

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5219

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
BARBARA C
NICKNAME LAST SUFFIX
BEMBRY

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 26355
Austin, TX 78755
 Change of Address

02 OCT -7 PM 3:09

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
TOM
NICKNAME LAST SUFFIX
SANSING

Receipt #

HD / 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 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 JC/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 16 / 02 10 / 6 / 02

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

JP 2

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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME

BARBARA C BEMBRY

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

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

EXPENDITURE TOTALS

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

\$ 250.00

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

\$ 104.27

4. TOTAL POLITICAL EXPENDITURES

\$ 2,145.48

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

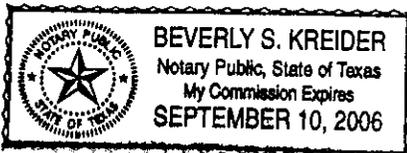
\$ 10,642.96

OUTSTANDING LOAN TOTALS

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

\$ 5,000.00

18 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 7th day of October 19 2007, to certify which, witness my hand and seal of office.

BS Kreider
Signature of officer administering oath

Beverly S Kreider
Print name of officer administering oath

Admin
Title of officer administering oath

JC/IO
ET PG 2

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 C BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/1/02

5 Full name of contributor

out of state PAC

GREATER OAK HILL AREA RWC PAC

7 Amount of contribution (\$)

250.⁰⁰/₁₀₀

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
9123 GRANADA HILLS DR
AUSTIN, TX 78737

9 Principal occupation

PAC

10 Employer (optional)

Date

Full name of contributor

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

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

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

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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.

TICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

BARBARA C. BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9/9/02

PLUGERVILLE CHAMBER OF COMMERCE

125.⁰⁰

6 Payee address: City: State: Zip Code

P.O. Box 483
PLUGERVILLE, TX 78691

8 Purpose of expenditure

Expo - Booth Fee

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

Office sought / held

Date

Payee name

Amount (\$)

9/20/02

PARTY CITY

140.¹⁰

Payee address: City: State: Zip Code

RESEARCH Blvd
AUSTIN, TX 78759

Purpose of expenditure

Helium/Balloons - Expo
ETC

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

Office sought / held

Date

Payee name

Amount (\$)

9/16/02

LINENS + Things

51.⁹²

Payee address: City: State: Zip Code

RESEARCH Blvd
AUSTIN, TX 78759

Purpose of expenditure

TABLE CLOTH / RAFFIE - EXPO
PRIZES

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

Office sought / held

Date

Payee name

Amount (\$)

9/24/02

HOME DEPOT

324.41

Payee address: City: State: Zip Code

10107 RESEARCH Blvd
AUSTIN, TX 78759

Purpose of expenditure

SIGN Expense - Posts, ETC

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME BARBARA C. BEMBRY		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/28/02	5 Payee name AZTEC MARKING	7 Amount (\$) \$ 831.19
6 Payee address: City, State, Zip Code 5700 COMMERCIAL PARK DR. AUSTIN, TX 78724		
8 Purpose of expenditure SIGNS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/2/02	Payee name ACE PRINTING	Amount (\$) 433.⁰⁰
Payee address: City, State, Zip Code 7807 DONCASTER AUSTIN, TX 78745		
Purpose of expenditure SIGNS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10/1/02	Payee name AUSTIN REP. PUB	Amount (\$) 65.⁰⁰
Payee address: City, State, Zip Code 1609 SHOAL CREEK, SUITE 204 AUSTIN, TX 78701		
Purpose of expenditure DUES/MTG		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/27/02	Payee name COSTCO	Amount (\$) 70.⁵⁹
Payee address: City, State, Zip Code RESEARCH Blvd AUSTIN, TX 78759		
Purpose of expenditure Pflugerville Chamber of Commerce Expo		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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