

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Margaret J. Gómez Citizens For 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. ..

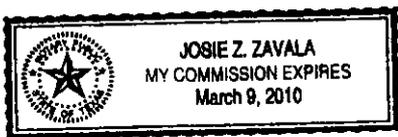
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>CITIZENS FOR GÓMEZ</u>
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>P.O. Box 3232; Austin, TX 78704</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Walter Timberlake</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>2006 Bouldin Avenue; Austin, TX 78704</u>

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)	\$ 3,710.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,436.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,917.25
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. Gómez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gómez, this the 30th day of October 2006, to certify which, witness my hand and seal of office.

Josie Z. Zavala
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>4</i>	
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# _____) 6 Contributor address; City; State; Zip Code <i>See attached 3 pages</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>(If travel outside of Texas, complete Schedule T)</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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>(If travel outside of Texas, complete Schedule T)</i>
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) <i>(If travel outside of Texas, complete Schedule T)</i>
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) <i>(If travel outside of Texas, complete Schedule T)</i>
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) <i>(If travel outside of Texas, complete Schedule T)</i>
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
(Sept. 29 through October 28, 2006
C&E due October 30, 2006

Date	Name/Address	Amount	In-Kind
10/20/2006	Vinson & Elkins Texas Pac 2300 First City Tower Houston, TX 77002-6760	\$1,000.00	
10/20/2006	LAN-PAC 2925 Briarpark Drive, FL4 Houston, TX 77042	\$250.00	
10/20/2006	Perry Lorenz 1311-A East 6 Austin, TX 78702	\$500.00	
10/20/2006	Alice Chambless 16900 Fagerquist Rd. Del Valle, TX 78617	\$250.00	
10/20/2006	Sam Biscoe Campaign 6411 Bridgewater Drive Austin, TX 78723	\$100.00	
10/20/2006	Herbert Evans 1302 West Avenue Austin, TX 78701-1716	\$250.00	
10/20/2006	Oliver & Associates PC P. O. Box 45673 Dallas, TX 75245	\$100.00	
10/20/2006	Aida Berduo Douglas 12925 Latchwood Lane Austin, TX 78753	\$100.00	
10/20/2006	Frank Rodriguez P. O. Box 1271 Austin, TX 78767	\$100.00	
10/20/2006	John H. Lipscombe 6600 Mesa Drive Austin, TX 78731	\$50.00	
10/20/2006	Sally Velasquez P. O. Box 13102 Austin, TX 78711-3102	\$50.00	
10/20/2006	Leticia N. Lugo	\$50.00	

2310 Willow Street
Austin, TX 78702-5626

10/20/2006	Stacy Suits 7807 Doncaster Austin, TX 78745	\$50.00
10/20/2006	Candace Macken 6800 West Gate Blvd., #132-104 Austin, TX 78745	\$50.00
10/20/2006	Velia S. Williams 11405 Bunting Drive Austin, TX 78759-4755	\$25.00
10/20/2006	Kevin P. Lewis 2213 Iva Lane Austin, TX 78704-4911	\$25.00
10/20/2006	Sylvia Lopez 13107 Rampart Street Austin, TX 78727-3254	\$30.00
10/20/2006	Cristina V. Wood 815 W. Slaughtger Lane, #103 Austin, TX 78748	\$10.00
10/20/2006	Bobbie Juarez 708 West Monroe Austin, TX 78704	\$10.00
10/20/2006	Raul A. Gonzalez 2707 Carnarvon Lane Austin, TX 78704	\$10.00
10/23/2006	Deposit	\$3,010.00
10/24/2006	Brown McCarroll PAC 111 Congress Avenue Austin, TX 78701	\$500.00
10/24/2006	Karen M. Sonleitner 1712 Pasadena Dr. Austin, TX 78757	\$100.00
10/25/2006	Deposit	\$600.00
10/20/2006	Bruce Todd Public Affairs 823 Congress Avenue, Suite 1505 Austin, TX 78701	\$100.00

10/26/2006 Deposit

\$100.00

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

1 of 1

2 FILER NAME

CITIZENS FOR GOMEZ - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

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>			
(If travel outside of Texas, complete Schedule T)			

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			
(If travel outside of Texas, complete Schedule T)			

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			
(If travel outside of Texas, complete Schedule T)			

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			
(If travel outside of Texas, complete Schedule T)			

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			
(If travel outside of Texas, complete Schedule T)			

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 - Margaret J. Gómez

3 ACCOUNT # (Ethics Commission Filer's)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

None

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

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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:

2

2 FILER NAME

CITIZENS FOR GOMEZ - Marquet J. Gomez

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

See 1 page attached

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
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.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
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.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
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.)

(If travel outside of Texas, complete Schedule T)

-- 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
 (Sept. 29 through October 28, 2006
 C&E due October 30, 2006

Date	Payee/Address	Amount	Purpose of Payment	Benefits C/OH
10/1/2006	Ignite Consulting 4032 South Lamar Suite 500, Box 146 Austin, TX 78704	\$1,078.38	Ads, Gen. El. Flyer	Margaret J. Gomez
10/2/2006	Worley Printing 3217 North IH 35 Austin, TX 78722	\$334.49	Ltrhd, Envs., Flyer	Margaret J. Gomez
10/2/2006	Time Warner P.O. Box 660097 Dallas, TX 75266-0097	\$42.98	Roadrunner Service	Margaret J. Gomez
10/11/2006	Opinion Analysts, Inc. 906 Rio Grande Austin, TX 78701	\$27.06	Walk Lists	Margaret J. Gomez
10/12/2006	U. S. Postmaster South Austin, TX 78704	\$195.00	Postage	Margaret J. Gomez
10/13/2006	Smithsonian Holiday Card Center 1405 Parker Road Baltimore, MDE 21227-1482	\$188.95	Holiday Cards for Constituents	Margaret J. Gomez
10/17/2006	Exxon P. O. Box 530962 Atlanta, GA 30353-0962	\$140.85	Vehicle Gas for Campaigning	Margaret J. Gomez
10/17/2006	Harvard Business Review P. O. Box 52623 Boulder, CO 80321-2623	\$119.00	Subscription Renewal	Margaret J. Gomez
10/18/2006	City of Austin P. O. Box 1088 Austin, TX 78701	\$35.00	Food Permit	Margaret J. Gomez
10/20/2006	Robert Cisneros 1410 Garden Austin, TX 78702	\$275.00	Large Tent	Margaret J. Gomez
	Total Expenditures	\$2,436.71		

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 - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

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.) (If travel outside of Texas, complete Schedule T)	<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.) (If travel outside of Texas, complete Schedule T)	<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.) (If travel outside of Texas, complete Schedule T)	<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.) (If travel outside of Texas, complete Schedule T)	<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.) (If travel outside of Texas, complete Schedule T)	<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 of 1

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

None

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

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.)

(If travel outside of Texas, complete Schedule T)

** 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.)

(If travel outside of Texas, complete Schedule T)

** 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.)

(If travel outside of Texas, complete Schedule T)

** 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 of 1

2 FILER NAME

CITIZENS FOR GOMEZ - Margaret J. Gómez

3 ACCOUNT # (Ethics Commission filers)

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.)	

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 - Margret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	None	
	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	

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