERK  
TRAVIS COUNTY, TEXAS

4 CANDIDATE/  
OFFICEHOLDER  
ADDRESS  
 Change of Address

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

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  
*2 / 28 / 98          4 / 13 / 98*

10 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
*4 / 14 / 98*

11 OFFICE

OFFICE HELD (if any)    12 OFFICE SOUGHT (if known)  
*\_\_\_\_\_*    *JP, PRECINCT 2*

13 DIRECT CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS  
 additional pages

\*\* 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

GOTOPAGE2

# CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM COH COVER SHEET PG 2

14 COH NAME

*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. --

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ 100.<sup>00</sup>

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

\$ 1,110.<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ 1,210.<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 4,500.<sup>03</sup>

OUTSTANDING  
LOAN TOTALS

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

\$ 5,000.<sup>00</sup>

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.

*Barbara Bembry*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Barbara Bembry this the 6<sup>TH</sup> day of April, 19 98, to certify which, witness my hand and seal of office.

*Wendy J...*  
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: <b>2 (TWO)</b>	
2 FILERNAME <b>BARBARA BEMBRY</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/15/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>COREY HEUNEMANN</b>	7 Amount of contribution (\$) <b>25.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <b>6069 BELTLINE RD. #2007 DALLAS, TX 75240</b>			
9 Principal occupation <b>DRAFTER</b>		10 Employer (optional)	
Date <b>3/10/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>NORMA CASEY</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <b>9414 SPRING HOLLOW DR. AUSTIN, TX 78750</b>			
Principal occupation		Employer (optional)	
Date <b>3/10/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>TOM ARBUCKLE</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <b>P.O. 14103 AUSTIN, TX 78761</b>			
Principal occupation		Employer (optional)	
Date <b>3/10/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>John Campbell</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <b>805 W. 10<sup>th</sup>, SUITE 400 AUSTIN, TX 78701</b>			
Principal occupation <b>ATTY</b>		Employer (optional)	
Date <b>3/8/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>MICHAEL BRANDES</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <b>P.O. 1421 AUSTIN, TX 78767</b>			
Principal occupation <b>ATTY</b>		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: 2 (Two)	
2 FILER NAME BARBARA BEMBRY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/19/98	5 Full name of contributor ANDREW SHUVALOV <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 701 W. 11th ST. AUSTIN, TX 78701			
9 Principal occupation ATTY		10 Employer (optional)	
Date 3/17/98	Full name of contributor GAYE ARNOLD <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 9603 VISTA VIEW DR. AUSTIN, TX 78750			
Principal occupation		Employer (optional)	
Date 3/18/98	Full name of contributor BILLIE PASSMORE <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code P.O. 33339 AUSTIN, TX 78764			
Principal occupation		Employer (optional)	
Date 3/27/98	Full name of contributor DREW PHIPPS <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 815A BRAZOS AUSTIN, TX 78701			
Principal occupation ATTY		Employer (optional)	
Date 3/1/98	Full name of contributor NW HILLS PHARMACY <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <del>XXXXXXXXXX</del>	In-kind contribution description (if applicable) \$450.00
Contributor address: City, State, Zip Code 3910 FAR WEST BLVD. AUSTIN, TX 78731			
Principal occupation PHARMACY		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 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 files)

4 Date

3/4/98

5 Payee name

POSTMASTER

7

Amount (\$)

\$200.00

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

3/4/98

Payee name

CITY OF AUSTIN

Amount (\$)

\$9.20

Payee address; City; State; Zip Code

P.O. 1748  
AUSTIN, TX 78767

Purpose of expenditure

ELECTION SETUPS

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

Office sought / held

Date

3/4/98

Payee name

TRAVIS COUNTY

Amount (\$)

\$40.00

Payee address; City; State; Zip Code

P.O. 1748  
AUSTIN, TX 78767

Purpose of expenditure

ELECTION RETURNS

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

Office sought / held

Date

3/6/98

Payee name

POSTMASTER

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

3575 FAR WEST BLVD.  
AUSTIN, TX 78731

Purpose of expenditure

POSTAGE

\*\* 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>3 (THREE)</b>
2 FILERNAME <b>BARBARA BEMBRY</b>		3 ACCOUNT # (Ethics Commission Filer)
4 Date <b>3/23/98</b>	5 Payee name <b>Nelda Spears - TAX ASSESSOR</b>	7 Amount (\$) <b>\$7.60</b>
6 Payee address, City, State, Zip Code <b>LAVACA AUSTIN, TX</b>		
8 Purpose of expenditure <b>VOTER STATS</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought / held
Date <b>3/24/98</b>	Payee name <b>THIRD-EYE CAMERA</b>	Amount (\$) <b>\$ 27.06</b>
Payee address, City, State, Zip Code <b>GUADALUPE AUSTIN, TX</b>		
Purpose of expenditure <b>Campaign photos</b>		** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought / held
Date <b>3/26/98</b>	Payee name <b>ARVEY PAPERS</b>	Amount (\$) <b>\$ 38.91</b>
Payee address, City, State, Zip Code <b>6100 AIRPORT BLVD AUSTIN, TX 78752</b>		
Purpose of expenditure <b>STATIONERY</b>		** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought / held
Date <b>3/30/98</b>	Payee name <b>Pflugerville Pflag.</b>	Amount (\$) <b>\$ 638.00</b>
Payee address, City, State, Zip Code <b>P.O. 447 Pflugerville, TX 78691</b>		
Purpose of expenditure <b>Ad</b>		** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought / held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages-Schedule F: <b>3 (THREE)</b>
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2 FILER NAME <b>BARBARA BEMBRY</b>	3 ACCOUNT # (Ethics Commission files)
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4 Date <b>3/30/98</b>	5 Payee name <b>LAKE TRAVIS LOG</b>	7 Amount (\$) <b>\$ 516.<sup>00</sup></b>
6 Payee address; City, State, Zip Code <b>LAGOUISTA, TX</b>		

8 Purpose of expenditure <b>Ad.</b>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought / held
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Date <b>3/17/98</b>	Payee name <b>WELLS FARGO BANK</b>	Amount (\$) <b>\$ 3.<sup>00</sup></b>
Payee address; City, State, Zip Code <b>P.O. 6995 PORTLAND, OREGON 97228</b>		

Purpose of expenditure <b>Bank chq</b>	** Complete if direct expenditure to benefit C/OH ** Candidate/Officeholder name Office sought / held
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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
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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
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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 <i>1 (ONE)</i>
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2 FILER NAME <i>BARBARA BEMBRY</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name <i>PARAGON PRINTING</i>	8 Amount (\$) <i>\$ 2,819.<sup>66</sup></i>
	6 Payee address; City; State; Zip Code <i>P.O. 15988 AUSTIN, TX 78761</i>	
	7 Purpose of expenditure <i>MAILER</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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