

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Margaret Gómez Campaign

15 ACCOUNT # (Ethics Commission Filers)

16 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 MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Margaret Gómez Campaign

COMMITTEE ADDRESS

*P.O. Box 42037
Austin, TX 78704*

COMMITTEE CAMPAIGN TREASURER NAME

Walter Timberlake

COMMITTEE CAMPAIGN TREASURER ADDRESS

*2006 Bouldin Avenue
Austin, TX 78704*

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *475.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *9,675.00*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *137.96*

4. TOTAL POLITICAL EXPENDITURES

\$ *6,901.09*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *10,248.08*

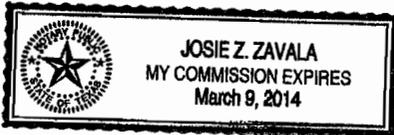
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *-0-*

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Margaret J. Gómez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Margaret J. Gómez*, this the *17* day of *January*, 20 *12*, to certify which, witness my hand and seal of office.

Josie Z. Zavala
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1 of 6</i>	
2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-17-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>TRAVIS Co. SHERIFF'S OFFICERS ASSN. PAC</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>400 W. 14, Ste 220 Austin, TX 78701 ALEX LEO</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>DEPUTY SHERIFFS</i>		10 Employer (See Instructions) <i>TRAVIS Co. GOVERNMENT</i>	
Date <i>10-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Nancy Hohengarten</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>4114 Avenue H Austin, TX 78751-4725</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>County Court-At-Law Judge</i>		Employer (See Instructions) <i>TRAVIS Co. GOVERNMENT</i>	
Date <i>10-13-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Minton, Burton, Foster & Collins</i>	Amount of contribution (\$) <i>\$2,000.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>Roy Minton 1100 Guadalupe Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Self-Employed</i>	
Date <i>9-5-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Juan I. Sanchez</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>6106 Highlandale Lane Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Educator</i>		Employer (See Instructions) <i>Self-Employed</i>	
Date <i>10/19/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Travis County Sheriff's Officers Assn PAC</i>	Amount of contribution (\$) <i>\$2,500.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>400 W. 14, Ste 220 Austin, TX 78701 ALEX LEO</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Deputy Sheriff's Officers</i>		Employer (See Instructions) <i>TRAVIS COUNTY GOVERNMENT</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>2 of 6</i>	
2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-21-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Raul Gonzalez</i>	7 Amount of contribution (\$) <i>\$ 5.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>1109 Blair Way Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Justice Of The Peace, Prec 4</i>		10 Employer (See Instructions) <i>TRAVIS COUNTY GOVERNMENT</i>	
Date <i>2-19/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Joseph L. Bruch</i>	Amount of contribution (\$) <i>\$ 50.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>204 LA VISTA Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>	
Date <i>10-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Frank Rodriguez</i>	Amount of contribution (\$) <i>\$ 50.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>P.O. Box 1271 Austin, TX 78767-1271</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Development Director</i>		Employer (See Instructions) <i>Neaco-Arte Museum</i>	
Date <i>10-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>John Gullett</i>	Amount of contribution (\$) <i>\$ 50.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>721 E. Esperanza, Ste H McAllen, TX 78504</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>10-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Jesse G. Ortiz</i>	Amount of contribution (\$) <i>\$ 45.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>3000 Locke Lane Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Tarrant County Government</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 6

2 FILER NAME

Margaret Gomez Campaign

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-21-11

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

Elliott Naughton Campaign Fund

6 Contributor address; City; State; Zip Code

*6401 Wilbur Drive
Austin, TX 78757*

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

State Representative

10 Employer (See Instructions)

State of Texas

Date

10-21-11

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

Karen Jonleitner

Contributor address; City; State; Zip Code

*1712 Pasadena Drive
Austin, TX 78757*

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Senior Planner

Employer (See Instructions)

Tarrant County Government

Date

10-21-11

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

Rosa River-Veltus

Contributor address; City; State; Zip Code

*6901 Hill Mesquite Drive
Austin, TX 78736-1956*

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)

Economic Development

Employer (See Instructions)

Coaley

Date

10-21-11

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

Pete McRae

Contributor address; City; State; Zip Code

*Kasara Public Affairs Consulting LLP
2313 Lake Austin Blvd, Ste 204
Austin, TX 78703-4545*

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)

Consulting

Employer (See Instructions)

Self Employed

Date

10-21-11

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

Carlos B. Lopez

Contributor address; City; State; Zip Code

*4330 Bull Creek, Apt 3123
Austin, TX 78731*

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)

Deputy Controller - Chief

Employer (See Instructions)

Tarrant County Government

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 6</i>	
2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-21-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jefferson W. Barton</i> <i>NO</i>)	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>201 Marietta Way</i> <i>Buda, TX 78610</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Consultant</i>		10 Employer (See Instructions) <i>Self Employed</i>	
Date <i>10-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John J. Vay</i> <i>NO</i>)	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>6654 Whitmarsh Valley Walk</i> <i>Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Don't know</i>	
Date <i>10-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hubert Evans</i> <i>NO</i>)	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>1302 West Avenue</i> <i>Austin, TX 78701-1716</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Justice of the Peace, Pet 5</i>		Employer (See Instructions) <i>Travis County Government</i>	
Date <i>10-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brett Spier</i> <i>NO</i>)	Amount of contribution (\$) <i>\$2,500.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>Louis Co. Shuffler Law Enforcement Assn FOP</i> <i>8600 Ranch Road 620, Apt 210</i> <i>Austin, TX 78726</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Deputy Shuffler Group</i>		Employer (See Instructions) <i>Travis County Government</i>	
Date <i>10-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Adam A. Matthews</i> <i>NO</i>)	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>7529 Harlow Drive</i> <i>Austin, TX 78739</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Don't know</i>	

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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 6</i>	
2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-21-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Michael Moysa</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>Half Associates State PAC 1201 North Rowan Road Richardson, TX 75081</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Engineer</i>		10 Employer (See Instructions) <i>Half Associates</i>	
Date <i>10-28-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Victor Remius</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>6216 Larch Terrace Austin, TX 78741-3420</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired Veteran</i>		Employer (See Instructions) <i>Austin ISD</i>	
Date <i>10-28-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Sherdoun J. Siff</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>604 W. 11 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Environmental Consultant</i>		Employer (See Instructions) <i>Self-Employed</i>	
Date <i>10-31-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>ALICE CHAMBLESS</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>16900 FACERQUEST ROAD DEL VALLE, TX 78617</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Solid Waste Employee</i>		Employer (See Instructions) <i>City of Austin</i>	
Date <i>8-17-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Cecilia Burke</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>6500 Semolina Cove Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>TRAVIS 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: <i>6 of 6</i>	
2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-16-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>YES</i>) <i>AFL-CIO - Lee A. Saunders, Treasurer</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>1625 L Street, NW Washington, DC 20036</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10-24-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Cash from door at Jack Fry</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1816 East 6 Austin, TX 78702</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Supporter in Pat 4 who paid \$5 ticket</i>		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)	
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)	

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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 Gomez 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: <i>141</i>
2 FILER NAME <i>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>94.90</i>
5 Date of loan <i>10-31-11</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i>) <i>Paul Chambless</i>	9 Loan Amount (\$) <i>94.90</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>16900 Fagerquist Road Del Valle, TX 78617</i>	10 Interest rate <i>—</i>
		11 Maturity date <i>—</i>
12 Principal occupation / Job title (See Instructions) <i>Solid Waste</i>		13 Employer (See Instructions) <i>City of Austin</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/> <i>NO</i>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <i>—</i>	19 Amount Guaranteed (\$) <i>—</i>
	18 Guarantor address; City; State; Zip Code <i>—</i>	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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	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>1 of 8</i>	2 FILER NAME <i>Margaret Gomez Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7-6-2011</i>	5 Payee name <i>Austin AFL-CIO</i>
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6 Amount (\$) <i>\$145.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Post 301074 Austin, TX 78703</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>1/8 page ad in program</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gomez</i>	Office sought <i>Juris Co. Comm. Pet 4</i>	Office held
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Date <i>7-15-11</i>	Payee name <i>Staples Office Supplies</i>
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Amount (\$) <i>\$38.96</i>	Payee address; City; State; Zip Code <i>4301 W. Wilbur Cannon Dr. Austin, TX 78749</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (If travel outside of Texas, complete Schedule T) <i>Office Supplies</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gomez</i>	Office sought <i>Juris Co. Comm. Pet 4</i>	Office held
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Date <i>7-18-11</i>	Payee name <i>Rosemary Lehman Campaign</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>1700 Rutherford Lane Austin, TX 78754</i>
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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>Campaign contribution</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gomez</i>	Office sought <i>Juris Co. Comm. Pet 4</i>	Office held
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Date <i>7-22-11</i>	Payee name <i>St Luke United Methodist Church</i>
------------------------	--

Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>1306 West Lynn Austin, TX 78703</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>Memory of Lucille Simulake</i>
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gomez</i>	Office sought <i>Juris Co. Comm. Pet 4</i>	Office held
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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: 2 of 8	2 FILER NAME Margaret Gómer Campaign	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-28-11	5 Payee name Central Market
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6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 4477 S. Lamar Austin, TX 78745
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Memorial Expense	(b) Description (If travel outside of Texas, complete Schedule T) Fruit Basket for Guerra Family
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómer	Office sought	Office held Tarrant Co. Comm. Prec 4
--	--	---------------	---

Date 7-29-11	Payee name Austin / Travis County Health & Human Services
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Amount (\$) \$35.00	Payee address; City; State; Zip Code Rutherford Lane Austin, TX 78754
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expenses / Fund Raiser Event	Description (If travel outside of Texas, complete Schedule T) Fish Fry Temporary Permit
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómer	Office sought	Office held Tarrant Co. Comm. Prec 4
---	--	---------------	---

Date 8-21-11	Payee name South Austin Democrats
-----------------	--------------------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 152592 Austin TX 78715
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution by Officeholder	Description (If travel outside of Texas, complete Schedule T) Yellow Dog Sponsor
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómer	Office sought	Office held Tarrant Co. Comm. Prec 4
---	--	---------------	---

Date 8-22-11	Payee name Texas Democratic Party
-----------------	--------------------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code 505 W. 12, Ste 200 Austin, TX 78701
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution by Officeholder	Description (If travel outside of Texas, complete Schedule T) Sponsor of Jackson/Jefferson Dinner
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómer	Office sought	Office held Tarrant Co. Comm. Prec 4
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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: 3 of 8	2 FILER NAME Margaret Gorman Campaign	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-1-11	5 Payee name People Organized in Defense of Mother Earth's (PODER) Resources
-------------------------	--

6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code P.O. Box 6237 Austin, TX 78762-6237
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Business Card Ad in program
---------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gorman	Office sought	Office held Jesus C. Come Pt 4
--	---	---------------	-----------------------------------

Date 9-3-11	Payee name Jesse Ortiz
----------------	---------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code 3000 Locke Lane Austin, TX 78704
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Printing of Fresh Fry tickets
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gorman	Office sought	Office held Jesus C. Come Pt 4
--	---	---------------	-----------------------------------

Date 9-12-11	Payee name Best Buy # 204
-----------------	------------------------------

Amount (\$) \$243.55	Payee address; City; State; Zip Code Highway 290/620 Cedarburg, TX 78735
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Upgrade of computer hard drive
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gorman	Office sought	Office held Jesus C. Come Pt 4
--	---	---------------	-----------------------------------

Date 9-15-11	Payee name La Prensa
-----------------	-------------------------

Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. Box 6504 Austin, TX 78762
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 1/2 page program ad
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gorman	Office sought	Office held Jesus C. Come Pt 4
--	---	---------------	-----------------------------------

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: 4 of 8	2 FILER NAME Margaret Gómez Campaign	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-20-11	5 Payee name Office Depot
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6 Amount (\$) \$164.51	7 Payee address; City; State; Zip Code 2101 S. Lamar Austin, TX 78704
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Overhead Expense	(b) Description (If travel outside of Texas, complete Schedule T) 3 ink cartridges & 100 feet fuzzy flyers
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	Office sought	Office held Travis Co. Comm. Pt 4
--	--	---------------	--------------------------------------

Date 9-21-11	Payee name Eddie Rodriguez Campaign
-----------------	--

Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 2436 Austin, TX 78768
-------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	Office sought	Office held Travis Co. Comm. Pt 4
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Date 9-25-11	Payee name Mary Lou Marchion
-----------------	---------------------------------

Amount (\$) \$20.00	Payee address; City; State; Zip Code 72 Mildred Austin, TX 78702
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution by officeholder	Description (If travel outside of Texas, complete Schedule T) Contribution to Electric Bill
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-17-11	Payee name U.S. Postmaster
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Amount (\$) \$44.00	Payee address; City; State; Zip Code South Congress Station Austin, TX 78704
------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	Office sought	Office held Travis Co. Comm. Pt 4
---	--	---------------	--------------------------------------

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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>5 of 8</i>	2 FILER NAME <i>Margaret Gómez Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-23-11</i>	5 Payee name <i>Robert Cisneros</i>
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6 Amount (\$) <i>\$385.00</i>	7 Payee address; City; State; Zip Code <i>3300 Santa Monica Austin, TX 78745</i>
----------------------------------	---

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gómez</i>	Office sought	Office held <i>Tarrant Co. Comm. Prec 4</i>
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Date <i>10-24-11</i>	Payee name <i>Target</i>
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Amount (\$) <i>\$86.04</i>	Payee address; City; State; Zip Code <i>2300 West Wilkerson Carson Drive Austin, TX 78704</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Holiday Party supplies</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gómez</i>	Office sought	Office held <i>Tarrant Co. Comm. Prec 4</i>
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Date <i>10-24-11</i>	Payee name <i>Sun Dragon Karate</i>
-------------------------	--

Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>4534 Westgate Blvd. Austin, TX 78745</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, Scholarship Fund</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-24-11</i>	Payee name <i>Costco</i>
-------------------------	-----------------------------

Amount (\$) <i>\$119.13</i>	Payee address; City; State; Zip Code <i>4301 West Wilkerson Carson Drive Austin, TX 78749</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Supplies for Holiday Party</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gómez</i>	Office sought	Office held <i>Tarrant Co. Comm. Prec 4</i>
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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: 6 of 8	2 FILER NAME Margaret Gomez Campaign	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-29-11	5 Payee name Jeddy Jim Corraldo Campaign
---------------------------	--

6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 684861 Austin, TX 78768
----------------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought	Office held Travis Co. Comm. Post 4
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Date 10-29-11	Payee name Carlos Lopez Campaign
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Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 300115 Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation by Officialholder	Description (If travel outside of Texas, complete Schedule T) Campaign Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J Gomez	Office sought	Office held Travis Co. Comm. Post 4
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Date 10-29-11	Payee name Pulmonary Hypertension Association
------------------	--

Amount (\$) \$100.00	Payee address; City; State; Zip Code 801 Roeder Road #1000 Silver Spring, MD 20910
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Memorial Expense	Description (If travel outside of Texas, complete Schedule T) Donation for Lisa Neta Roberts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J Gomez	Office sought	Office held Travis Co. Comm. Post 4
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Date 10-28-11	Payee name El Buen Pastor
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 1208 Willow Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution by Officialholder	Description (If travel outside of Texas, complete Schedule T) Child Care Fund Raiser
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J Gomez	Office sought	Office held Travis Co. Comm. Post 4
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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>7 of 8</i>		2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11-12-11</i>		5 Payee name <i>Civil Rights Project</i>			
6 Amount (\$) <i>\$ 375.00</i>		7 Payee address; City; State; Zip Code <i>1405 Montpelier Austin, TX 78741</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contribution by Officeholder</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>3 tickets to Fund Raiser</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gomez</i>		Office sought <i>Juanis C. Coronado Pet 4</i>	
Date <i>10-31-11</i>		Payee name <i>Paul/Alice Chambers</i>			
Amount (\$) <i>\$ 94.90</i>		Payee address; City; State; Zip Code <i>16900 Fagerquist Road Del Valle, TX 78617</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Loan Repayment</i>		Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gomez</i>		Office held <i>Juanis C. Coronado Pet 4</i>	
Date <i>11-17-11</i>		Payee name <i>Alfred Starkey and Associates</i>			
Amount (\$) <i>\$ 1000.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 5674 Austin, TX 78753</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>Juanis County Redistricting Consultation</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gomez</i>		Office held <i>Juanis Co. Coronado Pet 4</i>	
Date <i>11-18-11</i>		Payee name <i>Dave Spruzin Recreation Center Advisory Board</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>5801 Ainey Drive Austin, TX 78744</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 Community Center</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gomez</i>		Office held <i>Juanis Co Coronado Pet 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: 8 of 8		2 FILER NAME Margaret Gomez Campaign		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-20-11		5 Payee name Elliott Nazstat Campaign			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code P.O. Box 9921 Austin, TX 78766-9921			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution by Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret Gomez		Office sought Office held Tarrant Co. Comm. Prec 4	
Date 10-21-11		Payee name Margaret Gomez Campaign			
Amount (\$) \$250.00		Payee address; City; State; Zip Code P.O. Box 42037 Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) (See receipts) \$250 for charge at fish fry	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret Gomez Campaign		Office sought Office held Tarrant Co. Comm. Prec 4	
Date 12-15-11		Payee name Margaret Gomez Campaign			
Amount (\$) \$600.00		Payee address; City; State; Zip Code P.O. Box 42037 Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense/Food Expense		Description (If travel outside of Texas, complete Schedule T) (See receipts) Food for Holiday Party and supplies (plates, paper, etc.)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret Gomez		Office sought Office held Tarrant Co. Comm. Prec 4	
Date 10-17-11		Payee name Margaret Gomez Campaign			
Amount (\$) \$1,600.00		Payee address; City; State; Zip Code P.O. Box 42037 Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) (Have receipts) Parts for fish fry drums, gas for volunteers Fish Fry: FISH, CONDIMENT, SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret Gomez		Office sought Office held Tarrant Co. Comm. Prec 4	

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.

1 Total pages Schedule G: <i>1 of 1</i>	2 FILER NAME <i>Margaret Gomez Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee 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)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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>Margaret Góner Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
---	---	---

4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code <i>None</i>
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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)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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)
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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.

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

4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code <i>None</i>
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8 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
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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

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Margaret Gómez Campaign

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

None

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <i>None</i>		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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		