

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5167

## 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:

3

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received: 02 JUL 15 AM 0:32  
COUNTY: TARRANT  
STATE: TEXAS  
Date Hand delivered or Date Postmarked

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 # 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 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  
**3 / 5 / 02 THROUGH 7 / 15 / 02**

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
**11 / 5 / 02**

11 OFFICE

OFFICE HELD (if any)

**JP 2**

12 OFFICE SOUGHT (if known)

**JP 2**

13 NOTICE OF 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

ONE

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30/02

5 Full name of contributor

AUSTIN APT ASSN

out-of-state PAC (ID#)

7 Amount of contribution (\$)

500.<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4107 MEDICAL PKWY, STE 100  
AUSTIN, TX 78756

9 Principal occupation (Optional)

PAC

10 Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

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.