

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6204

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:
12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Margaret J.
NICKNAME LAST SUFFIX
Gómez

OFFICE USE ONLY

Date Received: FEB 27 2:55
COUNTY CLERK
TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE
P.O. Box 3232 Austin TX 78704

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 854-9444

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Tefana Faulk
NICKNAME LAST SUFFIX
Conn

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE
4604 Copano Court Austin TX 78749

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officer only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 27 / 06 THROUGH 02 / 25 / 06

11 ELECTION

ELECTION DATE: Month Day Year
03 / 07 / 06
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
COUNTY COMMISSIONER, PCT. 4

13 OFFICE SOUGHT (if known)

CO. COMMISSIONER, PCT. 4

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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
NONE

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

Margaret J. Gomez

16 ACCOUNT # (Ethics Commission filers)

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

CITIZENS FOR GÓMEZ

COMMITTEE ADDRESS

*P.O. Box 3232
Austin, TX 78704*

COMMITTEE CAMPAIGN TREASURER NAME

Tessara Faulk Conn

COMMITTEE CAMPAIGN TREASURER ADDRESS

*4604 Copano Court
Austin, TX 78749*

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 800.00

EXPENDITURE TOTALS

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

\$ 0-

4. TOTAL POLITICAL EXPENDITURES

\$ 12,710.95

CONTRIBUTION BALANCE

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

\$ 1271.23

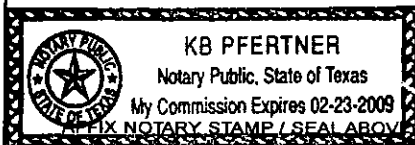
OUTSTANDING LOAN TOTALS

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 J. Gomez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 27th day of Feb, 2006, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>1 of 1</i>	
2 FILER NAME <i>CITIZENS FOR GÓMEZ</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/04/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>José J. Muñoz</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>3609 Bratton Heights Dr; Austin, TX 78728</i>			
9 Principal occupation / Job title (See Instructions) <i>CONSTRUCTION</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>2/04/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Augustina H. Muñoz</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>3609 Bratton Heights Dr; Austin, TX 78728</i>			
Principal occupation / Job title (See Instructions) <i>UNKNOWN</i>		Employer (See Instructions) —	
Date <i>2/07/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>W. Jeanne Meurer Campaign</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>4502 Spanish Oak Trail; Austin, TX 78731</i>			
Principal occupation / Job title (See Instructions) <i>Public Service</i>		Employer (See Instructions) <i>Travis County</i>	
Date <i>2/15/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Ellen Felps</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>P.O. Box 49339 Austin, TX 78765</i>			
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:

1 of 1

2 FILER NAME

CITIZENS FOR GOMZ

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

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 of 1

2 FILER NAME
CITIZENS FOR GÓMEZ

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#: _____) <i>-0-</i>	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address: City: State: Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions) **13** Employer (See Instructions)

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

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
 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: <p style="text-align: center; margin: 0;">3</p>
2 FILER NAME <p style="text-align: center; margin: 0;"><i>CITIZENS FOR GÓMEZ</i></p>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code <p style="text-align: center; margin: 0;"><i>SEE 2 ATTACHED PAGES</i></p>	7 Amount (\$)
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	Payee name Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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

Citizens for Gomez - Schedule F
(January 27 - February 25, 2006)

Date	Payee/Address	Amount	Purpose of Payment	Benefits
1/31/2006	MBNA of America P. O. Box 15102 Wilmington, DE 19886	\$166.00	Computer Payment	C/OH Margaret J. Gomez
2/5/2006	ALLGO, Inc. P. O. Box 6149 Austin, TX 78762-6149	\$50.00	Donation	Margaret J.
2/8/2006	Joe Vela 5305 Summer Drive Austin, TX 78741	\$154.99	Reimbursement for auto repair bill	Margaret J. Gomez
2/9/2006	David Butts 1914 Patton Austin, TX 78723	\$1,500.00	Campaign Consultant	Margaret J. Gomez
2/9/2006	Capital Area Demo Women P.O. Box 12962 Austin, TX 78711	\$75.00	Patron Level	Margaret J. Gomez
2/11/2006	Peggy Vasquez 1704 East 5 Austin, TX 78702	\$500.00	La Prensa Ad	Margaret J. Gomez
2/12/2006	Grace Cloud P. O. Box 6 Lakeview, NC 28350	\$370.00	Web Design/Mainten ance	Margaret J. Gomez
2/15/2006	Office Depot	\$24.35	Doggett Stamp	Margaret J.

2101 South Lamar
Austin, TX 78704

2/16/2006 Capital Argus P. O. Box 140471 Austin, TX 78714	\$100.00 Political Ad	Margaret J.
2/17/2006 Exxon P. O. Box 4598 Carol Stream, IL 60197-4598	\$120.40 Gas for Campaign	Margaret J. Gomez
2/19/2006 Go Daddy.com Scottsdale, AZ	\$22.30 Web Page Domain Registration	Margaret J. Gomez
2/21/2006 La Voz de Dove Springs P. O. Box 19457 Austin, TX 78744	\$450 Back page ad	Margaret J. Gomez
2/23/2006 Ignite Consulting 4032 South Lamar Suite 500, Box 146 Austin, TX 78704	\$8,466.91 Mail Pieces, Graphic Design	Margaret J. Gomez
2/23/2006 The Austin Chronicle P. O. Box 49066 Austin, TX 78765	\$711.00 Half Page Ad	Margaret J. Gomez
2/25/2006 Total Expenditures	\$12,710.95	

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

CITIZONS FOR GONZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	-0-	
	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:

1/1

2 FILER NAME

CITIZENS FOR GÓMEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

-0-

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 GÓMEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

-0-

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.)

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:

1 of 1

2 FILER NAME

CITIZENS FOR GOMEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code -0-	
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