Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4266

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: 7 (Seven)

OFFICE USE ONLY

Date Received

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
BARBARA C. BEMBRY
NICKNAME LAST SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
TOM SANSING
NICKNAME LAST SUFFIX

Receipt #
HC / PM Amount
Date Processed
Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
3910 FARWEST 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
10 / 25 / 98 THROUGH 12 / 31 / 98

10 ELECTION

ELECTION DATE
Month Day Year
11 / 3 / 98

ELECTION TYPE
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)
JP 2

12 OFFICE SOUGHT (if known)

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

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
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE 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)	$ 390.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4.	TOTAL POLITICAL EXPENDITURES	$ 2,556.90
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, under penalty of perjury, 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

NOTARY PUBLIC STATE OF TEXAS
CHARLES ERIC SANCHEZ
Notary Public, State of Texas
My Commission Expires
MARCH 13, 2001

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Barbara Bembry, this the 15th day of January, 19 99, to certify which, witness my hand and seal of office.

Charles Eric Sanchez	Charles Eric Sanchez	Notary Public
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: 1 (one)

2 FILER NAME: BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
rec'd 11/5/98	[redacted] Sherri Brummett 7604 Fireoak Dr. Austin, Tx 78759	75.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/2/98	Gaye Arnold 7603 Vista View Dr. Austin, Tx 78750	25.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
rec'd 11/1/98	Elaine Perez 5905 Raincreek Pkwy Austin, Tx 78759	$40.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/98	Verne Phillips P.O. Drawer 5970 Austin, TX 78763	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
rec'd 11/3/98	Bob Hontz 2300 Johnson's Crossing Rd #190 Austin, TX 78734	150.00	

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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation	11 Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	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)		
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.

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 / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/18/98	Internet Access P.O. Box 200280 Austin, TX 78720	99.94

8 Purpose of expenditure: web Site

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/7/98	Postmaster 3575 Far West Blvd Austin, TX 78731	224.00

Purpose of expenditure: Postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/7/98	Third Eye Photos 2532 Guadalupe Austin, TX 78705	27.06

Purpose of expenditure: Photos

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/18/98	Wells Fargo Bank P.O. 6724 Portland, Oregon 97228	3.50

Purpose of expenditure: Service chg

•• 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 / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/27/98	Lake Travis News 20811 Dawn Dr. Lago Vista, TX 78645	352.00

8 Purpose of expenditure: Adv.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/27/98	Austin Trends Austin, TX	855.00

Purpose of expenditure: mailer

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/27/98	Pflugerville Pflag P.O. 447 Pflugerville, TX 78691	388.75

Purpose of expenditure: Adv.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/18/98	Paragon Printing P.O. 15988 Austin, TX 78761	29.77

Purpose of expenditure: mailer

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out of state PAC

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

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

18 Employer

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

2 FILER NAME: BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/18/98	Wells Fargo Bank P.O. 6727 Portland, Oregon 97228	3.50

8 Purpose of expenditure: Bank Chg

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/19/98	Sam's Club Hwy 360 Austin, TX	102.11

Purpose of expenditure: Swearing in Ceremony

•• 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	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($) / Reimbursement from political contributions intended
10/27/98	Lake Travis News 20811 Dawn Dr. Austin, TX 78645 adv.	352.52 ☑
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / Reimbursement from political contributions intended
10/26	Postmaster 3575 Far West Blvd Austin, TX 78731 Postage	112.00 ☑
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / Reimbursement from political contributions intended
10/27	~~Austin Trends~~ Home Depot 10107 Research Blvd Austin TX Staples	~~255~~ 6.77 ☑
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount ($)
8 Purpose of payment	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held	
Date	Business name Business address; City; State; Zip Code	Amount ($)
Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held	
Date	Business name Business address; City; State; Zip Code	Amount ($)
Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held	
Date	Business name Business address; City; State; Zip Code	Amount ($)
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

BARBARA BEMBRY
P.O. 26355
AUSTIN, TX 78755

DANA DEBEAUVOIR, COUNTY CLERK
P.O. 1748
AUSTIN, TX 78767

FILED
JAN 19 10 24 AM '99