

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7507

FORM C/OH  
COVER SHEET PG 1

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| The C/OH Instruction Guide explains how to complete this form.   |   | 1 ACCOUNT #<br>(Ethics Commission Filers)  | 2 Total pages filed:<br><br><b>12</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | <input checked="" type="checkbox"/> MRS / MR<br>FIRST: <i>Margaret</i> MI: <i>J.</i><br>NICKNAME: LAST: <i>Gonzalez</i> SUFFIX:   | FILED FOR REPORT<br>JAN 18 10 32<br>DALLAS COUNTY CLERK<br>TRAVIS COUNTY TEXAS   |                                       |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address                       | ADDRESS / PO BOX; APT / SUITE #: <i>P.O. Box 3232</i> CITY: <i>Austin TX</i> STATE: ZIP CODE: <i>78704</i>  |  |                                       |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE: <i>(512)</i> PHONE NUMBER: <i>762-7016</i> EXTENSION:  |  |                                       |
| 6 CAMPAIGN TREASURER NAME  | <input checked="" type="checkbox"/> MRS / MR<br>FIRST: <i>Walter</i> MI:<br>NICKNAME: LAST: <i>Timberlake</i> SUFFIX:   |  |                                       |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE:<br><i>2006 Boulder Avenue Austin TX 78704</i>  |  |                                       |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE: <i>(512)</i> PHONE NUMBER: <i>442-6689</i> EXTENSION:  |  |                                       |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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<br><i>10 / 24 / 10</i> <i>12 / 31 / 10</i>  |  |                                       |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><i>3 / /</i>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                       |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)  |                                       |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><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.<br>Name: <i>None to my knowledge.</i><br>Address / PO Box; Apt. / Suite #: City; State; Zip Code:   |  |                                       |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

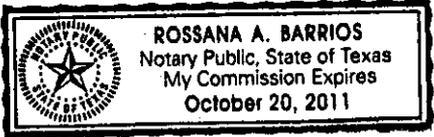
FORM C/OH  
COVER SHEET PG 2

|              |   |
|--------------|---|
| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filers) |
|--------------|---|

|   |  |   |  |
|---|--|---|--|
| <b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> additional pages | <small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.</small> |   |  |
| <input type="checkbox"/> GENERAL<br><br><input checked="" type="checkbox"/> SPECIFIC          | COMMITTEE TYPE   | COMMITTEE NAME                                  |  |
|   |  | <i>Margaret Gomez Campaign</i>                  |  |
|   |  | COMMITTEE ADDRESS                               |  |
|   |  | <i>P.O. Box 3232<br/>Austin, TX 78704</i>       |  |
|   |  | COMMITTEE CAMPAIGN TREASURER NAME               |  |
|   |  | <i>Walter Timberlake</i>                        |  |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS            |  |
|   |  | <i>2006 Boulder Avenue<br/>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)                                  | \$ 250.00   |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 128.23   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 798.23   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 4,913.79 |
| 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 18th day of January, 20 11, to certify which, witness my hand and seal of office.

*Rossana A. Barrios*      Rossana A. Barrios      Notary  
 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:<br><i>1 of 1</i>                              |  |
| 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission Filers)                                  |  |
| 4 Date<br><i>10/26/10</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Munsch, Hardt, Kopf &amp; Harr</i>        | 7 Amount of contribution (\$)<br><i>250.00</i>                          | 8 In-kind contribution description (if applicable)<br><i>—</i> |
| 6 Contributor address; City; State; Zip Code<br><i>3800 Lincoln Plaza<br/>500 N. AKARD Street<br/>Dallas, TX 75201-6659</i> |   | (If travel outside of Texas, complete Schedule T)                       |  |
| 9 Principal occupation / Job title (See Instructions)<br><i>Attorneys</i>   |   | 10 Employer (See Instructions)<br><i>Munsch, Hardt, Kopf &amp; Harr</i> |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)   | In-kind contribution description (if applicable)               |
|   |   | (If travel outside of Texas, complete Schedule T)                       |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)   | In-kind contribution description (if applicable)               |
|   |   | (If travel outside of Texas, complete Schedule T)                       |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)   | In-kind contribution description (if applicable)               |
|   |   | (If travel outside of Texas, complete Schedule T)                       |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)   | In-kind contribution description (if applicable)               |
|   |   | (If travel outside of Texas, complete Schedule T)                       |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

Margaret Gómez Campaign

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

None

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:<br><i>1 of 1</i> |
| 2 FILER NAME<br><i>Margaret Gómez Campaign</i>   |  | 3 ACCOUNT # (Ethics Commission Filers)     |
| 4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨  |  | \$   |
| 5 Date of loan   | 7 Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____)       | 9 Loan Amount (\$)                         |
| 6 Is lender a financial Institution?<br><br>Y    N   | 8 Lender address;    City;    State;    Zip Code<br><br><i>None.</i>             | 10 Interest rate                           |
|  |  | 11 Maturity date                           |
| 12 Principal occupation / Job title (See Instructions)   |  | 13 Employer (See Instructions)             |
| 14 Description of Collateral<br><input type="checkbox"/> none  |  |  |
| 15 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable  | 16 Name of guarantor<br><br>17 Guarantor address;    City;    State;    Zip Code | 18 Amount Guaranteed (\$)                  |
| 19 Principal Occupation (See Instructions)   |  | 20 Employer (See Instructions)             |
| Date of loan   | Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____)         | Loan Amount (\$)                           |
| Is lender a financial Institution?<br><br>Y    N   | Lender address;    City;    State;    Zip Code                                   | Interest rate                              |
|  |  | Maturity date                              |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                |
| Description of Collateral<br><input type="checkbox"/> none   |  |  |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable   | Name of guarantor<br><br>Guarantor address;    City;    State;    Zip Code       | Amount Guaranteed (\$)                     |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)                |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |  |

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |              |  |
|--|--------------|--|
| 1 Total pages Schedule F:<br><i>1 of 2</i> | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--------------|--|

|        |              |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

|               |   |
|---------------|---|
| 6 Amount (\$) | 7 Payee address: City; State; Zip Code<br><i>See 1 page attached.</i> |
|---------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

Margaret Gomez Campaign - Schedule F - Due January 15, 2011  
October 24, 2010 thru December 31, 2010

page 2 of 2

| Date Pd.   | Name & Address   | Amount   | Purpose/Category/Description  |
|------------|--|----------|---|
| 11/3/2010  | Sprint<br>P. O. Box 660075<br>Dallas, TX 75266-0075              | \$47.44  | Political Calls/<br>Share of Cell Phone bill                                      |
| 11/4/2010  | Office Depot<br>2101 South Lamar<br>Austin, TX 78704             | \$18.38  | Folders/C&E Reports; copies<br>paper  |
| 11/6/2010  | Best Buy<br>4970 W. Highway 290<br>Austin, TX 78735              | \$470.00 | Half of Laptop Upgrade/<br>Required Reports: C&E, personal<br>finance             |
| 11/9/2010  | Dove Springs Rec. Center<br>5802 Ainez Drive<br>Austin, TX 78744 | \$100.00 | Contribution to Thanksgiving<br>Community Dinner/Contribution<br>by Officeholder  |
| 11/19/2010 | Worley Printing<br>3217 North IH 35<br>Austin, TX 78722          | \$100.00 | Printing for Primary/Printing<br>Expense  |
| 12/2/2010  | Sprint<br>P. O. box 660075<br>Dallas, TX 75266-0075              | \$49.55  | Political Calls/ Share of<br>Cell Phone bill                                      |
| 12/31/2010 | H. E. B.<br>2110 W/ Slaughter<br>Austin, TX                      | \$12.86  | Plates, Cups, Napkins/ Event<br>Expense - January 3, 2011<br>Swearing-In Ceremony |
|            | Total Expenditures   | \$798.23 |   |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule G:<br><i>1 of 1</i> | <b>2</b> FILER NAME<br><i>Margaret Gómez Campaign</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---|---|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|  |  |
|--|--|
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><br><i>None</i> |
|--|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule H:<br><i>1 of 1</i> | <b>2</b> FILER NAME<br><i>Margaret Gómez Campaign</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---|---|---|

|               |                        |
|---------------|------------------------|
| <b>4</b> Date | <b>5</b> Business name |
|---------------|------------------------|

|                      |   |
|----------------------|---|
| <b>6</b> Amount (\$) | <b>7</b> Business address; City; State; Zip Code<br><i>None</i> |
|----------------------|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:<br><i>1 of 1</i> | <b>2</b> FILER NAME<br><i>Margaret Gómez Campaign</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---|---|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |  |
|----------------------|--|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; City; State; Zip Code<br><i>None</i> |
|----------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (See instructions regarding type of information required.) |
|---------------------------------|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CREDITS (optional)

# SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

171

2 FILER NAME

Margaret Gomez Campaign

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 --

Margaret Gómez Campaign

3 ACCOUNT # (Ethics Commission Filers)

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

5 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-C     PAC-E

6 Dates of travel

None

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-C     PAC-E

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-C     PAC-E

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 SCHEDULE AS NEEDED