

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5049

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: 16																																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:30%;">FIRST</td> <td style="width:10%;">MI</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td>County Commissioner Margaret</td> <td>J.</td> <td></td> </tr> <tr> <td></td> <td>County Commissioner</td> <td></td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Gomez</td> <td></td> <td></td> </tr> </table>	TITLE	FIRST	MI			County Commissioner Margaret	J.			County Commissioner		SUFFIX		Gomez			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%; text-align: center;">02 FEB 11 PM 2:07</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 2em; font-weight: bold;">FILED</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 0.8em;"> CLERK OF COUNTY CLERK PARAMOUNT, TEXAS </td> </tr> <tr> <td>Receipt #</td> <td></td> </tr> <tr> <td>HO / PM</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	02 FEB 11 PM 2:07	FILED		CLERK OF COUNTY CLERK PARAMOUNT, TEXAS		Receipt #		HO / PM	Amount	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:35%;">ZIP CODE</td> </tr> <tr> <td>P. O. Box 3232.</td> <td></td> <td>Austin</td> <td>TX</td> <td>78764</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P. O. Box 3232.		Austin	TX	78764																								
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td>2007 Paramount</td> <td></td> <td>Austin</td> <td>TX</td> <td>78704</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2007 Paramount		Austin	TX	78704																						
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8 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 C/OH - FR)																								
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9 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>01</td> <td>01</td> <td>02</td> <td></td> <td>01</td> <td>31</td> <td>02</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	01	01	02		01	31	02																		
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11 OFFICE	OFFICE HELD (if any) County Commissioner, Pct. 4	12 OFFICE SOUGHT (if known) County Commissioner, Pct. 4																																	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>•• 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. ••</p> <p>Name: None to my knowledge.</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>																																		

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1 of 4	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission files)	
4 Date 1-10-02	5 Full name of contributor Robert J. Kuhn <input type="checkbox"/> out of state PAC 6 Contributor address: City: State: Zip Code 603 West 8 Street Austin, TX 78701	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) attorney		10 Employer (Optional)	
Date 1-14-02	Full name of contributor E. Lee Walker and Jennifer Vickers Contributor address: City: State: Zip Code 4206 AVenue G Austin, TX 78751-3816 <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional) business consultant.		Employer (Optional)	
Date 1-15-02	Full name of contributor Bob E. Gregory Contributor address: City: State: Zip Code 2939 Westlake Cove Austin, TX 78746 <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional) businessman		Employer (Optional)	
Date 1-30-02	Full name of contributor Herbert Evans Contributor address: City: State: Zip Code 1302 West Avenue Austin, TX 78701-1716 <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) JP, Precinct 5		Employer (Optional)	
Date 1-30-02	Full name of contributor Mary Scott Nabers Contributor address: City: State: Zip Code 111 Congress Avenue, Ste. 1200 Austin, TX 78701 <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) businesswoman		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 A1
(FOR FORMS CJOH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2 of 4	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission files)	
4 Date 1-30-02	5 Full name of contributor <input type="checkbox"/> out of state PAC Ned Granger 6 Contributor address: City: State: Zip Code 605 West 10 Austin, TX 78701	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) attorney		10 Employer (Optional)	
Date 1-24-01	Full name of contributor <input type="checkbox"/> out of state PAC Marion L. Sanchez Contributor address: City: State: Zip Code 5934 Republic of Texas Blvd. Austin, TX 78735	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) businesswoman		Employer (Optional)	
Date 1-24-02	Full name of contributor <input type="checkbox"/> out of state PAC Francisco Fuentes, Jr. Contributor address: City: State: Zip Code 4600 Elwood Road Austin, TX 7870	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) businessman		Employer (Optional)	
Date 1-30-02	Full name of contributor <input type="checkbox"/> out of state PAC Fulbright & Jaworski, LLP Contributor address: City: State: Zip Code 1301 McKinney, Suite 5100 Houston, TX 77010	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional) attorneys-at-law		Employer (Optional)	
Date 1-30-02	Full name of contributor <input type="checkbox"/> out of state PAC Keith Rosbury Contributor address: City: State: Zip Code 1700 Gentle Way Prosper, TX 75078	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional) businessman		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 3 of 4	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission files)	
4 Date 1-30-02	5 Full name of contributor <input type="checkbox"/> out of state PAC Scott E. Dukette 6 Contributor address: City: State: Zip Code 4410 Twisted Tree Drive Austin, TX 78735	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) businessman		10 Employer (Optional)	
Date 1-30-02	Full name of contributor <input type="checkbox"/> out of state PAC Bryan Nash Contributor address: City: State: Zip Code 365 Farm Road 130 Linden, TX 75563	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) businessman		Employer (Optional)	
Date 1-30-02	Full name of contributor <input type="checkbox"/> out of state PAC Irma and Eli Garza Contributor address: City: State: Zip Code 502 Canyon Wren Drive Buda, TX 78610	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) citizens		Employer (Optional)	
Date 1-30-02	Full name of contributor <input type="checkbox"/> out of state PAC Gustavo L. Garcia, Jr. Contributor address: City: State: Zip Code 2512 South IH 35, Suite 330 Austin, TX 78704	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) attorney		Employer (Optional)	
Date 1-30-02	Full name of contributor <input type="checkbox"/> out of state PAC Herbert and Susie Martinez Contributor address: City: State: Zip Code 7305 Fire Cove Austin, TX 78749	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) businessmand and businesswoman		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: 4 of 4	
2 FILER NAME Citizens for Gomez				3 ACCOUNT # (Ethics Commission files)	
4 Date 1-30-02	5 Full name of contributor Javier Olivarez <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code 307 Westwood Terrace Austin, TX 78746	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional) businessman			10 Employer (Optional)		
Date 1-30-02	Full name of contributor Jose O. Montemayor Contributor address; City; State; Zip Code 10113 Wild Dune Drive Austin, TX 78747-1310 <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Principal occupation (Optional) Insurance Commissioner			Employer (Optional)		
Date 1-30-02	Full name of contributor Elizabeth M. Baird Contributor address; City; State; Zip Code 3401 Aldwyche Drive Austin, TX 78704 <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Principal occupation (Optional) attorney			Employer (Optional)		
Date 1-30-02	Full name of contributor Helen M. Greene Contributor address; City; State; Zip Code 312 Le Grande Avenue Austin, TX 78704 <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)		
Principal occupation (Optional) citizen			Employer (Optional)		
Date	Full name of contributor Contributor address; City; State; Zip Code <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occupation (Optional)			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 A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: ↗	
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 (Optional)		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 (Optional)		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 (Optional)		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 (Optional)		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 (Optional)		Employer (Optional)	

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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	3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC _____ Lender address; City; State; Zip Code _____ None.	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	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 _____ 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 _____ Lender address; City; State; Zip Code _____	Loan Amount (\$)
Is lender a financial institution? Y N	Interest rate	Maturity date

Description of Collateral <input type="checkbox"/> none
--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor _____ Guarantor address; City; State; Zip Code _____	Amount Guaranteed (\$)
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Principal Occupation	Employer
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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:
2 of 4**2** FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission files)**4** Date**5** Payee name**7** Amount
(\$)

1-05-02

Home Depot

\$ 350.88

6 Payee address; City; State; Zip Code3600 IH 35, South
Austin, TX 78704**8** Purpose of expenditure

1000 stakes and 1 bucket of roofingcaps

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

Amount
(\$)

1-15-02

RBH Direct

1,315.21

Payee address; City; State; Zip Code

1602 Glencrest Drive
Austin, TX 78723

Purpose of expenditure

25 - 4x8 coroplast signs and 500 letterhead,
outerenvelopes and return envelopes-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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

Date

Payee name

Amount
(\$)

1-16-02

AWPC

65.00

Payee address; City; State; Zip Code

P. O. Box 12383
Austin, TX 78711

Purpose of expenditure

Annual Dues

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

Office sought / held

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

Date

Payee name

Amount
(\$)

1-16-02

Exxon

50.49

Payee address; City; State; Zip Code

P. O. Box 4555
Carolstream, IL 60197-4555

Purpose of expenditure

Gas used for campaigning

-- 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 4

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount
(\$)

1-18-02

A&F Trophy Company

\$ 165.62

6 Payee address: City: State: Zip Code

4619-C South Congress Avenue
Austin, TX 78745

8 Purpose of expenditure

20 tee shirts and set up for precinct walkers

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

Amount
(\$)

1-23-01

Clean Water Action

100.00

Payee address: City: State: Zip Code

2520 Longview
Austin, TX 78705

Purpose of expenditure

Contribution

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

Date

Payee name

Amount
(\$)

1-25-02

KKLB

360.00

Payee address: City: State: Zip Code

7524 North Lamar
Austin, TX 78752

Purpose of expenditure

One-minute radio spots for voter registration
deadline-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held
Margaert J. Gomez, Co. Comm., Pct. 4

Date

Payee name

Amount
(\$)

1-25-02

Office Depot

22.42

Payee address: City: State: Zip Code

2101 South Lamar
Austin, TX 78704

Purpose of expenditure

clipboards for precinct walkers

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held
Margaert 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 4

2 FILER NAME

Citizens for Gomez

3 ACCOUNT # (Ethics Commission files)

4 Date

1-28-02

5 Payee name

Opinion Analysts, Inc.

6 Payee address; City: State: Zip Code

906 Rio Grande
Austin, TX 78701

7 Amount (\$)

\$ 47.55

8 Purpose of expenditure

Precinct lists

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

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

Date

1-28-02

Payee name

Kinko's

Payee address; City: State: Zip Code

327 Congress Avenue, Suite 100
Austin, TX 78701

Amount (\$)

20.57

Purpose of expenditure

Printing of dance tickets for fund raiser

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

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

Date

1-29-02

Payee name

Tax Assessor

Payee address; City: State: Zip Code

P. O. Box 1748
Austin, TX 78767

Amount (\$)

10.00

Purpose of expenditure

4 precinct maps

-- 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 (\$)

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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	None.	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED