

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) <b>6371</b>	2 Total pages filed <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>C</b> FIRST <b>BARBARA</b> NICKNAME <b>BEMBRY</b> LAST	MI <b>C</b> SUFFIX	OFFICE USE ONLY Date Received <b>2006 OCT 10 PM 2:40</b> Date Hard-delivered or Date Postmarked Receipt # Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX <b>P.O. Box 26355</b> <b>AUSTIN, TX 78755</b>	APT / SUITE # CITY STATE ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>854-4545</b> EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>TOM</b> NICKNAME <b>SANSING</b> LAST	MI SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) <b>3910 FAR WEST Blvd.</b> <b>AUSTIN, TX 78731</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>345-3712</b> EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
10 PERIOD COVERED	Month Day Year <b>7 / 1 / 06</b> THROUGH <b>10 / 1 / 06</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 7 / 06</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>JP 2</b>	13 OFFICE SIGHT (if known) <b>JP 2</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p><del>** 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. **</del></p> <p>Name</p> <p>Address / PO Box    Apt / Suite #    City    State    Zip Code</p> <p><input type="checkbox"/> additional pages</p>		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME BARBARA C. BEMBRY 16 ACCOUNT # (if this Commission term)

17 NOTICE FROM POLITICAL COMMITTEE(S)  
 \*\* This box is for notice of 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

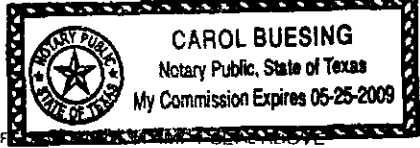
*[Handwritten signature: BJB]*

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)	\$ 250. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 100. <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 2594. <sup>72</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,977. <sup>69</sup>
OUTSTANDING LOAN TOTALS	6. 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.

*[Handwritten signature]*  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Barbara Bembry, this the 10 day of October, 2006, to certify which, witness my hand and seal of office.

*[Handwritten signature]*  
Signature of officer administering oath

Carol Buesing  
Print name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <b>BARBARA C. BEMBRY</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>8/30/06</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>AUSTIN APT ASSN PAC</b>	7 Amount of contribution (\$) <b>250.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <b>4107 MEDICAL PKWY STE 900 AUSTIN, TX 78756</b>			
9 Contributor's principal occupation <b>APT ASSN</b>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**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: 1

2 FILER NAME

BARBARA BEMBRY

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

8/31/06

VOTES UNLIMITED

\$1,491.<sup>12</sup>

6 Payee address: City, State, Zip Code

P.O. Box 188  
FERNDALE, NY 12734

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

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

B. BEMBRY JP2 JP2

Date

Payee name

Amount (\$)

8/28/06

AZTEC MARKING

\$838.<sup>94</sup>

6 Payee address: City, State, Zip Code

5700 COMMERCIAL PARK DRIVE  
AUSTIN, TX 78724

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

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

B. BEMBRY JP2 JP2

Date

Payee name

Amount (\$)

9/21/06

HOME DEPOT

\$129.<sup>90</sup>

6 Payee address: City, State, Zip Code

10107 RESEARCH BLVD  
AUSTIN, TX 78759

Purpose of payment (See instructions regarding type of information required.)

STAKES

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

B. BEMBRY JP2 JP2

Date

Payee name

Amount (\$)

8/30/06

HOME DEPOT

\$34.<sup>76</sup>

6 Payee address: City, State, Zip Code

10107 RESEARCH BLVD  
AUSTIN, TX 78759

Purpose of payment (See instructions regarding type of information required.)

SIGN NAILS

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

B. BEMBRY JP2 JP2

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L: 1

2 FILER NAME

BARBARA C. BEMBRY

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

BARBARA BEMBRY

5 Lender address:

City:

State:

Zip Code

P.O. 26355 AUSTIN, TX 78755

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address:

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address:

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address:

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Lender address:

City:

State:

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address:

City:

State:

Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED