

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 6364	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MS	FIRST Margaret	MI J.
	NICKNAME	LAST Gómez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 3232	APT / SUITE #:	CITY: Austin TX STATE: ZIP CODE: 78704
	OFFICE USE ONLY Date Received 2006 OCT 17 PM 4:22 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 358-4901	EXTENSION —
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR	FIRST Walter	MI
	NICKNAME	LAST Timberlake	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2006 Bouldin Avenue		CITY: Austin TX STATE: ZIP CODE: 78704
	AREA CODE (512)	PHONE NUMBER 442-6688	EXTENSION —
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 07 / 01 / 06		THROUGH Month Day Year 09 / 28 / 06
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 06		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) TRAVIS COUNTY COMMISSIONER		13 OFFICE SOUGHT (if known) TRAVIS COUNTY COMMISSIONER
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 None to my knowledge.		
	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 GÓMEZ - Margaret J. Gómez* 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<i>CITIZENS FOR GÓMEZ</i>
	COMMITTEE ADDRESS	<i>P.O. Box 3232; Austin, TX 78704</i>
	COMMITTEE CAMPAIGN TREASURER NAME	<i>Walter Timberlake</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<i>2006 Bouldin Avenue; 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)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,869.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,842.01
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Margaret J. Gómez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margaret J. Gómez, this the 5th day of October, 2006, to certify which, witness my hand and seal of office.

Josie Z. Zavala
Signature of officer administering oath

Josie Z. Zavala
Printed name of officer administering oath

Notary Public
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 - Margaret J. Gómez</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <i>See attached page.</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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 - Schedule A
(7-1-06 thru 9-28-06, due 10-10-06)

Date Rec'd	Name/Address	Amount
7/17/2006	Charles A. Betts 14741 Arrowhead Volente, TX 78641 258-5863	\$100.00
9/7/2006	Alonzo Reyes 4407 Norwood Lane Austin, TX 78744 386-8929	\$50.00
9/23/2006	Scott E. Dukete 4410 Twisted Tree Drive Austin, TX 78735-6432	\$250.00
9/23/2006	Bruce Todd 823 Congress Avenue, Ste 1505 Austin, TX 78701 494-2864	\$100.00
	Total Deposited	\$500.00

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B: <i>1 of 1</i>
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2 FILER NAME <i>CITIZENS FOR GÓMEZ - Margaret J. Gómez</i>	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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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)
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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)
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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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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 - Margaret J. Gómez</i>		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 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

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: <i>3 of 3</i>
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2 FILER NAME <i>CITIZENS FOR GÓMEZ - Margant J. Gómez</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name 6 Payee address; City; State; Zip Code <i>(See attached 2 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
(July 1 - September 30, 2006)

Date	Payee/Address	Amount	Purpose of Payment	Benefit C/OH
7/1/2006	MBNA P. O. Box 15288 Wilmington, DE 19886-5288	\$332.00	Computer	Margaret J. Gomez
7/1/2006	Exxon P.O. Box 530962 Atlanta, GA 30353-0962	\$37.66	Gas for Campaign Use	Margaret J. Gomez
7/1/2006	Time Warner P. O. Box 85100 Austin, TX 78708-5100	\$34.85	Roadrunner Service	Margaret J. Gomez
7/16/2006	Exxon P. O. Box 530962 Atlanta, GA 30353-0962	\$82.16	Gas for Campaign Use	Margaret J. Gomez
7/29/2006	Visa P.O. Box 650260 Dallas, TX 75265-0260	\$293.70	State Demo Conv. (Hotel in FW)	Margaret J. Gomez
7/29/2006	MBNA P. O. Box 15288 Wilmington, DE 19886-5288	\$332.00	Computer	Margaret J. Gomez
7/29/2006	Clean Water Action 715 West 23 St., Suite R Austin, TX 78705	\$100.00	Membership Dues	Margaret J. Gomez
8/1/2006	Time Warner P. O. Box 85100 Austin, TX 78708-5100	\$42.98	Roadrunner Service	Margaret J. Gomez
8/7/2006	Texas AFL-CIO 1106 Lavaca Austin, TX 78701	\$295.00	Labor Day Ad	Margaret J. Gomez
8/9/2006	U. S. Postmaster Austin, TX 78704	\$80.00	POB Rental Fee	Margaret J. Gomez
8/9/2006	Office Depot 2101 South Lamar Austin, TX 78704	\$36.29	Fish Fry Tickets	Margaret J. Gomez
8/14/2006	Capital Area Demo Women P. O. Box 12962	\$100.00	Sponsorship	Margaret J. Gomez

Austin, TX 78711

8/16/2006	Exxon P.O. Box 530962 Atlanta,GA 30353-0962	\$130.40	Gas for Campaign Use	Margaret J. Gomez
8/17/2006	Travis County Demo Party P. O. Box 684263 Austin, TX 78768	\$2,500.00	Combined Campaign	Margaret J. Gomez
9/7/2006	MBNA P. O. Box 15288 Wilmington,DE 19886-5288	\$166.00	Computer	Margaret J. Gomez
9/7/2006	Time Warner P. O. Box 85100 Austin, TX 78708-5100	\$42.98	Roadrunner Service	Margaret J. Gomez
9/11/2006	Hispanic Boy Scouts 2516 Mountain View Dr. Austin, TX 78704	\$100.00	Contribution	Margaret J. Gomez
9/15/2006	Opinion Analysts, Inc. 906 Rio Grande Austin, TX 78701	\$27.00	Precinct Lists	Margaret J. Gomez
9/22/2006	Miller Blueprint Co. 501 West 6 Austin, TX 78701	\$36.95	Lamination of new Travis County Map (Brought Doggett home)	Margaret J. Gomez
9/24/2006	Hispanic Women's Network of Texas P. O. Box 1356 Austin, TX 78767-1356	\$100.00	Half page ad 20th Year Anniv.	Margaret J. Gomez
	Total Expenditures	\$4,869.97		

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 GÓMEZ - Margaret J. Gómez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
6 Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.)		

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: <i>1 of 1</i>
2 FILER NAME <i>Citizens For Gomez - Margaret J. Gomez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code <i>None</i>	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	Business name Business 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	Business name Business 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	Business name Business 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

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 - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

6 Amount (\$)

6 Payee address; City; State; Zip Code

None

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.)

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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 - Margaret J. Gomez

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