

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3960

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:
28

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Co., Commissioner Margaret J.
NICKNAME LAST SUFFIX
Gomez

OFFICE USE ONLY

Date Received

FILED
MAR 3 2 20 PM '98
TRAVIS COUNTY, TEXAS
COUNTY CLERK

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1802 Romford Drive Austin TX 78704

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Texana Faulk
NICKNAME LAST SUFFIX
Conn

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
2007 Paramount Austin TX 78704

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 442-2688

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
02 / 01 / 98 THROUGH 02 / 28 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
03 / 10 / 98

11 OFFICE

OFFICE HELD (if any)

County Commissioner, Precinct 4

12 OFFICE SOUGHT (if known)

County Commissioner, Precinct 4

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

None to my knowledge.

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 Citizens for Gomez - Margaret J. Gomez	15 ACCOUNT # (Ethics Commission filers)
---	---

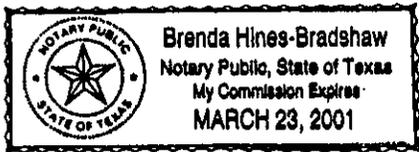
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	Citizens for Gomez
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		P. O. Box 3232; Austin, TX 78764-9998
	COMMITTEE CAMPAIGN TREASURER NAME	Texana Faulk Conn
	COMMITTEE CAMPAIGN TREASURER ADDRESS	2007 Paramount; Austin, TX 78704

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit 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	\$ NA
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,070.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ NA
	4. TOTAL POLITICAL EXPENDITURES	\$ 13429.15
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8000.00

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.



Margaret J. Gomez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARGARET J. GÓMEZ, this the 2nd day of MARCH, 19 98, to certify which, witness my hand and seal of office.

Brenda Hines-Bradshaw **Brenda Hines-Bradshaw** Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 12

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-2-98

5 Full name of contributor

Mary Arnold

out of state PAC

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3404 Southhill Circle
Austin, TX 78703

9 Principal occupation

Don't know.

10 Employer (optional)

Date

2-2-98

Full name of contributor

Jorge A. Sedeno

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5306 Tortuga Trail
Austin, TX 78731

Principal occupation

Don't know.

Employer (optional)

Date

2-2-98

Full name of contributor

Bank One Texas Good Government Committee

out of state PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1717 Main Street, 7th Floor
Dallas, TX 75201

Principal occupation

Bankers

Employer (optional)

Date

2-2-98

Full name of contributor

Alfred Reyna, Jr.

out of state PAC

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3803 Wilson
Austin, TX 78704

Principal occupation

Citizen

Employer (optional)

Date

2-2-98

Full name of contributor

D. L. Pattillo

out of state PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1700 Jackson Hole Cove
Austin, TX 78746

Principal occupation

Attorney, Financial advisor

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 12

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-2-98

5 Full name of contributor

Barbara Wilson

out of state PAC

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2425 Ashdale, No. 24
Austin, TX 78757

9 Principal occupation

Attorney

10 Employer (optional)

Date

2-5-98

Full name of contributor

Volma Overton

out of state PAC

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1403 Springdale Road
Austin, TX 78721-1342

Principal occupation

Retired Civil Rights Worker

Employer (optional)

Date

2-5-98

Full name of contributor

Dawna M. Dukes

out of state PAC

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5224 Marymount Drive
Austin, TX 78723

Principal occupation

legislator

Employer (optional)

Date

2-5-98

Full name of contributor

Ponciano Morales, III

out of state PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8000 Isaac Pryor
Austin, TX 78749-1862

Principal occupation

architect

Employer (optional)

Date

2-5-98

Full name of contributor

Joseph Lynn Nabers

out of state PAC

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8317-104 Club Ridge Drive
Austin, TX 78735

Principal occupation

Attorney

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3 of 12	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-5-98	5 Full name of contributor Lena Guerrero & Associates <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code 1108 Lavaca, Ste. 406 Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation Lobbyist		10 Employer (optional)	
Date 2-6-98	Full name of contributor Michael A. Von Ohlen <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 9509 Leaning Rock Circle Austin, TX 78730	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation Small business owner		Employer (optional)	
Date 2-9-98	Full name of contributor Hilbert R. Maldonado <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 6613 Ashland Drive Austin, TX 78723-3902	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation small business owner		Employer (optional)	
Date 2-9-98	Full name of contributor Garabed A. Harutunian <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 9504 Meadowheath Drive Austin, TX 78729-2715	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation small business owner		Employer (optional)	
Date 2-9-98	Full name of contributor Jeffery Hahn <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 6121 Oliver Loving Trail Austin, TX 78749	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation high tech management		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 12

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-9-98

5 Full name of contributor

Frank B. Willis

out of state PAC

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
5711 Rain Creek Parkway
Austin, TX 78759

9 Principal occupation

business owner

10 Employer (optional)

Date

2-11-98

Full name of contributor

Michael R. Hemer

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2400 White Horse Trail
Austin, TX 78757

Principal occupation

Don't know.

Employer (optional)

Date

2-11-98

Full name of contributor

Lois Villasenor

out of state PAC

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1411 Ethridge
Austin, TX 78703

Principal occupation

Business owner

Employer (optional)

Date

2-11-98

Full name of contributor

F. Paul Celauro

out of state PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
12800-69 Briar Forest Drive
Houston, TX 77077

Principal occupation

Engineer

Employer (optional)

Date

2-11-98

Full name of contributor

Rfluger Wiginton Hooker, PLLC

out of state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
213 South Lamar, #300
Austin, TX 78704

Principal occupation

Architects

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>5 of 12</i>	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-14-98	5 Full name of contributor William G. Bunch <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code 1307 Oxford Austin, TX 78704	7 Amount of contribution (\$) \$ 75.00	8 In-kind contribution description (if applicable)
9 Principal occupation attorney		10 Employer (optional)	
Date 2-14-98	Full name of contributor Susan G. Morrison <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 4205 Ramsey Avenue Austin, TX 78756	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation attorney		Employer (optional)	
Date 2-14-98	Full name of contributor Allison, Bass & Associates, LLP <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 208 West 14 Austin, TX 78701-1645	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation attorneys		Employer (optional)	
Date 2-14-98	Full name of contributor Martha A. Martinez <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 511 Fort Drum Austin, TX 78745	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation Don't know.		Employer (optional)	
Date 2-14-98	Full name of contributor Tracy Kelly <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 3915 Latimer Drive Austin, TX 78732	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation Manager		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6 of 12

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-17-98

5 Full name of contributor

Melvin E. Waxler

out of state PAC

6 Contributor address; City; State; Zip Code

3910 Glengarry Drive
Austin, TX 78731

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

9 Principal occupation

Attorney

10 Employer (optional)

Date

2-18-98

Full name of contributor

Emma G. Vela

out of state PAC

Contributor address; City; State; Zip Code

809 Loma
Alice, TX 78332-5950

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation

Retired teacher

Employer (optional)

Date

2-18-98

Full name of contributor

James D. Plasek

out of state PAC

Contributor address; City; State; Zip Code

1100 Teakwood Trail
Pflugerville, TX 78660-2854

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation

Health Management

Employer (optional)

Date

2-18-98

Full name of contributor

Armbrust Brown & Davis, L.L.P.

out of state PAC

Contributor address; City; State; Zip Code

100 Congress Avenue, Ste. 1300
Austin, TX 78701-4042

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation

Attorneys

Employer (optional)

Date

2-20-98

Full name of contributor

Freddie Bustillo

out of state PAC

Contributor address; City; State; Zip Code

17418 Lantana Drive
Sugar Land, TX 77479

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation

Construction Management

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 of 12

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-20-98

5 Full name of contributor

Roger Martinez

out of state PAC

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1506-B Cinnamon Path
Austin, TX 78704

9 Principal occupation
Administrator

10 Employer (optional)

Date

2-23-98

Full name of contributor

Kimberly Nunez

out of state PAC

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7900 Appomatox
Austin, TX 78745

Principal occupation
Administration

Employer (optional)

Date

2-23-98

Full name of contributor

John R. Vasquez

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5631 Wagon Train
Austin, TX 78749

Principal occupation
Attorney

Employer (optional)

Date

2-24-98

Full name of contributor

Joan Bell

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10111 Wild Dunes Drive
Austin, TX 78747

Principal occupation
Retired

Employer (optional)

Date

2-24-98

Full name of contributor

Dr. Mary Elizabeth De Ferreire

out of state PAC

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1507 Lupine Lane
Austin, TX 78741

Principal occupation
Psychology

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 8 of 12	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-24-98	5 Full name of contributor Ray Vaughn <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code 10108 Pinehurst Drive Austin, TX 78747-1301	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description(if applicable)
9 Principal occupation Retired		10 Employer (optional)	
Date 2-24-98	Full name of contributor Jerry Harris <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 1400 Franklin Plaza 111 Congress Avenue Austin, TX 78701	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Principal occupation Attorney		Employer (optional)	
Date 2-24-98	Full name of contributor Paul S. Ruiz <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 222 E. Riverside Drive, #129 Austin, TX 78704	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Principal occupation Attorney		Employer (optional)	
Date 2-24-98	Full name of contributor Valarie S. Bristol <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code P. O. Box 163262 Austin, TX 78716	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Principal occupation Attorney		Employer (optional)	
Date 2-24-98	Full name of contributor Evangelina Munoz <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 2100-D Kirksey Drive Austin, TX 78741	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Principal occupation Administration		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9 of 12

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-24-98

5 Full name of contributor

Eliza May

out of state PAC

7 Amount of contribution (\$)
\$ 35.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1605 Sylvan Glade
Austin, TX 78745-1844

9 Principal occupation

Administration

10 Employer (optional)

Date

2-26-98

Full name of contributor

Lin-Wen Lee

out of state PAC

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8303 Pommel Cove
Austin, TX 78759

Principal occupation

Engineer

Employer (optional)

Date

2-26-98

Full name of contributor

Grace K. Chan

out of state PAC

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11402 Pradera Drive
Austin, TX 78759

Principal occupation

business owner

Employer (optional)

Date

2-26-98

Full name of contributor

George Chang

out of state PAC

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

401-A E. Grady Drive
Austin, TX 78753

Principal occupation

business owner

Employer (optional)

Date

2-26-98

Full name of contributor

Barada C. Sarma

out of state PAC

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2715 Barton Skyway
Austin, TX 78704

Principal occupation

Engineer

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>10 of 12</i>	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-26-98	5 Full name of contributor Ronald K. Yam <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code 601 Harris Avenue Austin, TX 78705	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation Business owner		10 Employer (optional)	
Date 2-26-98	Full name of contributor Mahesh M. Naik <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 2313 North Shields Drive Austin, TX 78727-3145	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation business owner		Employer (optional)	
Date 2-26-98	Full name of contributor Jay A. Gohil <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 10201 Tenava Court Austin, TX 78726	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation business owner		Employer (optional)	
Date 2-26-98	Full name of contributor Ramalingam "Joe" Sivaswamy <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 13123 Boomer Lane Austin, TX 78729	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation business owner		Employer (optional)	
Date 2-26-98	Full name of contributor Laura Soeur <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 2004 East Gann Hill Drive Cedar Park, TX 78613	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation Administration		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>11 of 12</i>	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-26-98	5 Full name of contributor Chi-Klao Hsu <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code 7221 Northeast Drive Austin, TX 78723	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description(if applicable)
9 Principal occupation business owner		10 Employer (optional)	
Date 2-26-98	Full name of contributor Toan Nguyen <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 8109 Long Canyon Drive Austin, TX 78730	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Principal occupation business owner		Employer (optional)	
Date 2-26-98	Full name of contributor Shanker Reddy <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 6620 Candleridge Cove Austin, TX 78731	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Principal occupation business owner		Employer (optional)	
Date 2-26-98	Full name of contributor Mao Chhay <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 1106 Forest Trail Cedar Park, TX 78613	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Principal occupation business owner		Employer (optional)	
Date 2-26-98	Full name of contributor Frank S. L. Lam <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code 508 West 16 Austin, TX 78701	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Principal occupation Engineer		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

12 of 12

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-27-98

5 Full name of contributor

Virginia Agnew

out of state PAC

7 Amount of contribution (\$)
\$ 100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1204 Castle Hill
Austin, TX 78703

9 Principal occupation
Attorney

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			

9 Principal occupation	10 Employer (optional)
------------------------	------------------------

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.



PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B: <div style="text-align: center; font-size: 1.2em;">141</div>	
2 FILER NAME <u>Citizens for Gomez</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC 7 Pledgor address; City; State; Zip Code None to date.	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <i>1 of 1</i>	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)	
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code None.	10 Interest rate	
		11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor		16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code		
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

A The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 8
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-2-98	5 Payee name Southwestern Bell Telephone Company 6 Payee address: City: State: Zip Code P. O. Box 4844 Houston, TX 77097-0079	7 Amount (\$) \$ 259.35
8 Purpose of expenditure Phone service at headquarters		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held
Date 2-2-98	Payee name San Jacinto Tower Payee address: City: State: Zip Code 1011 San Jacinto Austin, TX 78701	Amount (\$) 303.00
Purpose of expenditure Rent for February		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held
Date 2-3-98	Payee name AT&T Payee address: City: State: Zip Code 8620 Burnet Road Austin, TX 78753	Amount (\$) 2.58
Purpose of expenditure Long Distance Calls at headquarters		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held
Date 2-5-98	Payee name The Galkin Fund Payee address: City: State: Zip Code P. O. Box 822 Austin, TX 78767	Amount (\$) 100.00
Purpose of expenditure Sponsorship		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

A The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 8
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-7-98	5 Payee name Conley-Guerrero Senior Activity Center 5 Payee address: City: State: Zip Code Nile Street Austin, TX 78721	7 Amount (\$) \$ 100.00
8 Purpose of expenditure Sponsorship for Valentine's Day Party		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date 2-7-98	Payee name Billy Sifuentez Retirement Fund Payee address: City: State: Zip Code 1011 East Cesar Chavez Austin, TX 78702	Amount (\$) 52.50
Purpose of expenditure Food tickets for workers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date 2-9-98	Payee name ALLGO Payee address: City: State: Zip Code 1715 East 6 Austin, TX 78702	Amount (\$) 100.00
Purpose of expenditure Program Ad		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2-11-98	Payee name Alamo Printing & Copying Service Payee address: City: State: Zip Code 1308 Est 5T Austin, TX 78723	Amount (\$) 129.90
Purpose of expenditure 1000 Letterhead and envelopes		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4 of 8
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
2-11-98	Opinion Analysts, Inc. 901 Rio Grande Austin, TX 78701	\$ 127.14
8 Purpose of expenditure Precinct lists		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margart J. Gomez, Co. Comm., Pct. 4
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
2-11-98	U. S. Postmaster 1800 South Fifth Austin, TX 78704	320.00
Purpose of expenditure Postage for mailer		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
2-11-98	G&L Stationary 515 South Congress Austin, TX 78704	38.33
Purpose of expenditure Pens, labels		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
2-11-98	Pizza Hut 1201 West 6 Austin, TX 78701	18.23
Purpose of expenditure Food for volunteers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

548

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)**4** Date

2-14-98

5 Payee name

Patricia Rodriguez

7 Amount
(\$)

\$ 777.85

6 Payee address; City; State; Zip Code702 Jewell Street
Austin, TX 78704**8** Purpose of expenditureSalary and reimbursement for office supplies,
food for workers**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

2-17-98

Payee name

Travis County Democratic Party

Amount
(\$)

250.00

Payee address; City; State; Zip Code1905 North Lamar, Suite 101
Austin, TX 78703**Purpose of expenditure**

Program Ad

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

Office sought / held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

2-17-98

Payee name

Austin Women's Political Caucus

Amount
(\$)

300.00

Payee address; City; State; Zip Code4811 Lansing
Austin, TX 78745**Purpose of expenditure**

Mailer

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

Office sought / held

Margaret J. Gomez, Co. Comm., Pct. 4

Date

2-17-98

Payee name

John Rouse - Montopolis Little League

Amount
(\$)

55.00

Payee address; City; State; Zip CodeP. O. Box 15026
Austin, TX 78761**Purpose of expenditure**

Sponsorship for little league

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

Office sought / held

Margaret J. Gomez, Co. Comm., Pct. 4

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

A The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: center; font-size: 1.2em;">6 of 8</div>
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-18-98	5 Payee name Roberto Chapa 6 Payee address; City; State; Zip Code 2516 Mountain View Drive Austin, TX 78704	7 Amount (\$) \$ 700.00
8 Purpose of expenditure Consultant Fee		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date 2-18-98	Payee name RBH Direct Payee address; City; State; Zip Code 504 Congress Avenue, Suite 200 Austin, TX 78701	Amount (\$) 5,358.38
Purpose of expenditure Mailer		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date 2-20-98	Payee name A&F Trophy Payee address; City; State; Zip Code 4619-C South Congress Austin, TX 78745	Amount (\$) 221.91
Purpose of expenditure T-shirts		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date 2-20-98	Payee name Office Depot Payee address; City; State; Zip Code 2101 South Lamar Austin, TX 78704	Amount (\$) 115.81
Purpose of expenditure Toner for printer and paper		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

A The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 7 of 8
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-23-98	5 Payee name Radio Shack 6 Payee address: City: State: Zip Code 1636 E. Riversdie Austin, TX 78741	7 Amount (\$) \$ 64.94
8 Purpose of expenditure Micro phone		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
4 Date 2-24-98	5 Payee name HEB 6 Payee address: City: State: Zip Code 2508 E. Riverside Austin, TX 78741	7 Amount (\$) 99.28
8 Purpose of expenditure Beverages for fund raiser		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
4 Date 2-24-98	5 Payee name Austin Progressive Coalition 6 Payee address: City: State: Zip Code SOC #145 100-C West Dean Page Keaton Austin, TX 78712	7 Amount (\$) 150.00
8 Purpose of expenditure Mailer		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
4 Date 2-24-98	5 Payee name Patrick Rodriguez 6 Payee address: City: State: Zip Code 702 Jewell Street Austin, TX 78704	7 Amount (\$) 79.34
8 Purpose of expenditure Reimbursement for postage		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

A The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 8 of 8
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-24-98	5 Payee name Vinny's 6 Payee address: City: State: Zip Code 1003 Barto Springs Road Austin, TX 78704	7 Amount (\$) \$ 100.00
8 Purpose of expenditure Food for fund raiser		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date 2-24-98	Payee name The Capital City Argus..... Payee address: City: State: Zip Code P. O. Box 140471 Austin, TX 78714	Amount (\$) 175.00
Purpose of expenditure Program Ad		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date 2-28-98	Payee name Patrick Rodriguez..... Payee address: City: State: Zip Code 702 Jewell Street Austin, TX 78704	Amount (\$) 500.00
Purpose of expenditure Salary		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
Date 2-28-98	Payee name Travis County Employees Credit Union..... Payee address: City: State: Zip Code 1101 North IH 35 Austin, TX 78701	Amount (\$) 229.00
Purpose of expenditure Payment on Loan		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, Co. Comm., Pct. 4
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <i>1 of 1</i>
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code None. 7 Purpose of expenditure	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1 of 1

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code None.	
7 Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:
1 of 1

2 FILER NAME
Citizens for Gomez 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
----------------	--	--------------------

6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code None.	10 Interest rate
		11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
---	---	---------------------------

17 Principal Occupation	18 Employer
-------------------------	-------------

Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
--	---	------------------------

Principal Occupation	Employer
----------------------	----------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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: <i>1 of 8</i>
2 FILER NAME <i>Citizens for Gomez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2-1-98</i>	5 Payee name <i>Patrick Rodriguez</i> 6 Payee address; City; State; Zip Code <i>702 Jewell Street Austin, TX 78704</i>	7 Amount (\$) <i>\$ 500.00</i>
8 Purpose of expenditure <i>Salary</i>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought / held <i>Margaret J. Gomez, Co. Comm., Pct. 4</i>
Date <i>2-1-98</i>	Payee name <i>Cynthia Galvan</i> Payee address; City; State; Zip Code <i>1721 Whitney Way Austin, TX 78741</i>	Amount (\$) <i>145.18</i>
Purpose of expenditure <i>Reimbursement for supplies</i>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought / held <i>Margaret J. Gomez, Co. Comm., Pct. 4</i>
Date <i>2-1-98</i>	Payee name <i>Patrick Rodriguez</i> Payee address; City; State; Zip Code <i>702 Jewell Stret Austin, TX 78704</i>	Amount (\$) <i>56.43</i>
Purpose of expenditure <i>Reimbursement of paper supplies</i>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought / held <i>Margaret J. Gomez, Co. Comm., Pct. 4</i>
Date <i>2-2-98</i>	Payee name <i>RBH Direct</i> Payee address; City; State; Zip Code <i>504 Congress Avenue, Suite 200 Austin, TX 78701</i>	Amount (\$) <i>2,000.00</i>
Purpose of expenditure <i>Payment for Consultant work</i>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought / held <i>Margart J. Gomez, Co. Comm., Pct. 4</i>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED