



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Margaret Gomez Campaign 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MUST 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>Margaret Gomez Campaign</u>
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>P.O. Box 42037 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 \$ 480.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 14,280.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 203.06

4. TOTAL POLITICAL EXPENDITURES \$ 10,586.56

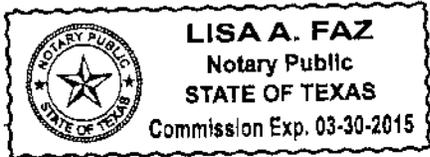
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 7,474.17

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 Gomez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret Gomez, this the 15 day of July, 20 11, to certify which, witness my hand and seal of office.

Lisa A. Faz  
Signature of officer administering oath

Lisa A. Faz  
Printed name of officer administering oath

Secretary  
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 10

2 FILER NAME

*Margaret Giam Campaign*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/19/11

5 Full name of contributor

*Steve Smith*

out-of-state PAC (ID#)

*NO*

7 Amount of contribution (\$)

*\$250.00*

8 In-kind contribution description (if applicable)

—

6 Contributor address; City; State; Zip Code

*8800 Appaloochee Run  
Austin, TX 78737*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Owner*

10 Employer (See Instructions)

*La Palza*

Date

4/27/11

Full name of contributor

*Gerald Daugherty*

out-of-state PAC (ID#)

*NO*

Amount of contribution (\$)

*\$50.00*

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

*1403 Club Ridge Cove  
Austin, TX 78735*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Manager/Co Owner*

Employer (See Instructions)

*Jack Allen's Restaurant*

Date

4/27/11

Full name of contributor

*Tom Granger*

out-of-state PAC (ID#)

*NO*

Amount of contribution (\$)

*\$100.00*

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

*2612 Woodridge  
Austin, TX 78703*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*George & Thullen Law Firm*

Date

4/27/11

Full name of contributor

*Ted Seiff*

out-of-state PAC (ID#)

*NO*

Amount of contribution (\$)

*\$100.00*

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

*604 W. 11  
Austin, TX 78701*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Chief Operating Officer*

Employer (See Instructions)

*Park Place Publications*

Date

4/27/11

Full name of contributor

*Rhett Dawson*

out-of-state PAC (ID#)

*NO*

Amount of contribution (\$)

*\$100.00*

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

*4409 Sacred Avenue Drive  
Austin, TX 78757*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Developer*

Employer (See Instructions)

*Self-Employed*

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 10	
2 FILER NAME <i>Managed Care Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/27/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>NO</u> ) <i>Karen Lonleitner</i>	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>1712 Pasadena Drive Austin, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>County Employee</i>		10 Employer (See Instructions) <i>Guadalupe County Auditor</i>	
Date 4/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>NO</u> ) <i>Jane Durr Sibley</i>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>2210 Westson Road Austin, TX 78703-3115</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired Volunteer</i>		Employer (See Instructions) <i>Self-Employed</i>	
Date 4/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>NO</u> ) <i>Tommy Neal Cowan</i>	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>5407 Bull Run Circle Austin, TX 78727</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Architect</i>		Employer (See Instructions) <i>Don't know</i>	
Date 4/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>NO</u> ) <i>Rich Waller</i>	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>905 E. 7 Austin, TX 78702</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Park Owner</i>		Employer (See Instructions) <i>Call Photographs LLC</i>	
Date 4/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>NO</u> ) <i>Mary Ellen Felgo</i>	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>P.O. Box 49339 Austin, TX 78765</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self-Employed</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 10

2 FILER NAME

*Margaret Gray Campaign*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/27/11

5 Full name of contributor  out-of-state PAC (ID#:

*Georg Lopez*

NO

6 Contributor address; City; State; Zip Code

*P.O. Box 361074  
Austin, TX 78703*

7 Amount of contribution (\$)

*\$100.00*

8 In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Enunciator*

10 Employer (See Instructions)

*Don't know*

Date

4/27/11

Full name of contributor  out-of-state PAC (ID#:

*Jennie Pensilli*

NO

Contributor address; City; State; Zip Code

*P.O. Box 50038  
Austin, TX 78763*

Amount of contribution (\$)

*\$250.00*

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Part Owner*

Employer (See Instructions)

*Pensilli Company*

Date

4/27/11

Full name of contributor  out-of-state PAC (ID#:

*Jerry Harris  
Brown McCarroll PAC*

NO

Contributor address; City; State; Zip Code

*111 Congress Avenue, Suite 1400  
Austin, TX 78701*

Amount of contribution (\$)

*\$2,500.00*

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Brown McCarroll Law Firm*

Date

4/29/11

Full name of contributor  out-of-state PAC (ID#:

*David N. Smith*

NO

Contributor address; City; State; Zip Code

*P.O. Box 537  
Austin, TX 78767*

Amount of contribution (\$)

*\$25.00*

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Self-Employed*

Date

4/29/11

Full name of contributor  out-of-state PAC (ID#:

*Bruce Elford*

NO

Contributor address; City; State; Zip Code

*4522 Avenue F  
Austin, TX 78751*

Amount of contribution (\$)

*\$25.00*

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Contractor*

Employer (See Instructions)

*Jervis County*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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 of 10</i>	
2 FILER NAME <i>Margaret Green Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/29/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Stacy Smith</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>7807 Doncaster Austin, TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Chief Deputy Constable</i>		10 Employer (See Instructions) <i>Texas County</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Walter E. Terbellake</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>2006 Bouldin Avenue Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Joe Dibrell</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>2167 Grosvald Lane Austin, TX 78703-3009</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired Judge</i>		Employer (See Instructions) <i>Texas County</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lynne L. Duncanson-Hall</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>5203 Welcome Glen Austin, TX 78759-5612</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired Administrator</i>		Employer (See Instructions) <i>Austin Community College</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Quinta G. Meador</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>12518 Mitchell's Trail Austin, TX 78652</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>County Employee</i>		Employer (See Instructions) <i>Texas County Constable</i>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: <i>5 of 10</i>	
2 FILER NAME <i>Marjorie Green Campaign</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/29/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Matthew Cortez</i> <i>NO</i>	7 Amount of contribution (\$) <i>\$30.00</i>	8 In-kind contribution description (if applicable) —	
6 Contributor address; City; State; Zip Code <i>807 Blanco, # 305 Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <i>Don't know</i>		10 Employer (See Instructions) <i>Don't know</i>		
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ernest Padrao</i> <i>NO</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) —	
Contributor address; City; State; Zip Code <i>5601 Grand Cypress Drive Austin, TX 78747</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Police Commander</i>		Employer (See Instructions) <i>Austin Police Department</i>		
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Fred M. Weber, Jr.</i> <i>NO</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) —	
Contributor address; City; State; Zip Code <i>9302 Kroll Crest Loop Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Don't know</i>		Employer (See Instructions) <i>Don't know</i>		
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marci Sanchez Campaign</i> <i>NO</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) —	
Contributor address; City; State; Zip Code <i>1906 East Side Drive Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Constable, Pat 4</i>		Employer (See Instructions) <i>Jessie County</i>		
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Levin Evans</i> <i>NO</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) —	
Contributor address; City; State; Zip Code <i>404 Westwood Terrace Austin, TX 78746-5354</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <i>Executive Director</i>		Employer (See Instructions) <i>Integral Care</i>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>6 of 10</i>	
2 FILER NAME <i>Managed Care Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/29/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Carlton B. Lopez</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>4330 Bull Creek Road, Apt 3123 Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Chief Deputy Controller</i>		10 Employer (See Instructions) <i>Texas County</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Pat D. Powell</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>Box 663 Wimberley, TX 78676</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Don't know</i>		Employer (See Instructions) <i>Don't know</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Alfred Stanley</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>Alfred Stanley and Associates P.O. Box 5674 Austin, TX 78763</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Campaign Consultant</i>		Employer (See Instructions) <i>Self Employed</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Howard D. Faldesking</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>P.O. Box 123 Austin, TX 78769</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Communications</i>		Employer (See Instructions) <i>Self Employed</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Harry John Fude</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>277 Scenic Drive Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Don't know</i>		Employer (See Instructions) <i>Don't know</i>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>7 of 10</i>	
2 FILER NAME <i>Margaret Gorman Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/29/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>William G. Farren</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>4813 Prairie Dunes Drive Austin, TX 78745-1475</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Don't Know</i>		10 Employer (See Instructions) <i>Don't Know</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <del>Paul Gosselick</del> <i>Paul Gosselick</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>P.O. Box 1725 Austin, TX 78767</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Lloyd Gosselick Rochelle &amp; Townsend PC</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>John R. Farren</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>7343 Eads Avenue La Jolla, CA 92037</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Don't Know</i>		Employer (See Instructions) <i>Don't Know</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Joe Owen</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>Joe Owen &amp; Associates PC P.O. Box 600609 Dallas, TX 75360</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self-Employed</i>	
Date <i>4/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Herbert Evans</i>	Amount of contribution (\$) <i>\$ 150.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>1302 West Avenue Austin, TX 78701-1716</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney - Justice of the Peace, Pat 5</i>		Employer (See Instructions) <i>Jessie County</i>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8 of 10

2 FILER NAME

*Margaret Green Campaign*

3 ACCOUNT # (Ethics Commission Filers)

~~XXXXXXXXXX~~

4 Date

4/29/11

5 Full name of contributor

*Ken Oden*

out-of-state PAC (ID# NO)

6 Contributor address; City; State; Zip Code

*1506 Garton Avenue  
Austin, TX 78701-1716*

7 Amount of contribution (\$)

*\$250.00*

8 In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Attorney*

10 Employer (See Instructions)

*Perichamp Goggin Blair & Sampson Law Firm LLP*

Date

4/29/11

Full name of contributor

*Trey Salinas*

out-of-state PAC (ID# NO)

Contributor address; City; State; Zip Code

*1221 South MOPAC Ste 365  
Austin, TX 78746*

Amount of contribution (\$)

*\$500.00*

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Public Relations Consultant*

Employer (See Instructions)

*Self Employed*

Date

4/29/11

Full name of contributor

*Scott Dohette*

out-of-state PAC (ID# NO)

Contributor address; City; State; Zip Code

*4410 Juniper Tree Drive  
Austin, TX 78735-6432*

Amount of contribution (\$)

*\$500.00*

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Engineer*

Employer (See Instructions)

*Klitz Associates*

Date

4/29/11

Full name of contributor

*Bryan Rice  
Lockwood Anderson & Newman*

out-of-state PAC (ID# NO)

Contributor address; City; State; Zip Code

*2925 Breaznath Drive, FL4  
Houston, TX 77042*

Amount of contribution (\$)

*\$750.00*

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Engineer*

Employer (See Instructions)

*Lockwood Anderson & Newman Law Firm*

Date

4/29/11

Full name of contributor

*Tommy Warren*

out-of-state PAC (ID# NO)

Contributor address; City; State; Zip Code

*P.O. Box 9269  
The Woodlands, TX 77387-9269*

Amount of contribution (\$)

*\$20.00*

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Designer*

Employer (See Instructions)

*Self Employed*

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9 of 10

2 FILER NAME

*Margaret Green Campaign*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/29/11

5 Full name of contributor  out-of-state PAC (ID# NO)

*Michael Moya*  
*Hoff Associates State PAC*

6 Contributor address; City; State; Zip Code

*1201 North Bowen Road*  
*Richardson, TX 75081*

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Engineer*

10 Employer (See Instructions)

*Hoff Associates*

Date

4/29/11

Full name of contributor  out-of-state PAC (ID# NO)

*Neil White*

Contributor address; City; State; Zip Code

*4220 Kevin Garden Trail*  
*Austin, TX 78746-2611*

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Contractor*

Employer (See Instructions)

*White Construction Company*

Date

4/29/11

Full name of contributor  out-of-state PAC (ID# NO)

*Steven James*  
*Juanita County Sheriff's Office Association*

Contributor address; City; State; Zip Code

*400 W. 14. St. 220*  
*Austin, TX 78701*

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Deputy Sheriff*

Employer (See Instructions)

*Juanita County*

Date

4/29/11

Full name of contributor  out-of-state PAC (ID# NO)

*Jim Opel*  
*Vision & Ethics Law Firm*

Contributor address; City; State; Zip Code

*2300 First City Tower*  
*Austin, TX 77002-6760*

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Vision & Ethics Law Firm*

Date

5/2/11

Full name of contributor  out-of-state PAC (ID# NO)

*Jim Gillispie*

Contributor address; City; State; Zip Code

*4000 Loch Beech Hollow*  
*Austin, TX 78739*

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

*Don't know*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>10 of 10</i>	
2 FILER NAME <i>Maryland Green Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/11/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Brett Spicer</i> <i>Texas County Law Enforcement Association PAC</i>	7 Amount of contribution (\$) <i>\$ 2,500.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>8600 Ranch Road 620 N, Apt 210</i> <i>Austin, TX 78749</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Deputy Sheriff</i>		10 Employer (See Instructions) <i>Texas County</i>	
Date <i>7/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Leroy Nellis</i>	Amount of contribution (\$) <i>\$ 25.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>6418 Zadoch Woods</i> <i>Austin TX 78749</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Budget Officer</i>		Employer (See Instructions) <i>Texas County</i>	
Date <i>5/27/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <i>NO</i> ) <i>Cecelia Burke</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>6500 Santolone Lane</i> <i>Austin, TX 78731-2806</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Texas County</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#)	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 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 Green 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

1 of 1

2 FILER NAME

*Margaret Goins Campaign*

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 (See Instructions)

20 Employer (See Instructions)

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 (See Instructions)

Employer (See Instructions)

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

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <i>1 of 4</i>		2 FILER NAME <i>Margaret Goins Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/19/11</i>		5 Payee name <i>Perigee, Inc</i>			
6 Amount (\$) <i>\$ 11.25</i>		7 Payee address; City; State; Zip Code <i>401 W. 15, Ste 520 Austin, TX 78701</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Fund-Raising Tools</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Transaction Fee</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Goins</i>		Office sought / Office held <i>No travel required / Travis Co. Comm. Post 4</i>	
Date <i>1/1/11</i>		Payee name <i>Sprint</i>			
Amount (\$) <i>\$ 45.80</i>		Payee address; City; State; Zip Code <i>P.O. Box 660675 Dallas, TX 75266-0075</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other Political Expenditures</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Calls on Cell</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Goins</i>		Office sought / Office held <i>No travel required / Travis Co. Comm. Post 4</i>	
Date <i>2/23/11</i>		Payee name <i>Sprint</i>			
Amount (\$) <i>\$ 40.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 660075 Dallas, TX 75266-0075</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other Political Expenditures</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign calls on Cell</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <del>Other Political Expenditures</del> <i>Margaret Goins</i>		Office sought / Office held <i>No travel required / Travis Co. Comm. Post 4</i>	
Date <i>3/4/11</i>		Payee name <i>Deanis Flower Shop</i>			
Amount (\$) <i>\$ 82.83</i>		Payee address; City; State; Zip Code <i>2614 East 7 Austin, TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Memorial Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Flowers for Constituent's funeral</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Goins</i>		Office sought / Office held <i>No travel required / Travis Co. Comm. Post 4</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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: <i>2 of 4</i>		2 FILER NAME <i>Margaret Gross Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/27/11</i>		5 Payee name <i>Nuevo Leon</i>			
6 Amount (\$) <i>\$277.75</i>		7 Payee address; City; State; Zip Code <i>1501 East 6 Austin, TX 78702</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Meeting to raise funds</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gross</i>		Office sought / Office held <i>No travel required / Travis Co. Comm, Prec 4</i>	
Date <i>4/29/11</i>		Payee name <i>Susan Harry</i>			
Amount (\$) <i>\$3,065.91</i>		Payee address; City; State; Zip Code <i>P.O. Box 301074 Austin, TX 78703</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Services for fund raiser</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date <i>5/1/11</i>		Payee name <i>Sprint</i>			
Amount (\$) <i>\$123.18</i>		Payee address; City; State; Zip Code <i>P.O. Box 660075 Dallas, TX 75266-8075</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other Political Expenditure</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Cellphone bill</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gross</i>		Office sought / Office held <i>No travel required / Travis Co. Comm, Prec 4</i>	
Date <i>5/3/11</i>		Payee name <i>Woolley Printing</i>			
Amount (\$) <i>\$6,392.05</i>		Payee address; City; State; Zip Code <i>3217 N. 11435 Austin, TX 78722</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Mailers to Constituents</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gross</i>		Office sought / Office held <i>No travel required / Travis Co. Comm., Prec 4</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <i>3 of 4</i>		2 FILER NAME <i>Margaret Goins Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/12/11</i>		5 Payee name <i>Senis Club</i>			
6 Amount (\$) <i>\$ 36.11</i>		7 Payee address, City, State, Zip Code <i>5107 S. IH35 Austin, TX 78704</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Beverage Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Water, soft drinks for office meetings</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Goins</i>		Office sought / Office held <i>No travel required / Senis Co. Comm. Pat 4</i>	
Date <i>5/19/11</i>		Payee name <i>Michaela Resdon</i>			
Amount (\$) <i>\$100.00</i>		Payee address, City, State, Zip Code <i>2800 Hushell Austin TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contribution by officeholder</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sponsor for school related trip to D.C.</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Goins</i>		Office sought / Office held <i>No travel required / Senis Co. Comm. Pat 4</i>	
Date <i>5/27/11</i>		Payee name <i>South Austin Democrats</i>			
Amount (\$) <i>\$160.00</i>		Payee address, City, State, Zip Code <i>P.O. Box 152502 Austin, TX 78715</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contribution by officeholder</i>		Description (If travel outside of Texas, complete Schedule T) <i>Contribution for dues and sponsorship of event</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Goins</i>		Office sought / Office held <i>No travel required / Senis Co. Comm. Pat 4</i>	
Date <i>5/28/11</i>		Payee name <i>U.S. Postmaster</i>			
Amount (\$) <i>\$26.90</i>		Payee address, City, State, Zip Code <i>South Congress Station Austin, TX 78704</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Overhead Expenses</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign office supplies - postage</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Goins</i>		Office sought / Office held <i>No travel required / Senis Co. Comm. Pat 4</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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: <i>4 of 4</i>		2 FILER NAME <i>Margaret Gorman Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/1/11</i>		5 Payee name <i>Ad People</i>			
6 Amount (\$) <i>\$242.28</i>		7 Payee address; City; State; Zip Code <i>406 East Main Avenue Round Rock, TX <del>78664</del> 78664-5350</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Thanks to Constituents - design</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gorman</i>		Office sought / Office held <i>No travel required / Travis Co. Comm. Pet 4</i>	
Date <i>6/14/11</i>		Payee name <i>Travis County Juneteenth Celebration</i>			
Amount (\$) <i>\$25.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 1748 Austin, TX 78767</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contribution by Officeholder</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sponsor of event</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gorman</i>		Office sought / Office held <i>No travel required / Travis Co. Comm. Pet 4</i>	
Date <i>6/23/11</i>		Payee name <i>Travis County Credit Union</i>			
Amount (\$) <i>\$18.00</i>		Payee address; City; State; Zip Code <i>1101 N. 11435 Austin, TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other Political Expenditure</i>		Description (If travel outside of Texas, complete Schedule T) <i>Copies of campaign bank statements</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gorman</i>		Office sought / Office held <i>No travel required / Travis Co. Comm. Pet 4</i>	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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. <i>1 of 1</i>	<b>2</b> FILER NAME <i>Therese Gorman Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---	---	---

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

<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  <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 (\$)  <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 (\$)  <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 (\$)  <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.

1 Total pages Schedule H: <i>1 of 1</i>	2 FILER NAME <i>Marybeth Guma Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date	5 Business name
--------	-----------------

6 Amount (\$)	7 Business address: City: State: Zip Code <i>None</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 ONLY 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 ONLY 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 ONLY 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 ONLY 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: <i>1 of 1</i>	<b>2</b> FILER NAME <i>Therese Jones 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 <i>None</i>
----------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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:

1 of 1

2 FILER NAME

*Margaret Jean Conroy*

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

None

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: <i>1 of 1</i>
---	--

2 FILER NAME <i>Marquet Jones Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
--	--

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  
*None*

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	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