

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5325

**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
13

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
County Commissioner Margaret J.
NICKNAME LAST SUFFIX
Gomez

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Texana F.
NICKNAME LAST SUFFIX
Conn

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
()

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
10 / 27 / 02 THROUGH 12 / 31 / 02

10 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE
11 / 05 / 02 Primary Runoff General Special

11 OFFICE

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

12 OFFICE SOUGHT (if known)

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

OFFICE USE ONLY

Date Received
Date Hand delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Citizens for Gomez	15 ACCOUNT # (Ethics Commission files)
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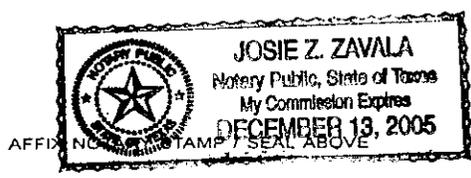
16 SUPPORTING POLITICAL COMMITTEE(S)	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
<input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> 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

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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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)	\$ 1,445.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,367.93
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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 15 day of January, 2003, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

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 2	
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-28-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Forest C. Davis 6 Contributor address; City; State; Zip Code 11626 Arroyo Blanco Drive Austin, TX 78746	7 Amount of contribution (\$) \$ 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) engineer		10 Employer (Optional)	
Date 10-28-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John Lindner Contributor address; City; State; Zip Code 241 Woodland Drive Driftwood, TX 78619	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Don't know		Employer (Optional)	
Date 10-28-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Billy G. Caffey Contributor address; City; State; Zip Code 251 Goodnight Trail Dripping Springs, TX 78620	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Don't know		Employer (Optional)	
Date 10-28-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Henry B. Smith Contributor address; City; State; Zip Code 11413 Silmarillion Trail Austin, TX 78739-5616	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Don't know		Employer (Optional)	
Date 10-28-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Albert Barba Contributor address; City; State; Zip Code 13303 Onion Creek Drive Manchaca, TX 78652	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) self-employed		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 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission form)

4 Date 10-28-02	5 Full name of contributor A. Campbell-Fulton <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$ 10.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1301 Greenwood Avenue Austin, TX 78721-1117			

9 Principal occupation
Don't know.

10 Employer (optional)

Date 10-18-02	Full name of contributor Dianne T. Mendoza <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 7400 Eganhill Drive Austin, TX 78745			

Principal occupation
public employee

Employer (optional)

Date 10-28-02	Full name of contributor Aida B. Douglas <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 12925 Latchwood Lane Austin, TX 78753			

Principal occupation
public employee

Employer (optional)

Date 10-28-02	Full name of contributor Scott Polikov <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3903 Duval Street Austin, TX 78751-5107			

Principal occupation
don't know.

Employer (optional)

Date 11-01-02	Full name of contributor Sue Shearer <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8320 Summerwood Austin, TX 78759			

Principal occupation
Don't know.

Employer (optional)

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

PLEGGED 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 <input type="checkbox"/> out-of-state PAC (ID#	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code None.			
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation (optional)		Employer (optional)	

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

LOANS	SCHEDULE E
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <div style="text-align: center; font-size: 1.2em;">1 of 1</div>
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 (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address, City, State, Zip Code <div style="text-align: center; font-size: 1.2em;">None.</div>	10 Interest rate
		11 Maturity date

12 Description of Collateral <input type="checkbox"/> none
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13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address, City, State, Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	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 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: 1 of 3
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-20-02	5 Payee name RBH Direct 6 Payee address: City: State: Zip Code 1602 Glencrest Drive Austin, TX 78723	7 Amount (\$) \$1,661.84
8 Purpose of expenditure Consultant work		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, County Commissioner
Date 11-20-02	Payee name Exxon Payee address: City: State: Zip Code P. O. Box 4555 Carolstream, IL 60197-4555	Amount (\$) 64.09
Purpose of expenditure Gas for car		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, County Commissioner
Date 11-27-02	Payee name David Butts Payee address: City: State: Zip Code 1914 Patton Lane Austin, TX 78723	Amount (\$) 1,000.00
Purpose of expenditure Consultant Fee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-29-02	Payee name Clean Water Action Payee address: City: State: Zip Code 715 West 23, Ste R Austin, TX 78705	Amount (\$) 100.00
Purpose of expenditure Membership Renewal		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, County Commissioner
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: 2 of 3
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 10-27-02	5 Payee name Market Media Communications 6 Payee address, City, State, Zip Code 719 Mariner Avenue Austin, TX 78734	7 Amount (\$) \$ 462.00
8 Purpose of payment (See instructions regarding type of information required.) Presentation Skills Coaching		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held Margaret J Gomez, County Commissioner
Date 10-29-02	Payee name Austin Minority Trades Association Payee address, City, State, Zip Code 5316 Medford Drive Austin, TX 78723	Amount (\$) 125.00
Purpose of payment (See instructions regarding type of information required.) Sponsorfor Scholarship Fund		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held Margaret J. Gomez, County Commissioner
Date 10-31-02	Payee name U. S. Postmaster Payee address, City, State, Zip Code 8225 Cross Park Drive Austin, TX	Amount (\$) 2,405.00
Purpose of payment (See instructions regarding type of information required.) First Class Mailer		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held Margaret J. Gomez, County Commissioner
Date 11-19-02	Payee name Market Media Communications Payee address, City, State, Zip Code 719 Mariner Avenue Austin, TX 78734	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) Presentation Skills Coaching		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held Margaret J. Gomez, County Commissioner

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POLITICAL EXPENDITURES

SCHEDULE F

1 The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 3
2 FILER NAME Citizens for Gomez		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-13-02	5 Payee name Market Media Communications 6 Payee address: City: State: Zip Code 719 Mariner Avenue Austin, TX 78734	7 Amount (\$) \$ 150.00
8 Purpose of expenditure Presentation Skills Coaching		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, County Commissioner
Date 12-26-02	Payee name Cornero Scholarship Fund Payee address: City: State: Zip Code 10215 Chardon Road Chardon, OH 44024	Amount (\$) 100.00
Purpose of expenditure Contribution to Scholarship Fund		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Margaret J. Gomez, County Commissioner
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

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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 <hr/> 6 Payee address; City; State; Zip Code None.	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.)		

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

7 Amount
(\$)

6 Business address; City; State; Zip Code

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

Amount
(\$)

Business address; City; State; Zip Code

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

Amount
(\$)

Business address; City; State; Zip Code

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

Amount
(\$)

Business address; City; State; Zip Code

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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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

3 ACCOUNT # (Ethics Commission filers)

Citizens for Gomez

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City, State, Zip Code	
	None.	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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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

3 ACCOUNT # (Ethics Commission filers)

Citizens for Gomez

4 Date	5 Payor name	8 Amount (\$)
	<p>6 Payor address; City, State, Zip Code</p> <p style="text-align: center;">None.</p> <p>7 Reason for credit</p>	
Date	<p>Payor name</p> <p>Payor address; City, State, Zip Code</p> <p>Reason for credit</p>	Amount (\$)
Date	<p>Payor name</p> <p>Payor address; City, State, Zip Code</p> <p>Reason for credit</p>	Amount (\$)
Date	<p>Payor name</p> <p>Payor address; City, State, Zip Code</p> <p>Reason for credit</p>	Amount (\$)
Date	<p>Payor name</p> <p>Payor address; City, State, Zip Code</p> <p>Reason for credit</p>	Amount (\$)

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