

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4193 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:
10

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
BARBARA BEMBRY
NICKNAME LAST SUFFIX

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 SANSING
NICKNAME LAST SUFFIX

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
9 / 25 / 98 THROUGH **10 / 24 / 98**

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 3 / 98 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

JP 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

GO TO PAGE 2

FILED
DEC 27 9 23 AM '98
DAVID L. ...
COUNTY CLERK
TRAVIS COUNTY, TEXAS

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.						1 Total pages Schedule A: 3	
2 FILER NAME BARBARA BEMBRY						3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/25/98		5 Full name of contributor <input type="checkbox"/> out of state PAC CATHERINE LARSON			7 Amount of contribution (\$) \$25⁰⁰	8 In-kind contribution description (if applicable)	
		6 Contributor address: City, State, Zip Code 6318 Needham Ln AUSTIN, TX 78739					
9 Principal occupation Retired				10 Employer (optional)			
Date 9/25/98		Full name of contributor <input type="checkbox"/> out of state PAC NORMA WALSTON			Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)	
		Contributor address: City, State, Zip Code 6113 Garden Ridge Hollow AUSTIN, TX 78750					
Principal occupation				Employer (optional)			
Date 10/5/98		Full name of contributor <input type="checkbox"/> out of state PAC LAKE TRAVIS Republican PAC			Amount of contribution (\$) \$600⁰⁰	In-kind contribution description (if applicable)	
		Contributor address: City, State, Zip Code P.O. 340033 AUSTIN, TX 78734					
Principal occupation PAC				Employer (optional)			
Date 10/2/98		Full name of contributor <input type="checkbox"/> out of state PAC Ken Woodward			Amount of contribution (\$) \$25⁰⁰	In-kind contribution description (if applicable)	
		Contributor address: City, State, Zip Code P.O. 5069 AUSTIN, TX 78763					
Principal occupation ATTY				Employer (optional)			
Date 10/11/98		Full name of contributor <input type="checkbox"/> out of state PAC Barbara Bembry			Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)	
		Contributor address: City, State, Zip Code 10707 Bull Ridge Dr Austin, TX 78759					
Principal occupation Pol. Consultant				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: 3	
2 FILER NAME BARBARA BEMBRY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/29/98	5 Full name of contributor <input type="checkbox"/> out of state PAC RAY VAUGHN	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 204 ETTA PL AUSTIN, TX 78753			
9 Principal occupation		10 Employer (optional)	
Date 9/29/98	Full name of contributor <input type="checkbox"/> out of state PAC JAMES Cooley	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11000 Applewood Dr AUSTIN, TX 78758			
Principal occupation		Employer (optional)	
Date 9/29/98	Full name of contributor <input type="checkbox"/> out of state PAC TRAVIS Rep. Women PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code % DARDEN L. DEVINEY 902 A W. 18th ST. AUSTIN, TX			
Principal occupation PAC		Employer (optional)	
Date 9/30/98	Full name of contributor <input type="checkbox"/> out of state PAC ANDREW SHUVALOV	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 701 W. 11th ST. AUSTIN, TX 78701			
Principal occupation ATTY		Employer (optional)	
Date 9/30/98	Full name of contributor <input type="checkbox"/> out of state PAC TANA Dean	Amount of contribution (\$) \$2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4110 Paint Rock Dr. Austin, TX 78731			
Principal occupation		Employer (optional)	

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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: 3	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/14/98	Dennis Wallace 6 Contributor address: City, State, Zip Code 10203 Treasure Island Austin, TX 78730	\$ 50⁰⁰	
9 Principal occupation		10 Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/15/98	Nancy Libert Contributor address: City, State, Zip Code 8910 Hart Lane # 903 Austin, TX 78731	25⁰⁰	
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/13/98	Gail Suttle Contributor address: City, State, Zip Code 2602 Foy Glen Dr. Austin, TX 78704		32⁰⁰ (postage)
Principal occupation		Employer (optional)	
retired			
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code		
Principal occupation		Employer (optional)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME BARBARA BEMBRY		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/2/98	5 Payee name Universal Publishers 6 Payee address, City, State, Zip Code P.O. 4457 Austin, TX 78765	7 Amount (\$) \$200. ⁰⁰
8 Purpose of expenditure Adv.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/6/98	Payee name Travis County Rep Party Payee address, City, State, Zip Code 1300 W. Koenig Ln. Suite 103 Austin, TX 78756	Amount (\$) 200 ⁰⁰
Purpose of expenditure Mail		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/13/98	Payee name Lake Travis News Payee address, City, State, Zip Code 20811 Dawn Dr. Austin, TX 78645	Amount (\$) 318 ⁰⁰
Purpose of expenditure Adv.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/15/98	Payee name ACCD Payee address, City, State, Zip Code P.O. 1748 Austin 78767	Amount (\$) 17. ⁴⁰
Purpose of expenditure Campaign setup		-- 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

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/15/98

T. Travis County
P.O. 1748
Austin, Tx 78767

55⁰⁰

8 Purpose of expenditure

Campaign Setup

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10/16/98

Postmaster
Payee address: 3575 Far West Blvd
Austin 78731

500.⁰⁰

Purpose of expenditure

Postage

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10/17/98

Postmaster
Payee address: 3575 Far West Blvd
Austin, Tx 78731

500⁰⁰

Purpose of expenditure

Postage

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10/19/98

Rflugerville Pflug
Payee address: ~~3575 Far West Blvd~~ P.O. 447
Rflugerville, TX 78691

318⁰⁰

Purpose of expenditure

adv

** 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

2 FILER NAME

BARBARA BEMBLY

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/19/98

5 Payee name

Lake Travis News

7 Amount (\$)

318⁰⁰

6 Payee address: City, State, Zip Code

30811 Dawn Dr
Austin, TX 78645

8 Purpose of expenditure

adv

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

Office sought / held

Date

10/21/98

Payee name

Postmaster

Amount (\$)

260⁰⁰

Payee address: City, State, Zip Code

3575 Far West Blvd
Austin, 78731

Purpose of expenditure

Postage

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

Office sought / held

Date

10/26/98

Payee name

Postmaster

Amount (\$)

140⁰⁰

Payee address: City, State, Zip Code

3575 Far West Blvd
Austin, 78731

Purpose of expenditure

Postage

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

Office sought / held

Date

10/20/98

Payee name

Postmaster

Amount (\$)

132⁰⁰

Payee address: City, State, Zip Code

3575 Far West Blvd
Austin, 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>BARBARA BEMBRY</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>10/19/98</u>	5 Payee name <u>Wells Fargo</u> 6 Payee address: City, State; Zip Code <u>P.O. 6727 Portland, Oregon 97228</u> 7 Purpose of expenditure <u>Ac Chg</u>	8 Amount (\$) <u>3.50</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>10/21/98</u>	Payee name <u>Paragon Printers</u> Payee address: City, State; Zip Code <u>P.O. 15988 Austin, TX 78761</u> Purpose of expenditure <u>Printing/maileu</u>	Amount (\$) <u>4,244.11</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>10/21/98</u>	Payee name <u>Paragon Printing</u> Payee address: City, State; Zip Code <u>P.O. 15988 Austin, TX 78761</u> Purpose of expenditure <u>Printing mailer</u>	Amount (\$) <u>936.60</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>10/26/98</u>	Payee name <u>Postmaster</u> Payee address: City, State; Zip Code <u>3575 Fair West Austin, TX 78759</u> Purpose of expenditure <u>Postage</u>	Amount (\$) <u>16.10</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>10/7/98</u>	Payee name <u>Byron Houston</u> Payee address: City, State; Zip Code Purpose of expenditure <u>web page</u>	Amount (\$) <u>200.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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: 2

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

10/5/98

Home Depot
Payee address: 10107 Research Blvd.
AUSTIN, TX 78759

\$6.52

7 Purpose of expenditure

POSTS

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

10/5/98

PostMaster
Payee address: 3575 Far West Blvd.
Austin, TX 78731

\$32.00

Purpose of expenditure

Postage

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

10/2/98

Universal Publishers
Payee address: 3575 Far West Blvd, Austin 78731

38.46

Purpose of expenditure

Postage

Reimbursement from political contributions intended

10/5/98

Date

Payee name

Amount (\$)

9/30/98

Home Depot
Payee address: 10107 Research Blvd
Austin, TX 78759

15.70

Purpose of expenditure

POSTS

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

10/17/98

Home Depot
Payee address: 10107 Research Blvd
Austin, TX 78759

20.39

Purpose of expenditure

Sign Materials

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED