

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6153

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: 2em;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Margaret J.</i> NICKNAME LAST SUFFIX <i>Gomez</i>	<div style="border: 2px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.5em;"> FILED FOR RECORD 2006 FEB - 6 PM 2: 10 CLERK TRAVIS COUNTY TEXAS </div> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged </div>	
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 78704</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 358-4901</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Texana F.</i> NICKNAME LAST SUFFIX <i>Conn</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>4604 Copano Court Austin TX 78749</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>()</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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>01 / 01 / 06 01 / 26 / 06</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 07 / 06</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <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>Co. Comm. Pct. 4</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 <div style="text-align: center; font-size: 1.2em;"> <i>NONE TO MY KNOWLEDGE.</i> </div> Address / PO Box; Apt. / Suite #: City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

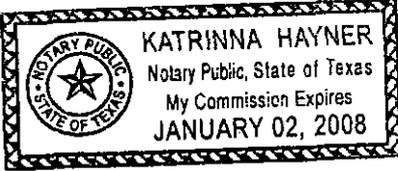
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME CITIZENS FOR GOMEZ	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 CITIZENS FOR GOMEZ
		COMMITTEE ADDRESS P.O. Box 3232 Austin, TX 78764
		COMMITTEE CAMPAIGN TREASURER NAME Texana Faulk Conn
	COMMITTEE CAMPAIGN TREASURER ADDRESS 4604 Copano Court Austin, TX 78749	

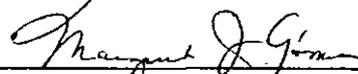
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,174.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,855.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT



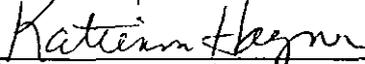
AFFIX NOTARY STAMP / SEAL ABOVE

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 Margaret Gomez, this the 6th day of February, 20 06, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Katrina Hayner

 Printed name of officer administering oath

Admin. Asst.

 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 Schedule A:
/

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
CITIZENS FOR GÓMEZ - Margaret J. Gómez

4 Date <i>01/06/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ray Gómez</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>10207 Ray Avenue Austin, TX 78758-5119</i>			

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

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B:
/

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

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 <i>NONE</i>		

10 Principal occupation / Job title (See Instructions) 11 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)

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)

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)

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: /
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2 FILER NAME <i>CITIZENS FOR GOMEZ</i>	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
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6 Is lender a financial Institution? Y N	8 Lender address: City: State: Zip Code <i>NONE</i>	10 Interest rate 11 Maturity date
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12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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
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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:
3

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
CITIZENS FOR GOMEZ - Margaret J. Gomez

4 Date	5 Payee name 6 Payee address; City; State; Zip Code <i>See attached two pages</i>	7 Amount (\$)
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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 Payee address; City; State; Zip Code	Amount (\$)
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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 Payee address; City; State; Zip Code	Amount (\$)
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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 Payee address; City; State; Zip Code	Amount (\$)
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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

Jan. 1-26, 2006

Date	Payee & Address	Amount	Purpose of Payment	Benefits
1/2/2006	South Austin Demos P. O. Box 152592 Austin, TX 78715	\$50.00	Membership List	Margaret J. Gomez
1/4/2006	South Austin Demos P.O. Box 152592 Austin, TX 78715	\$60.00	Sustaining Dues	Margaret J Gomez
1/4/2006	Ace Printing 7807 Doncaster Austin, TX 78745	\$2,242.94	4x8s; 4x4s	Margaret J. Gomez
1/10/2006	Home Depot 3600 IH 35 S Austin, TX 78704	\$709.16	stakes, nails, lumber	Margaret J. Gomez
1/18/2006	Opinion Analysts 906 Rio Grande Austin, TX 78701	\$92.81	Walk Lists	Margaret J. Gomez
1/14/2006	A&F Trophy 4619 S. Congress Austin, TX 78745	\$127.74	T-shirts	Margaret J. Gomez
1/14/2006	Hope Perez Fund 6300 Lockhart Hwy Austin, TX 78744	\$75.00	Contribution to funeral	Margaret J. Gomez
1/16/2006	Ignite Consulting	\$2,932.32	Half of fee for	Margaret J.

4032 S. Lamar, Suite 500 Austin, TX 78704	design/printing	Gomez
1/16/2006 Dawnna Dukes Campaign 327 Congress Avenue Austin, TX 78701	\$125.00 Two tickets	Margaret J. Gomez
1/17/2006 Exxon P. O. Box 4598 Carol Stream, IL 60197-4598	\$100.00 Gas for campaign	Margaret J. Gomez
1/19/2006 Travis Co. Demos P. O. Box 684263 Austin, TX 78768-4263	\$500.00 Half Table for Filing Day Dinner	Margaret J. Gomez
1/20/2006 NARAL 1156 15th Street, NW Washington, DC 20005	\$25.00 Membership Fee	Margaret J. Gomez
1/20/2006 NARAL P. O. Box 684602 Austin, TX 78768	\$100.00 Contribution to Fund Raiser	Margaret J. Gomez
1/26/2006 Human Rights Camp. 1640 Rhode Island Avenue, NW Washington, DC 20036	\$35.00 Contribution	Margaret J. Gomez
Total Expenditures	\$7,174.97	

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 3 ACCOUNT # (Ethics Commission filers)
CITIZENS FOR GOMEZ - Margaret J. Gomez

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

Date	Payee name 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 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 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 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:
/

2 FILER NAME *CITIZENS FOR GOMEZ - Margaret J. Gomez* 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
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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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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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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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
CITIZENS FOR GOMEZ - Margaret J. Gomez

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.)		

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule K:
1

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
CITIZENS FOR GOMEZ - Margaret J. Gomez

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