

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5248

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: **4**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
BARBARA C

NICKNAME LAST SUFFIX
BEMBRY

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

Change of Address

**P.O. Box 26355
AUSTIN, TX 78755**

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
TOM

NICKNAME LAST SUFFIX
SANSING

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 MONTH DAY YEAR

10 / 7 / 02 THROUGH 10 / 27 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

11 / 5 / 02

11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)

JP 2 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 **BB**

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

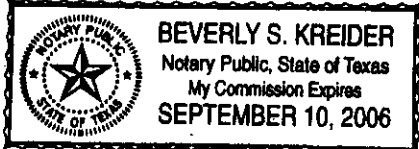
14 C/OH NAME BARBARA C BEMBRY	15 ACCOUNT # (Ethics Commission files)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. 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 <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY
 Check here if no reportable activity occurred during this reporting period. (Sign affidavits 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	\$ 750. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 107. ⁵⁴
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



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, 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

Sworn to and subscribed before me, by the said October, this the 28th day of 2002

19 to certify which, witness my hand and seal of office.

<i>Beverly S Kreider</i> Signature of officer administering oath	Beverly S. Kreider Print name of officer administering oath	Admin Title of officer administering oath
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OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

FILER NAME BARBARA C. BEMBRY		1 Total pages Schedule A: One	
Date 10/7/02		3 ACCOUNT # (Ethics Commission filers)	
5 Full name of contributor NW AUSTIN REP. WOMEN PAC	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 6211 AUGUSTA NATIONAL AUSTIN, TX 78746			
Principal occupation PAC		10 Employer (optional)	
Date 10/22/02	5 Full name of contributor MIKE HASSIBI	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 200.⁰⁰
6 Contributor address: City: State: Zip Code 4116 BURNEY DR AUSTIN, TX 78731			
Principal occupation REAL ESTATE		10 Employer (optional)	
Date 10/17/02	5 Full name of contributor TRAVIS REP. WOMEN PAC	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 50.⁰⁰
6 Contributor address: City: State: Zip Code 703 PRESSLER ST. AUSTIN, TX 78703			
Principal occupation PAC		10 Employer (optional)	
Date 10/17/02	5 Full name of contributor RICK NOBLE	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address: City: State: Zip Code 5324 CAMERON RD AUSTIN, TX 78723			
Principal occupation RICK'S CLEANERS		10 Employer (optional)	
Date	5 Full name of contributor	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)
6 Contributor address: City: State: Zip Code			
Principal occupation		10 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:

One

2 FILER NAME

BARBARA C. BEMBRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/06/02

5 Payee name

HOME DEPOT

6 Payee address: City, State, Zip Code

10107 RESEARCH BLVD
AUSTIN, TX 78759

7 Amount (\$)

107.⁵⁴

8 Purpose of expenditure

Sign Expense

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City, State, Zip Code

Purpose of expenditure

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

Office sought / held

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