Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4251

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: 19

OFFICE USE ONLY

Date Received: JAN 15 2 28 PM '99

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Co. Comm. FIRST: Margaret MI: J.
NICKNAME: LAST: Gomez SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P. O. Box 3232 APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78764

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: Texana MI: F.
NICKNAME: LAST: Conn SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 2007 Paramount APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78704

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 442-2688 EXTENSION:

8 REPORT TYPE

- [x] 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 10 / Day 25 / Year 98 THROUGH Month 12 / Day 31 / Year 98

10 ELECTION

ELECTION DATE: Month 11 / Day 03 / Year 98

ELECTION TYPE: ☐ Primary ☐ Runoff [x] General ☐ Special

11 OFFICE

OFFICE HELD (if any): County Commissioner, Precinct 4

12 OFFICE SOUGHT (if known): County Commissioner, Precicnt 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

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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)

•• 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
☐ GENERAL
☒ SPECIFIC

COMMITTEE NAME: Citizens for Gomez

COMMITTEE ADDRESS: P. O. Box 3232; Austin, TX 78764

COMMITTEE CAMPAIGN TREASURER NAME: Texana Faulk Conn

COMMITTEE CAMPAIGN TREASURER ADDRESS: 2007 Paramount - Austin, TX 78704

☐ additional pages

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	$ -0-
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$7,161.04

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
4.	TOTAL POLITICAL EXPENDITURES	$5,945.45

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$6,097.11

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.

NOTARY PUBLIC STATE OF TEXAS
JOSIE Z. ZAVALA
Notary Public, State of Texas
My Commission Expires
DEC. 13, 2001

Margaret J. Gomez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 15 day of January, 19 99, to certify which, witness my hand and seal of office.

Josie Z. Zavala
Signature of officer administering oath — Print name of officer administering oath — Title of officer administering oath

Printed on recycled paper

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 5

2 FILER NAME: Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-26-98	Paul S. Ruiz 222 E. Riverside Drive, #129 Austin, TX 78704	$ 200.00	

9 Principal occupation	10 Employer (optional)
attorney	

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-26-98	AustinPolice PAC 400 West 14, Suite 230 Austin, TX 78701	100.00	

Principal occupation	Employer (optional)
Austin Police members	

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-26-98	Travis County Democratic Party P. O. Box 684263 Austin, TX 78768=4263	280.00	

Principal occupation	Employer (optional)
Party members	

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-26-98	Donald W. Patrick, J. D. 2504 Velasquez Austin, TX 78703	500.00	

Principal occupation	Employer (optional)
physician	

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-27-98	J. E. Plumley P. O. Box 1025 Del Valle, TX 78617	100.00	

Principal occupation	Employer (optional)
auto motor worker	

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 5

2 FILER NAME: Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-27-98	Elena Diaz 2928 Wickersham Lane Austin, TX 78741	$ 100.00	

9 Principal occupation: Justice of the Peace

10 Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-28-98	Akin, Gump, Strauss, Hauer & Feld Texas civic Action Committee 816 Congress Avenue, Suite 1900 Austin, TX 78701	250.00	

Principal occupation: attorneys

Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-30-98	Chien-Ying Lee 8303 Pommel Cove Austin, TX 78759	500.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-30-98	Gopal K. Guthikonda P. O. Box 684942 Austin, TX 78768-4941	250.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-30-98	Sheng Ting Chen 906 North WEston Lane Austin, TX 78733-3443	500.00	

Principal occupation:

Employer (optional):

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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 5

2 FILER NAME
Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-30-98	Channy Soeur 2004 East Gann Hill Drive Cedar Park, TX 78613	$ 250.00	

9 Principal occupation: City of Austin employee
10 Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-30-98	Raymond M. Chan 11402 Pradera Drive Austin, TX 78759	400.00	

Principal occupation:
Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-30-98	Frank S. Lam 508 West 16 Austin, TX 78701	300.00	

Principal occupation:
Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-30-98	C. T. Chang 401 East Grady Drive Austin, TX 78753	250.00	

Principal occupation:
Employer (optional):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-30-98	Denise Ormand 2209 Hazeltine Lane Ausin, TX 78747	100.00	

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.

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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 5

2 FILER NAME
Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
11-3-98	Travis County Mounted Posse, LLC 3317 Graybuck Road Austin, TX 78748	$ 100.00	

9 Principal occupation
10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
11-3-98	ACEPAC, Austin Contractors and Engineers PAC 9800 North Lamar Boulevard, #255 Austin, TX 78753	250.00	

Principal occupation: engineers
Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
11-3-98	Rudy R. Colmenero 515 Congress Avenue Austin, TX 78701	100.00	

Principal occupation
Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
11-3-98	E. Scott Polikov 3903 Duval Street Austin, TX 78751=5107	100.00	

Principal occupation: attorney
Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
11-9-98	Lauro Cruz 3206 McElroy Austin, TX 78757	100.00	

Principal occupation: teacher
Employer (optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5 of 5

2 FILER NAME: Citizens for Gomez - Margaret J Gomez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
11-10-98	Vinson & Elkins Texas PAC 2300 First City Tower Houston, TX 77002-6760	$1,000.00	

Principal occupation: attorneys
Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
12-31-98	John M. Sutton 27 Meadow Run Round Rock, TX 78664	250.00	

Principal occupation: state employee
Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
11-24-98	AFSCME 1625 L Street, NW Wasington, DC 20036		$1,181.04 Phone Bank Services during General Election 1998

Principal occupation: Public Service Employees
Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation:
Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution 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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1 of 1

2 FILER NAME: Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	None.		

10 Principal occupation | 11 Employer (optional)

Date	Full name of pledgor ☐ 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 ☐ 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 ☐ 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 ☐ 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: 1 of 1

2 FILER NAME: Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out of state PAC

8 Lender address; City; State; Zip Code

None this period.

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out of state PAC

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ 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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 6

2 FILER NAME: Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-26-98	Partners for Smart Growth ULI - Department 188 Washington, DC 20055-0188	$ 265.00

8 Purpose of expenditure: To attend workshops on transportation and develoment of communities

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-27-98	AT&T Wireless P. O. Box 78360 Phoenix, AZ 85062-8360	48.96

Purpose of expenditure: Campaign calls

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-28-98	KKLB P. O. Box 14647 Austin, TX 78761	580.00

Purpose of expenditure: 34 radio spots (one minute)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-28-98	Opinion Analysts 901 Rio Grande Austin, TX 78701	60.87

Purpose of expenditure: Phone Lists

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Margaret J. Gomez, Co. Comm., Pct. 4 Office sought / held

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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 - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan	7 Name of lender ☐ out of state PAC	9 Loan Amount ($)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code None this period.	10 Interest rate 11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ 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 ☐ 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 ☐ 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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 6

2 FILER NAME: Citizens for Gomez

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-28-98	Smart Mail 2011 Anchor Lane Austin, TX 78723	$ 54.14

8 Purpose of expenditure: Mailer with other candidates in Precinct 4

9 •• 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 ($)
10-28-98	U. S. Postmaster 8305 Cross Park Drive Austin, TX 78768	213.00

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 ($)
10-2-98	Chris Saunders 3713 Windsor Road Austin, TX 78703	25.00

Purpose of expenditure: Design 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 ($)
10-28-98	Lone Star Press 809 Rio Grande, #102 Austin, TX 78701	179.27

Purpose of expenditure: Printing of mailer

•• 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: 3 of 6

2 FILER NAME: Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-30-98	RBH Direct 504 Congress, Suite 200 Austin, TX 78701	$1,373.38

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
Printing of campaign material	Margaret J. Gomez, Co. Comm., Pct. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-30-98	McCoy's 6200 Burleson Austin, TX 78744	148.64

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
500 stakes for signs	Margaret J. Gomez, Co. Comm., Pct. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-30-98	City of Austin P. O. Box 1088 Austin, TX 78767	11.00

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
sound permit for sound truck	Margaret J. Gomez, Co. Comm., Pct. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-30-98	Walkers for Pcts. 446, 443,421, 422, 437 Juarez Family, Sosa Family, Maldonado Family 1410 Garden Austin, TX 78702	400.00

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
Supervisors and young people who walked the precincts listed above at $10/hr and $7/hr respectively.	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 6

2 FILER NAME: Citizens for Gomez, Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
11-3-98	David Butts 706 1/2 Patterson Austin, TX 78723	$1,000.00	Consultant Fee	Margaret J. Gomez, Co. Comm., Pct. 4
11-4-98	Alex Rodriguez 1410 Garden Austin, TX 78702	96.08	Reimbursement for supplies for menudo contest	Margaret J. Gomez, Co. Comm., Pct. 4
11-10-98	Robert Chapa 2516 MountainView Drive Austin, TX 78704	800.00	Fund Raising Fee	Margaret J. Gomez, Co. Comm., Pct. 4
11-11-98	Opinion Analysts, Inc. 901 Rio Grande Austin, TX 78701	76.90	Balance for walk lists	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: 5 of 6

2 FILER NAME: Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-11-98	U. S. Postmaster 8305 Cross Park Drive Austin, TX 78768	$ 85.00

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
Annual Fee Renewal	Margaret J. Gomez, Co. Comm., Pct. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-16-98	Dove Springs Recreation Center Advisory Board 5801 Ainez Drive Austin, TX 78744	50.00

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
Kids' Trip to Six Flags	Margaret J. Gomez, Co. Comm., Pct. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-16-98	Ortega PTA 1135 Garland Austin, TX 78702	20.00

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
Contribution	Margaret J. Gomez, Co. Comm., Pct. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-30-98	Travis County Employees Credit Union 1101 North IH 35 Austin, TX 78702	229.00

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
Loan payment	Margaret J. Gomez, Co. Comm., Pct. 4

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 of 6

2 FILER NAME: Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12-31-98	Travis County Employees Credit Union 1101 North IH 35 Austin, TX 78702	$ 229.00

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
Loan Payment	Margaret J. Gomez, Co. Comm., Pct. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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: 1 of 1

2 FILER NAME: Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount ($)	Reimbursement from political contributions intended
	None.			☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($)	☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($)	☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($)	☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($)	☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1 of 1

2 FILER NAME
Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
	None.	

8 Purpose of payment	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

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

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1 of 1

2 FILER NAME
Citizens for Gomez - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code None. 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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