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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5231

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: 14

OFFICE USE ONLY

Date Received: 02 OCT -9 PM 12:18

Date Hand Delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: County Commissioner | 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: ( ) | PHONE NUMBER | EXTENSION

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 07 / Day 01 / Year 02 THROUGH Month 09 / Day 26 / Year 02

10 ELECTION

ELECTION DATE: Month 11 / Day 05 / Year 02

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): County Commissioner, Pct. 4

12 OFFICE SOUGHT (if known): County Commissioner, Pct. 4

13 NOTICE OF 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

MG's COPY

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Citizens for Gomez

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE
- [ ] GENERAL
- [X] 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

02 OCT -9 PM 12:17

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)	$ 1,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 3,231.88
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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.

Brenda Sue Pennie
Notary Public, State of Texas
My Commission Expires
MARCH 23, 2005

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 9 day of October, 2002, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: BRENDA SUE PENNIE | Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Citizens for Gomez

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE
☐ GENERAL
☒ SPECIFIC

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)	$ 1,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 3,231.88
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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. Gomez, this the 9 day of October, 2002, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 1

2 FILER NAME: Citizens for Gomez

3 ACCOUNT #: (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9-25-02	Minter, Joseph & Thornhill, P. C. 811 Barto Springs, Suite 800 Austin, TX 78704	$ 500.00	

9 Principal occupation (Optional): Attorneys
10 Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-25-02	Peter Low 4242 W. Lake Drive Austin, TX 78746-1453	250.00	

Principal occupation (Optional): Attorney
Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-25-02	Armbrust & Brown, LLP 100 Congress Avenue, Suite 1300 Austin, TX 78701-4042	500.00	

Principal occupation (Optional):
Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional):
Employer (Optional):

Date	Full name of contributor ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	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.

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 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 (ID#:) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	None.		

10 Principal occupation (optional)	11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind 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.

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1 of

2 FILER NAME: Citizens for 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 (ID#.)

8 Lender address; City; State; Zip Code

None.

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 (ID#.)

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 5

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 ($)
7-23-02	Exxon P. O. Box 4555 Carolstream, IL 60197-4555	$ 66.71

8 Purpose of payment (See instructions regarding type of information required.): Gas for campaigning

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-29-02	Clean Water Action 715 West 23, Suite R Austin, TX 78705	60.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-3-02	Dolores Catholic Church 1111 Montopolis Church Austin, TX 78741	25.00

Purpose of payment (See instructions regarding type of information required.): Parish Social Ministries

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-14-02	Market Media 719 Mariner Austin, TX 78734	500.00

Purpose of payment (See instructions regarding type of information required.): Training Development & Customization

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Margaret J. Gomez, Office sought: Co. Comm., Office held: 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: 2 of 5

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 ($)
8-15-02	United East Austin Coalition 1511 Haskell Austin, TX 78702	$ 100.00

8 Purpose of expenditure: Silver Sponsorship

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 ($)
8-15-02	Exxon P. O. Box 4555 Carolstream, IL 60197-4555	50.00

Purpose of expenditure: Gas for campaigning

•• 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 ($)
8-25-02	Austin/Saltillo Sister City Committee P. O. Box 1088 Austin, TX 78767	250.00

Purpose of expenditure: Sponsor, Tesoros De La Catedral Exhibit

•• 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 ($)
8-27-02	Kinko's 327 Congresss Avenue, Suite 100 Austin, TX 78701	7.58

Purpose of expenditure: Fish fry tickets

•• 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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 5

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 ($)
8-29-02	Market Media Communications 719 Mariner Austin, TX 78734	$ 225.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-4-02	Stonewall Democrats of Austin P. O. Box 40898 Austin, TX 78704	100.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-5-02	UT Demos 100-C West Dean Keeton Street Austin, TX 78712	100.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-5-02	South Austin Democrats P. O. Box 152592 Austin, TX 78715-2592	100.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 5

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 ($)
9-6-02	La Prensa 1704 East 5, Suite 103 Austin, TX 78702	$ 150.00

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
1/8 page ad	Margaret J. Gomez, Co. Comm., Pct. 4

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-9-02	U. S. Postmaster 1800 South Fifth Austin, TX 78704	37.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-19-02	Travis County Democratic Party Combined Campaign P. O. Box 40671 Austin, TX 78704	750.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-19-02	Exxon P. O. Box 4555 Carolstream, IL 60197-4555	68.88

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 5

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 ($)
9-20-02	Market Media Communications 719 Mariner Austin, TX 78734	$ 575.00

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held
Traiing Development and Customization	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

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

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 / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
	None.			☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	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

3 ACCOUNT # (Ethics Commission filers)

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

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

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

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

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

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

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

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

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

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

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

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

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Printed on recycled paper

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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 6 Payee address; City; State; Zip Code None. 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	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

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 ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED