

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

6443

The C/OH Instruction Guide explains how to complete this form. **1** ACCOUNT # (Ethics Commission files) **2** Total pages filed: 13

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Margaret</i>	MI <i>J.</i>
	NICKNAME	LAST <i>Gómez</i>	SUFFIX

OFFICE USE ONLY	
Data Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX <i>P.O. Box 3232</i>	APT / SUITE #	CITY <i>Austin</i>	STATE <i>TX</i>	ZIP CODE <i>78704</i>
<input type="checkbox"/> Change of Address					

<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>358-4901</i>	EXTENSION
---	---------------------------	---------------------------------	-----------

<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Walter</i>	MI
	NICKNAME	LAST <i>Timberlake</i>	SUFFIX

<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) <i>2006 Bouldin Avenue</i>	APT / SUITE #	CITY <i>Austin</i>	STATE <i>TX</i>	ZIP CODE <i>78704</i>
---	---	---------------	-----------------------	--------------------	--------------------------

<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>442-6688</i>	EXTENSION
-----------------------------------	---------------------------	---------------------------------	-----------

<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Final report (Attach C/OH - FR)	<input type="checkbox"/> Exceeded \$500 limit
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)

<b>10</b> PERIOD COVERED	Month Day Year <i>10 / 29 / 06</i>	THROUGH	Month Day Year <i>12 / 31 / 06</i>
--------------------------	---------------------------------------	---------	---------------------------------------

<b>11</b> ELECTION	ELECTION DATE Month Day Year <i>11 / 07 / 06</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
--------------------	--	--	--	--

<b>12</b> OFFICE	OFFICE HELD (if any) <i>TRAVIS COUNTY COMMISSIONER</i>	<b>13</b> OFFICE SOUGHT (if known) <i>TRAVIS COUNTY COMMISSIONER</i>
------------------	---	---

<b>14</b> NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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>None to my knowledge</i>	
	Address / PO Box Apt / Suite # City State Zip Code	

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

**15 C/OH NAME** *CITIZENS FOR GOMEZ - 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. \*\*

additional pages

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

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 105.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,827.74
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,881.74
<b>OUTSTANDING LOAN TOTALS</b>	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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 18th day of January, 2007, to certify which, witness my hand and seal of office.

*Sharon McKinney* Sharon McKinney Secretary  
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:  
*1 of 2*

2 FILER NAME

*CITIZENS FOR GÓMEZ - Margaret J. Gómez*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*See attached page*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor 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 contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor 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 contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor 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 contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor 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.

Citizens for Gomez - Schedule A , Page 2 of 2  
(Oct. 29 - Dec. 31, 2006)  
C&E due January 15, 2007

Date	Name and Address	Amount	In-Kind
11/9/2006	Timothy R. Mahoney, II 1102 Gillespie Place Austin, TX 78704 326-9944 O	\$5.00	
11/13/2006	Dianne T. Mendoza 1619 Vista Del Monte San Antonio, TX 78216	\$100.00	
11/14/2006	Deposit	\$105.00	

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

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 filers)

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: <i>1 of 2</i>
2 FILER NAME <i>CITIZENS FOR GÓMEZ - Margaret J. Gómez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  6 Payee address; City; State; Zip Code  <i>See attached page.</i>	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

Citizens for Gomez - Schedule F, *Page 2 of 2*  
 (Oct 29 - Dec. 31, 2006)  
 C&E due January 15, 2007

Date	Payee/Address	Amount	Purpose of Payment	Benefits C/OH
10/29/2006	Sprint P. O. Box 660092 Dallas, TX 75266	\$32.08	Campaign Use	Margaret J. Gomez
10/29/2006	Bank of America P. O. Box 15715 Wilmington, DE 19886-5715	\$664.00	Computer Use	Margaret J. Gomez
11/2/2006	Metz Recreation Board 3111 Garwood Street Austin, TX 78702	\$25.00	2 turkeys for Center Dinner for Elderly	Margaret J. Gomez
11/2/2006	Time Warner P.O. Box 660097 Dallas, TX 75266-0097	\$49.53	Roadrunner Service	Margaret J. Gomez
11/15/2006	Bank of America P. O. Box 15715 Wilmington, DE 19886-5715	\$500.00	Computer Use	Margaret J. Gomez
11/19/2006	Exxon P. O. Box 530962 Atlanta, GA 30353-0962	\$121.41	Vehicle Fuel	Margaret J. Gomez
11/24/2006	League of Women Voters P. O. Box 98050 Washington, DC 20077-7330	\$75.00	Membership Renewal	Margaret J. Gomez
12/5/2006	Sprint P. O. Box 660092 Dallas, TX 75266-0042	\$35.66	Campaign Use	Margaret J. Gomez
12/7/2006	Bank of America P. O. Box 15715 Wilmington, DE 19886-5715	\$166.00	Computer	Margaret J. Gomez
12/18/2006	Exxon P.O. Box 530962 Atlanta, GA 30353-0962	\$60.00	Campaign Use	Margaret J. Gomez
12/28/2006	Time Warner P. O. Box 660097 Dallas, TX 75266-0097	\$99.06	Roadrunner X 2 mos.	Margaret J. Gomez
	Total Expenditures	\$1,827.74		



# 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 (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	6 Payee address; City; State; Zip Code  <i>None</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	

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 GÓMEZ - Margaret J. Gómez</i>		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.)  (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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 - Margaret J. Gómez*

3 ACCOUNT # (Ethics Commission filers)

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.)	

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 GÓMEZ - Margaret J. Gómez

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

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: *1 of 1*

2 FILER NAME

*CITIZENS FOR GÓMEZ - Margaret J. Gómez*

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

*None*

- Schedule A  
  Schedule B  
  Schedule C  
  Schedule D  
  Schedule F  
  Schedule G  
 Schedule H  
  Schedule N  
  COH-UC  
  COH-T  
  PAC-T  
  SPAC-T

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A  
  Schedule B  
  Schedule C  
  Schedule D  
  Schedule F  
  Schedule G  
 Schedule H  
  Schedule N  
  COH-UC  
  COH-T  
  PAC-T  
  SPAC-T

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A  
  Schedule B  
  Schedule C  
  Schedule D  
  Schedule F  
  Schedule G  
 Schedule H  
  Schedule N  
  COH-UC  
  COH-T  
  PAC-T  
  SPAC-T

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**