

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

7227

**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: <b>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>(MRS)</b> FIRST <b>BARBARA</b> MI <b>C.</b> NICKNAME LAST SUFFIX <b>BEMBRY</b>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged 10 JAN 5 PM 11 FILED FOR RECORD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE: <b>P.O. BOX 26355</b> <b>AUSTIN, TX 78755</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 854-4545</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>(MR)</b> FIRST <b>TOM</b> MI NICKNAME LAST SUFFIX <b>SANSING</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE: <b>4010 Furtwengler</b> <b>AUSTIN, TX 78731</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 345 3712</b>		
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>7 / 1 / 09</b> <b>THROUGH</b> <b>12 / 31 / 09</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>1 / 1</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>JP 2</b>	13 OFFICE SOUGHT (if known) <b>—</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <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. -- Name Address / PO Box: Apt. / Suite #: City: State: Zip Code <div style="text-align: center; font-size: 2em; opacity: 0.5;">                     X                 </div>		

**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 # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)  
- This box is for notice of political contributions accepted or political expenditures made 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>3000<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>300<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>25<sup>00</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>25<sup>00</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7,756.<sup>59</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,000.<sup>00</sup></u>

19 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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

Sworn to and subscribed before me, by the said Barbara Bembry this the 15<sup>th</sup> day of January, 20 10, to certify which, witness my hand and seal of office.

Cindy Muller CINDY MULLER Notary Public  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME BARBARA C. BEMBRY 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12/10/09</u>	5 Payee name <u>LAKE TRAVIS REP. Club</u> 6 Payee address; City; State; Zip Code <u>LAKELWAY, TX 78734</u>	7 Amount (\$) <u>25.<sup>00</sup>—</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>dues</u> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
--	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# OUTSTANDING LOANS

# SCHEDULE L

The instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME BARBARA C. BEMBRY

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION	4 Name of lender <u>BARBARA BEMBRY (self)</u> 5 Lender address, City, State, Zip Code <u>SAME</u>
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	6 Name of guarantor 7 Guarantor address, City, State, Zip Code
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LENDER INFORMATION	Name of lender Lender address, City, State, Zip Code
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor Guarantor address, City, State, Zip Code
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LENDER INFORMATION	Name of lender Lender address, City, State, Zip Code
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor Guarantor address, City, State, Zip Code
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LENDER INFORMATION	Name of lender Lender address, City, State, Zip Code
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor Guarantor address, City, State, Zip Code
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED