

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

5465

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
CITIZENS FOR GOMEZ

15 ACCOUNT # (Ethics Commission files)

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. **

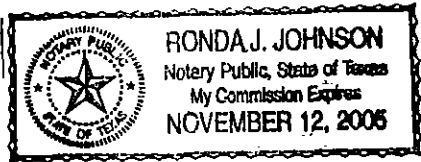
<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	2003 JUL 21 PM 3:29 FILED FOR RECORD DANA DEBAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS
		<i>CITIZENS FOR GOMEZ</i>	
		COMMITTEE ADDRESS	
		<i>P.O. Box 3232</i>	
		COMMITTEE CAMPAIGN TREASURER NAME	
		<i>Texana Faulk Coan</i>	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		<i>2007 Paramount; Austin, TX 78704</i>	

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)	\$ 7,450.00
	EXPENDITURE TOTALS	
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,647.04
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.

Therese J. Gomez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Ronda J. Johnson *Ronda J. Johnson* *Adm. Asst.*
Signature of officer administering oath Printed 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 6

2 FILER NAME *CITIZENS FOR GOMEZ* 3 ACCOUNT # (Ethics Commission filers)

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

9 Principal occupation (Optional) 10 Employer (Optional)

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

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.

~ 2 ~

Citizens for Gomez 2003
Schedule A

Date Recd	Name	Amount
2/12/03	Jose J. Muniz 3609 Bratton Heights Drive Austin, TX 78728	\$400.00
2/20/03	Deposit	\$400.00
3/19/03	Amalgamated Transit Union (COPE) 5025 Wisconsin Avenue, N.W. Washington, DC 20016-4139 (Star-Tran in Austin)	\$500.00
3/24/03	Deposit	\$500.00
5/14/03	Sara Rathmell 1505 East 34 Street Austin, TX 78722 512-708-8748	\$25.00
5/14/03	Shudde Fath 1005 Bluebonnet Lane Austin, TX 78704-2003	\$25.00
5/24/03	Ruthe Winegarten 701 Keasbey Street Austin, TX 78751 453-7919	\$25.00
5/24/03	Dennis Hobbs P. O. Box 17126 Austin, TX 78760-7126 346-1556 (H); 421-1300 (O)	* -0-
5/24/03	Mrs. Louis Herrera 5803 Gloucester Drive Austin, TX 78723 926-5889	\$50.00
5/24/03	Michael W. Mitchell 4106 Bradwood Road Austin, TX 78722 512-206-0754	\$75.00
5/24/03	Beverly Griffith 3711 Taylors Drive Austin, TX 78703	\$250.00

451-0049 (H); 474-7784 (O)

5/24/03 Herb Evans \$100.00
1302 West Avenue
Austin, TX 78701
478-5245 (H); 854-9049 (O)

5/24/03 Minton, Burton, Foster & Collins \$100.00
1100 Guadalupe
Austin, TX 78701
476-4873

5/28/03 Natacha Pelaez-Wagner \$25.00
7906 Swindon Lane
Austin, TX 78745
326-5821 (H); 476-4697 (O)

6/5/03 Elaine Timbes \$100.00
147 Simpson
Cedar Creek, TX 78612

6/5/03 Paul S. Ruiz \$100.00
309 Cumberland Road
Austin, TX 78704
441-2258 (H); 472-8800 (O)

6/5/03 Andrew Ramirez \$250.00
10301 River Plantation Drive
Austin, TX 78747
282-9112 H

6/5/03 Roberto J. Bayardo, M. D. \$250.00
8201 Hickory Creek Drive
Austin, TX 78735
327-4867 H

6/5/03 Walter Timberlake \$25.00
2006 Bouldin Avenue
Austin, TX 78704
442-7333 h; 442-6688 H

6/5/03 Joel Bennett, P. C. \$50.00
316 West 12, Suite 101
Austin, TX 78701
440-0624 H; 476-8595 O

6/9/03 Deposit \$1,450.00

6/12/03	Selma Navarro 8521 New Hampshire Drive Austin, TX 78758-7433 836-2188	\$25.00
6/12/03	Theresa Cermeno 806 West Oltorf Austin, TX 78704 443-4397	\$25.00
6/12/03	Leda Roselle 2500 Rock Terrace Austin, TX 78704 442-6409	\$100.00
6/12/03	Marvin & Grace Finto 9110 Scotsman Drive Austin, TX 78750 512-331-4231 H; 386-3041 O	\$100.00
6/12/03	Bob Kamm 405 West 14 Austin, TX 78701 477-2008	\$250.00
6/12/03	Fulbright & Jaworski, LLP Texas Committee 600 Congress Avenue, Suite 2400 Austin, TX 78701 474-5201	\$500.00
6/12/03	Armbrust & Brown, LLP 100 Congress Avenue, Suite 1300 Austin, TX 78701-2744 435-2300	\$500.00
6/13/03	Deposit	\$1,500.00
6/13/03	Celia Israel 3604 Carla Drive Austin, TX 78754	\$25.00
6/13/03	Lee R. Flores 307 M. Cuernavaca Austin, TX 78733 263-2675	\$25.00
6/13/03	Patricia Greenspan 500 E. Riverside Drive, #129 Austin, TX 78704	\$25.00

6/13/03	Emma G. Vela 809 Loma Alice, TX 78332 361-664-5565	\$50.00
6/13/03	Efrain Delafuente 6320 Taylor Crest Drive Austin, TX 78749 301-3509	\$100.00
6/13/03	Half Associates State PAC 8616 Northwest Plaza Drive Dallas, TX 75225 214-346-6200	\$200.00
6/13/03	Turner, Collie & Braden PAC P. O. Box 130089 Houston, TX 77219 713-780-4100	\$500.00
6/13/03	Christopher S. Shields, P.C. 1005 Congress Avenue, Suite 480 Austin, TX 78701	\$250.00
6/13/03	Patricia S. Summerville 2606 Deerfoot Trail Austin, TX 78704 443-0496	\$250.00
6/14/03	BMcPAC 111 Congress Avenue, Suite 1400 Austin, TX 78701	\$1,000.00
6/16/03	Harold A. Wylie (Carolyn) 904 East 43 Austin, TX 78751-4405	\$50.00
6/17/03	Deposit	\$2,475.00
6/17/03	Cecelia Burke 6500 Santolina Cove Austin, TX 78731	\$50.00
6/18/03	Minter, Joseph & Thornhill, P.C. 811 Barton Springs, Suite 800 Austin, TX 78704 478-1075	\$500.00
6/19/03	Jon N. Strange	\$250.00

24823 Lakebriar Drive
Katy, TX 77494-1808
281-395-3048

6/22/03	Theodore J. Siff 1809 Palma Plaza Austin, TX 78703 477-6816	\$50.00
6/23/03	Deposit	\$850.00
6/24/03	Leonard Ray Saenz 5213 Bandera Creek Trail Austin, TX 78735	\$50.00
6/27/03	Timy Baranoff 2307 Tower Drive Austin, TX 78703	\$25.00
6/28/03	City of Austin PARD P. O. Box 1088 Austin, TX 78767	\$200.00
6/30/03	Deposit	\$275.00

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 GÓMEZ

3 ACCOUNT # (Ethics Commission files)

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)

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* 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 <i>NONE</i>	10 Interest rate
		11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address: City: State: Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation 18 Employer

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
 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

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	5 Payee name	7 Amount (\$)
6 Payee address; City; State; Zip Code		
<i>See attachment for Schedule F expenditures</i>		

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
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Date	Payee name	Amount (\$)
Payee 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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Date	Payee name	Amount (\$)
Payee 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	Payee name	Amount (\$)
Payee 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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Citizens for Gomez Schedule F
Political Expenditures
January 1, 2003 thru June 30, 2003

Date	Payee Name/Address	Amount	Purpose of Payment	C/OH Benefit
1/3/03	St. Edward's University 3001 S. Congress Austin, TX 78704	\$100.00	Scholarship Fund	Margaret J. Gomez Co. Comm., Pct. 4
2/2/03	Nat'l Women's History Project 3343 Industrial Dr., Suite 4 Santa Rosa, CA 95403-2060	\$81.90	Women's History Month Kit	Margaret J. Gomez Co. Comm., Pct. 4
2/17/03	Network 801 Pennsylvania Avenue, SE Suite 460 Washington, DC 20003-2167	\$100.00	membership	Margaret J. Gomez Co. Comm., Pct. 4
2/27/03	City of Austin P. O. Box 1088 Austin, TX 78767	\$200.00	Deposit on Fiesta Gardens	Margaret J. Gomez Co. Comm., Pct. 4
4/5/03	Harvard Business Review P.O. Box 51038 Boulder, CO 80323-1038	\$118.00	Subscription	Margaret J. Gomez Co. Comm., Pct. 4
4/22/03	U. S. Postal Service P. O. Box 143686 Austin, TX 78714-3686	\$150.00	Annual Fee	Margaret J. Gomez Co. Comm., Pct. 4
4/28/03	Office Depot 2101 South Lamar Austin, TX 78704	\$46.49	Supplies for June Fund Raiser	Margaret J. Gomez Co. Comm., Pct. 4
5/13/03	U. S. Postmaster 8225 Cross Park Austin, TX	\$283.13	Mailer	Margaret J. Gomez Co. Comm., Pct. 4
5/20/03	U. S. Postmaster 1800 South Fifth Austin, TX 78704	\$76.00	P. O. Box annual fee	Margaret J. Gomez Co. Comm., Pct. 4
6/10/03	City of Austin P. O. Box 1088 Austin, TX 78767	\$350.00	Bal. Due on Fiesta Gardens	Margaret J. Gomez Co. Comm., Pct. 4
6/11/03	HEB 2508 E. Riverside Austin, TX 78741	\$56.87	Supplies for Fund Raiser	Margaret J. Gomez Co. Comm., Pct. 4
6/14/03	Abran Gonzalez	\$1,250.00	Reimb. For Mariachi	Margaret J. Gomez

5305 Summer Drive
Austin, TX 78741

Festival

Co. Comm., Pct. 4

6/20/03	Network 801 Pennsylvania Avenue, SE Suite 460 Washington, DC 20003-2167	\$100.00	Donation	Margaret J. Gomez Co. Comm., Pct. 4
6/22/03	RBH Direct 1602 Glencret Drive Austin, TX 78723	\$1,284.65	Invites, Reply Cards, Reply Envelopes for June Fund Raiser	Margaret J. Gomez Co. Comm., Pct. 4
6/28/03	Pan American Golf Assn. P. O. Box 12862 Austin, TX 78711	\$450.00	Full Page Program Ad-Nat'l Tournament	Margaret J. Gomez Co. Comm., Pct 4
	Total Expenditures	\$4,647.04		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
10 + 1

2 FILER NAME
CITIZENS FOR GÓMEZ

3 ACCOUNT # (Ethics Commission filers)

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The <i>INSTRUCTION GUIDE</i> explains how to complete this form.		1 Total pages, Schedule H: <i>1 of 1</i>
2 FILER NAME <i>CITIZENS FOR GÓMEZ</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
6 Business address; City; State; Zip Code <i>NONE</i>		
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

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 6 Payee address; City, State; Zip Code <i>NONE</i>	8 Amount (\$)
7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule K: <i>1 of 1</i>
2 FILER NAME <i>CITIZENS FOR GÓMEZ</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code <i>NONE</i>	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED