

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5571

## 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:  <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Co. Commissioner</i>	FIRST <i>Margaret</i>	MI <i>J.</i>
NICKNAME		LAST <i>Gomez</i>	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received			
Date Hand-delivered or Date Postmarked			
Receipt #      Amount			
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE  <i>P.O. Box 3232 Austin, TX 78764</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE    PHONE NUMBER    EXTENSION  <i>( 512 )      854-9444</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Teresa</i>	MI <i>F</i>
NICKNAME		LAST <i>Conn</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE  <i>2007 Paramount Austin, TX 78704</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION  <i>(    )</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)		
10 PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year  <i>07 / 01 / 03      12 / 31 / 03</i>		
11 ELECTION	ELECTION DATE Month    Day    Year  <i>/ N.A. /</i>	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff: <i>NA</i> <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <i>Co. Comm., pct. 4</i>	13 OFFICE SOUGHT (if known)  <i>NA</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	-- 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  <i>NONE TO MY KNOWLEDGE</i>  Address / PO Box:    Apt / Suite #:    City:    State    Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>CITIZENS FOR CONGR</i>	16 ACCOUNT #: (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** 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  <input type="checkbox"/> GENERAL  <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME  <i>CITIZENS FOR CONGR</i>
		COMMITTEE ADDRESS  <i>P.O. Box 3232</i>
		COMMITTEE CAMPAIGN TREASURER NAME  <i>TERRA FANK CONR</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS  <i>2007 Paramount; Austin TX 78704</i>	

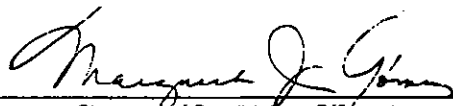
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,325.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,325.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,999.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

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 \_\_\_\_\_ this the 15th day of January 2004; to certify which, witness my hand and seal of office.


Kathy Ann Fowler
Kathy Ann Fowler

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <b>5</b>	
2 FILER NAME <i>CITIZENS FOR GOMEZ</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>See attached pages (5)</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City: State; Zip Code			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City: State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City: State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City: State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City: State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

Citizens for Gomez, October 2003

Date Received	Name & Address	Amount
9/23/2003	Roger Anis El-Khoury 1036 Forest Bluff Trail Round Rock, TX 78664	\$30.00
10/6/2003	Jessie B. Guzman 12417 Tiquisate Avenue Edinburg, TX 78541	\$50.00
10/14/2003	Scott E. Dukette 4410 Twisted Tree Drive Austin, TX 78735 358-9115	\$100.00
10/14/2003	Minter Joseph & Thornhill, P.C. 811 Barton Springs, Suite 800 Austin, TX 78704 478-1075	\$500.00
10/14/2003	Armbrust & Brown, L.L.P. 100 Congress Avenue, Suite 1300 Austin, TX 78701-2744 435-2300	\$500.00
10/15/2003	Alicia Perez 1715 Palma Plaza Austin, TX 78703 480-9656	\$50.00
10/16/2003	Susie and Herbert Martinez 7305 Fire Cove Austin, TX 78749 445-2742	\$100.00
10/16/2003	Deposit	\$1,330.00
10/16/2003	Travis County Sheriff's Association PAC P. O. Box 141483 Austin, TX 78714	\$500.00
10/17/2003	A. Natalie Rodriguez 3816 South Lamar, No. 1611 Austin, TX 78704	\$5.00
10/17/2003	Laura M. Taylor 186 Cardinal Loop Paige, TX 78659	\$5.00

10/17/2003	Joe V. Sosa 302 Smokey Rock Lane Buda, TX 78610	\$5.00
10/17/2003	Velia S. Williams 11405 Bunting Drive Austin, TX 78759-4755	\$10.00
10/17/2003	Maria Esperanza Orosco 236 Morrell Street Kyle, TX 78640 405-0506	\$10.00
10/17/2003	Rossana A. Barrios 7452 Pusch Ridge Loop Austin, TX 78749 892-2340	\$25.00
10/17/2003	Mary G. Cantu 3603 Lost Oasis Hollow Austin, TX 78739-7506 280-3066	\$25.00
10/17/2003	Esther I. Martinez 2408 Wilson Street Austin, TX 78704	\$25.00
10/17/2003	Nancy W. Hohengarten Campaign P. O. Box 129 Austin, TX 78767-0129	\$25.00
10/17/2003	Judy P. Cortez 8413 Seminary Ridge Drive Austin, TX 78745 282-8211	\$35.00
10/17/2003	Richard Arriola P. O. Box 1627 Austin, TX 78767 899-1190	\$50.00
10/17/2003	Joe V. Sosa 302 Smokey Rock Lane Buda, TX 78610	\$50.00
10/17/2003	Fidel Acevedo 3807 Prairie Lane Austin, TX 78728 255-4349	\$50.00
10/17/2003	Beatrice T. Lucio	\$50.00

10/23/2003	Aida B. Douglas 12925 Latchwood Lane Austin, TX 78753 989-7976	\$10.00
10/23/2003	Maria D. Garza 5901 Hidden Valley Trail Austin, TX 78744 442-6799	\$10.00
10/23/2003	Gina Estrada 3501 Kay Street Austin, TX 78702	\$35.00
10/23/2003	A. Campbell-Fulton 1301 Greenwood Avenue Austin, TX 78721-1117	\$10.00
10/23/2003	Dianne T. Mendoza 7400 Eganhill Drive Austin, TX 78745 461-7245 ?1-3-04	\$20.00
10/25/2003	Ramon Perez 305 Ferguson Drive Austin, TX 78753-3006	\$160.00
10/26/2003	Deposit	\$265.00
10/31/2003	Sharon Ann Ridings 2301 Windswept Drive Austin, TX 78738-5497	\$500.00
10/31/2003	Dr. Elsa Villegas 2124 Ravenscroft Drive Austin, TX 78748 233-4903 (H); 695-5070 (O)	\$100.00
10/31/2003	Deposit	\$600.00
10/31/2003	Alice Chambliss 16900 Fagerquist Road Del Valle, TX 78617	\$60.00
11/13/2004	Deposit	\$60.00
11/13/2004	David A. Carroll 3008 Sesbania Drive Austin, TX 78748	\$50.00

11/13/2004	Derlis Salinas, III (Trey) 9301 Winchester Drive Austin, TX 78733-2600 402-9271	\$350.00
11/13/2004	Donald G. Martin 3312 Texas Star Lane Austin, TX 78746-7400	\$100.00
11/13/2004	Paul M. Saldana 1713-B Constantino Circle Austin, TX 78745 462-4913	\$50.00
11/14/2004	Clemencia Zapata 1102-1/2 Tillery Austin, TX 78702 512-925-7225	\$50.00
11/14/2003	Deposit	\$600.00

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B: /

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#

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address: City State Zip Code

NONE

10 Principal occupation \ Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City State Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See instructions)

Date

Full name of pledgor  out-of-state PAC (ID#

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City State Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City State Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City State Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 /	
2 FILER NAME  <i>CITIZENS FOR GOMEZ</i>		3 ACCOUNT # (Ethics Commission files)	
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 <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 (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 (\$)			
Principal Occupation		Employer	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <p style="text-align: center;">2</p>
2 FILER NAME <p style="text-align: center;">CITIZENS FOR GOMEZ</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <p style="text-align: center;">SEE ATTACHED REPORT (2 pages)</p>	7 Amount (\$)
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

Citizens for Gomez  
July 1 through December 31, 2003  
Schedule F

Date	Payee Name and Address	Amount	Purpose of Payment	Benefits C/OH
7/2/2003	Eddie Rodriguez Campaign P. O. Box 2436 Austin, TX 78768	\$50.00	Contribution	Margaret J. Gomez County Commissioner,
8/27/2003	Hispanic Women's Network 1005 Sundance Ridge Drive Dripping Springs, TX 78620	\$42.85	Program Ad	Margaret J. Gomez County Commissioner,
9/7/2003	Office Depot 2101 South Lamar Austin, TX 78704	\$291.03	Fax Machine Replacement	Margaret J. Gomez County Commissioner,
9/8/2003	Southwestern Bell Telephone Co. P. O. Box 630047 Dallas, TX 75263-0047	\$35.48	Fax Line	Margaret J. Gomez County Commissioner,
9/11/2003	AFL-CIO 1106 Lavaca Austin, TX 78701	\$45.00	Program Ad Labor Day	Margaret J. Gomez County Commissioner,
9/11/2003	La Prensa 5800 Manor Road Austin, TX 78723	\$150.00	Sept. 16 Ad	Margaret J. Gomez County Commissioner,
9/20/2003	ALGPC P. O. Box 822 Austin, TX 78767	\$20.00	Program Ad	Margaret J. Gomez County Commissioner,
9/22/2003	Hispanic Women's Network 1005 Sundance Ridge Drive Dripping Springs, TX 78620	\$35.00	Membership Dues	Margaret J. Gomez County Commissioner,
9/22/2003	Harvard Business Review P. O. Box 51038 Boulder, CO 80823-1038	\$45.00	Purchase of Back Issues	Margaret J. Gomez County Commissioner,
10/5/2003	Clean Water Action 715 West 23 Austin, TX 78705	\$100.00	Membership Renewal	Margaret J. Gomez County Commissioner,
10/25/2003	U. S. Postmaster 1800 South Fifth Austin, TX 78704	\$111.00	Postage	Margaret J. Gomez County Commissioner,
10/27/2003	South Austin Democrats 2006 Bouldin	\$100.00	Sponsorship	Margaret J. Gomez County Commissioner,

Austin, TX 78704

11/15/2003 ALLGO  
715 Tillery  
Austin, TX 78702

\$100.00 Contribution

Margaret J. Gomez  
County Commissioner,

11/19/2003 Lee Flores Memorial  
307 N. Cuernavaca Dr.  
Austin, TX 78733

\$200.00 Sponsorship

Margaret J. Gomez  
County Commissioner,

Total Expenditures \$1,325.36

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:  
1 /

2 FILER NAME

CITIZENS FOR GOMEZ

3 ACCOUNT # (Ethics Commission files)

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.)	<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 INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1

2 FILER NAME

CITIZENS FOR GOMEZ

3 ACCOUNT # (Ethics Commission f.ers)

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

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.	<b>1</b> Total pages Schedule I: 1
<b>2</b> FILER NAME CITIZENS FOR GÓMEZ	<b>3</b> ACCOUNT # (Ethics Commission files)

<b>4</b> Date	<b>5</b> Payee name <hr/> <b>6</b> Payee address; City: State: Zip Code NONE	<b>8</b> Amount (\$)
	<b>7</b> 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 (\$)
------	---	-------------

Date	Payee name <hr/> Payee address; City: State: Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	---	-------------

Date	Payee name <hr/> Payee address; City: State: Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	---	-------------

Date	Payee name <hr/> 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

**CREDITS (optional)**

**SCHEDULE K**

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

<b>4</b> Date	<b>5</b> Payor name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payor address; City; State; Zip Code <p style="text-align: center;"><i>NONE</i></p>	<b>8</b> Amount (\$)
	<b>7</b> Reason for credit	

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
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Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
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Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Christina Felt Bauer*

16 ACCOUNT # (Ethics Commission filer's)

17 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

*Christina Felt Bauer*

COMMITTEE ADDRESS

*1100 W. 12th St.*

COMMITTEE CAMPAIGN TREASURER NAME

*Christina Felt Bauer*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*2015 W. 12th St. Austin, TX 78704*

additional pages

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)

\$ 5,325.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 5,325.36

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3,447.64

OUTSTANDING LOAN TOTALS

6. 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.

*Christina Felt Bauer*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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