

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4385

### 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:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE <b>BEMBRY BARBARA C.</b> <small>NICKNAME LAST MI SUFFIX</small>	<b>OFFICE USE ONLY</b> <hr/> Date Received JUL 16 3 03 PM '99 <b>FILED</b> RECEIVED CAMPAIGN FINANCE SECTION
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<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. 26355 AUSTIN, TX 78755</b>
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<b>5 CAMPAIGN TREASURER NAME</b>	TITLE <b>SANSING, TOM</b> <small>NICKNAME LAST MI SUFFIX</small>	Receipt # HD / PM Date Processed Date Imaged
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<b>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3910 FAR West Blvd AUSTIN, TX 78731</b>
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<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(512) 345-3712</b>
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<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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<b>9 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <b>1 / 1 / 99    THROUGH    6 / 30 / 99</b>
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<b>10 ELECTION</b>	ELECTION DATE Month Day Year <b>11 / 2 / 98</b> <small>from 11/2002</small>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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<b>11 OFFICE</b> OFFICE HELD (if any) <b>JP 2</b>	<b>12 OFFICE SOUGHT (if known)</b>
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<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> 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. ** <hr/> Name <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code <div style="text-align: center; font-size: 2em; opacity: 0.5;">X</div>
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ 0

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

\$ 700.<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ 126.<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 166.<sup>60</sup>

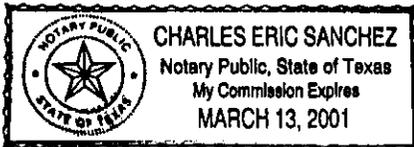
OUTSTANDING  
LOAN TOTALS

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

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

19 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Charles Eric Sanchez*

Signature of officer administering oath

Charles Eric Sanchez

Print name of officer administering oath

Notary Public

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.	1 Total pages this Schedule A1: <i>(one)</i>
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2 FILER NAME <i>BARBARA C. BEMBLY</i>	3 ACCOUNT # (Ethics Commission files)
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4 Date <i>5/1/99</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>FRANK + THERESA SMITH</i>	7 Amount of contribution (\$) <i>300.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. <del>2000</del> 73 McNeil, TX 78651</i>			

9 Principal occupation (Optional) <i>IMPORT</i>	10 Employer (Optional)
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Date <i>1/15/99</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>AUSTIN APT ASSN PAC</i>	Amount of contribution (\$) <i>500.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4107 Medical Pkwy, #100 AUSTIN, TX 78756</i>			

Principal occupation (Optional)	Employer (Optional)
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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 (Optional)	Employer (Optional)
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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 (Optional)	Employer (Optional)
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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 (Optional)	Employer (Optional)
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**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:
2 FILER NAME <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	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:

*one*

2 FILER NAME

*BARBARA BEMBRY*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*1/27/99*

5 Payee name

*REP. Club of Austin*

6 Payee address; City; State; Zip Code

7 Amount (\$)

*35.<sup>00</sup>*

8 Purpose of expenditure

*membership*

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

Candidate / Officeholder name Office sought / held

Date

*1/27/99*

Payee name

*AUSTIN REP. Women*

Payee address; City; State; Zip Code

Amount (\$)

*10.<sup>00</sup>*

Purpose of expenditure

*membership*

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

Candidate / Officeholder name Office sought / held

Date

*1/27/99*

Payee name

*NW. AUSTIN REP. Women*

Payee address; City; State; Zip Code

Amount (\$)

*20.<sup>00</sup>*

Purpose of expenditure

*membership*

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

Candidate / Officeholder name Office sought / held

Date

*1/26/99*

Payee name

*AUSTIN INTERNET ACCESS*

Payee address; City; State; Zip Code

*P.O. Box 200280  
AUSTIN, TX 78720*

Amount (\$)

*74.<sup>95</sup>*

Purpose of expenditure

*website*

**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:

*one*

2 FILER NAME

*BARBARA BEMBRY*

3 ACCOUNT # (Ethics Commission files)

4 Date

*3/23/99*

5 Payee name

*AUSTIN INTERNET ACCESS*

6 Payee address; City; State; Zip Code

*P.O. 200280  
AUSTIN, TX 78720*

8 Amount (\$)

*26.65*

7 Purpose of expenditure

*WEBSITE*

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

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

# 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** BARBARA BEMBRY 3 **ACCOUNT #** (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Business name	<b>7</b> Amount (\$)
	<b>6</b> Business address; City; State; Zip Code	

<b>8</b> Purpose of payment	<b>9</b> <small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment	<small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment	<small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment	<small>Complete if direct expenditure to benefit C/OH</small> Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

Barbara Bemby  
PO Box 26355  
Austin TX 78755-0355

*Booker*

DANA DEBEAUVOR  
TRAVIS COUNTY CLERK  
1000 GUADALUPE ST RM 222  
AUSTIN, TX 78769-1748

