

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5919

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: <div style="text-align: center; font-size: 24pt; font-weight: bold;">15</div>
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MR FIRST: Margaret LAST: Gómez SUFFIX: J.	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received: JAN 18 PM 3:41 Date - and - of Date Postmarked: Receipt #: Amount: Date Processed: Date Imaged: </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 3232 APT / SUITE #: Austin TX CITY: STATE: ZIP CODE: 78764		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 854-9444 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MR / MRS / MR FIRST: Teresa LAST: Conn SUFFIX: F.		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2007 Paramount APT / SUITE #: Austin TX CITY: STATE: ZIP CODE: 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE: () PHONE NUMBER: EXTENSION:		
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: 07 / 01 / 04 THROUGH Month Day Year: 12 / 31 / 04		
11 ELECTION	ELECTION DATE: / NA / Month Day Year	ELECTION TYPE: NA <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): Co. Commissioner, Pct 4	13 OFFICE SOUGHT (if known): NA	
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 am not aware of any. Address / PO Box APT / SUITE # CITY STATE ZIP CODE:		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

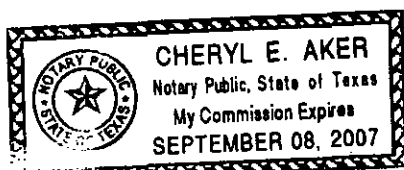
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>CITIZENS FOR GÓMEZ</i>	16 ACCOUNT # (if Ethics Commission Only)
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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 GÓMEZ</i>
		COMMITTEE ADDRESS <i>P.O. Box 3232 Austin TX 78764</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>Tatiana Fialk Coan</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)	\$ 2,955.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 2,955.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,377.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,000.00
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.

Margaret Gomez

Signature of Candidate or Officeholder.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret Gomez this the 1st day of January 2005, to certify which, witness my hand and seal of office.

<i>Cheryl E. Aker</i> _____ Signature of officer administering oath	Cheryl E. Aker _____ Printed name of officer administering oath	Notary of State of Texas _____ Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
4 of 4

2 FILER NAME
CITIZENS FOR GONZ

3 ACCOUNT # (Ethics Commission files)

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 attached report.</i>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

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 / Job title (See Instructions) Employer (See Instructions)

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 / Job title (See Instructions) Employer (See Instructions)

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 / Job title (See Instructions) Employer (See Instructions)

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 / 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.

Schedule A

Date Received	Name & Address	Amount
7/1/2004	Austin Police Assn PAC 400 West 14, Ste 230 Austin, TX 78701	\$100.00
7/1/2004	Anna Maria Flores 307 M Cuernavaca Street Austin, TX 78733 263-2675	\$100.00
7/2/2004	Deposit	\$200.00
7/7/2004	David Linn Evans 404 Westwood Terrace Austin, TX 78746-5354 328-9753	\$50.00
7/9/2004	Deposit	\$50.00
7/19/2004	Bettie Naylor and Associates 1122 Colorado, Suite 307 Austin, TX 78701 472-3333	\$25.00
9/21/2004	Andrew Ramirez 10301 River Plantation Austin, TX 78747	\$500.00
9/22/2004	Deposit	\$500.00

10/8/2004	Alonzo Reyes 4407 Norwood Lane Austin, TX 78744 386-8929	\$50.00
10/14/2004	Frances A. Cox 7804 Keswick Austin, TX 78745 447-1405	\$10.00
10/15/2004	Travis County Sheriff's Assoc PAC P. O. Box 141483 Austin, TX 78714	\$750.00
10/15/2004	Linebarger Goggan Blair & Sampson LLP P. O. Box 17428 Austin, TX 78760 447-6675	\$500.00
10/15/2004	Alice Chambless 16900 Fagerquist Road Del Valle, TX 78617	\$70.00
10/15/2004	Mack G. Martinez, Jr. 3007 Kinney Avenue Austin, TX 78704-4829	\$50.00
10/15/2004	Scott E. Dukette 4410 Twisted Tree Drive Austin, TX 78735	\$100.00
10/15/2004	Song W. Kim 1716 Lynnville Trail Austin, TX 78727	\$25.00
10/15/2004	Simon C. Broussard 104 Moku Manu Drive Bastrop, TX 78602 512-303-3116	\$25.00
10/15/2004	Judy P. Cortez 8413 Seminary Ridge Drive Austin, TX 78745 282-8211	\$25.00
10/15/2004	Rossana A. Barrios 7452 Pusch Ridge Loop Austin, TX 78749 512-892-2340	\$25.00
10/15/2004	Norma Gonzalez P. O. Box 684972	\$25.00

Austin, TX 78768
512-347-7069

10/15/2004	Alicia Perez 1715 Palma Plaza Austin, TX 78703 512-480-9656		\$25.00
10/15/2004	Plus One Printing P. O. Box 141984 Austin, TX 78714-1984		\$15.00
10/15/2004	Maria N. Rogers 6308 Fair Valley Trail Austin, TX 78749		\$10.00
10/18/2004	Deposit	Checks	\$1,705.00
10/18/2004	Joe F. Munoz P.O. Box 587 Kyle, TX 78640 262-2262		\$30.00
10/29/2004	Deposit		\$30.00
11/8/2004	RECA Good Government PAC 98 San Jacinto, Suite 510 Austin, TX 78701		\$500.00
11/12/2004	Deposit		\$500.00

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: **1 of 1**

2 FILER NAME
CITIZENS FOR GOMEZ

3 ACCOUNT # (Ethics Commission file #)

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 / Job title (See Instructions)	11 Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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 / Job title (See Instructions)	Employer (See Instructions)
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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: <i>1 of 1</i>
2 FILER NAME <i>CITIZENS FOR GÓMEZ</i>		3 ACCOUNT # (Ethics Commission #)
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 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation	20 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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</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:
3 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 attached report.</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.)	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.)	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.)	9 ** 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
(July 1, 2004 through December 31, 2004)

Date	Payee & Address	Amount	Purpose of Payment	Benefits C/
7/2/2004	Southwestern Bell Telephone Co. P.O. Box 630047 Dallas, TX 75263-0047	\$36.82	Fax line	Margaret J. Gomez
7/2/2004	MBNA P. O. Box 15027 Wilmington, DE 19850-5027	\$240.00	Computer	Margaret J. Gomez
7/2/2004	LGRL P. O. Box 2340 Austin, TX 78768	\$50.00	Renewal	Margaret J. Gomez
7/30/2004	Southwestern Bell Telephone Co. P. O. Box 630047 Dallas, TX 75263-0047	\$37.59	Fax Line	Margaret J. Gomez
8/5/2004	Capital Area Progressive Democrats P. O. Box 142175 Austin, TX 78714-2175	\$10.00	Renewal	Margaret J. Gomez
8/10/2004	MBNA P. O. Box 15027 Wilmington, DE 19850-5027	\$166.00	Computer	Margaret J. Gomez
8/17/2004	Southwestern Bell Telephone Co. P. O. Box 630047 Dallas, TX 75263-0047	\$2.99	Fax Line	Margaret J. Gomez
8/22/2004	Office Depot 2101 South Lamar Austin, TX 78704	\$26.34	Office Supplies	Margaret J. Gomez
8/31/2004	AFL-CIO - Mr. Randall P. O. Box 684644 Austin, TX 78768-4644	\$65.00	Labor Day Ad	Margaret J. Gomez
9/2/2004	Kinko 327 Congress Avenue Austin, TX 78701	\$77.23	Fish Fry Tickets	Margaret J. Gomez
9/13/2004	TULA 1305 East 4 Austin, TX 78702	\$100.00	Arts Proj. Contri.	Margaret J. Gomez
9/12/2004	MBNA P. O. Box 15027	\$166.00	Computer	Margaret J. Gomez

Wilmington, DE 19850-5027

9/16/2004	Chase National Bank (Dell Computer) P. O. Box 52046 Phoenix, AZ 85072-2046	\$700.00	Updated Software	Margaret J. Gomez
9/20/2004	Office Depot 2101 South Lamar Austin, TX 78704	\$108.19	Labels & Printer Ink	Margaret J. Gomez
9/24/2004	Clean Water Action P. O. Box 11548 Washington, DC 20008-0748	\$50.00	Renewal	Margaret J. Gomez
10/16/2004	Robert Cisneros 3504 Santa Monica Austin, TX 78741	\$250.00	Tent for Fish Fry	Margaret J. Gomez
10/16/2004	Chase National Bank (Dell Computer) P. O. Box 52046 Phoenix, AZ 85072-2046	\$565.55	Payment for Updated Software	Margaret J. Gomez
10/23/2004	Casa Marianella 821 Gunter Street Austin, TX 78702	\$50.00	Donation	Margaret J. Gomez
10/30/2004	Alejandra Lujan	\$75.00	Donation	Margaret J. Gomez
11/3/2004	Smithsonian P. O. Box 97099 Washington, DC 20090-7099	\$146.75	Holiday Cards for Supporters	Margaret J. Gomez
11/8/2004	MBNA P. O. Box 15027 Wilmington, DE 19850-5027	\$166.00	Computer	Margaret J. Gomez
11/16/2004	Harvard Business Review P. O. Box 51038 Boulder, CO 80323-1038	\$118.00	Renewal	Margaret J. Gomez
11/22/2004	Hispanic Women's Network of Texas P. O. Box 1356 Austin, TX 78767	\$70.00	Renewal	Margaret J. Gomez
12/11/2004	Network 801 Pennsylvania Avenue, SE, Suite 460 Washington, DC 20003-2167	\$100.00	Renewal	Margaret J. Gomez
12/31/2004	Total Expenditures	\$3,377.46		

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 file):

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.)

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.)

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.)

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.)

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.)

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:

191

2 FILER NAME

CITIZENS FOR GÓMEZ

3 ACCOUNT # (Ethics Commission files)

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.

1 Total pages Schedule I:

141

2 FILER NAME

CITIZENS FOR GORE

3 ACCOUNT # (Ethics Commission files):

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

1/1

2 FILER NAME

CITIZENS FOR GOMEZ

3 ACCOUNT # (Ethics Commission file):

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED