

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7910

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> 17
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	(MS) MRS / MR      FIRST      MI Margaret      J. NICKNAME      LAST      SUFFIX Gomez      -	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: small; margin: 0;">Date Received</p> <p style="font-size: x-small; margin: 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: x-small; margin: 0;">Receipt #      Amount</p> <p style="font-size: x-small; margin: 0;">Date Processed</p> <p style="font-size: x-small; margin: 0;">Date Imaged</p> </div> <div style="font-size: x-small; margin-top: 5px;">                 Dana DeBeauvoir                  County Clerk                  Travis County, Texas                  2012 JUL 16 PM 2:33                  FILED FOR RECORD             </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE P.O. Box 42637      Austin TX 78704 Austin, TX 78704		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (512)      762-7016      -		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS (MR)      FIRST      MI Walter      - NICKNAME      LAST      SUFFIX Timberlake      -		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 2006 Boulder Avenue      Austin, TX 78704		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (512)      442-6688      -		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 01 / 01 / 12      6 / 30 / 12		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year NA /	ELECTION TYPE      NA <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) TRAVIS Co. Commissioner, PCT. 4	<b>13 OFFICE SOUGHT</b> (if known) -	

**GOTO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME <i>Margaret Gomez Campaign</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Margaret Gomez Campaign</i>	
		COMMITTEE ADDRESS <i>P.O. Box 42037 Austin, TX 78704</i>	
		COMMITTEE CAMPAIGN TREASURER NAME <i>Walter Timberlake</i>	
		COMMITTEE CAMPAIGN TREASURER ADDRESS <i>2006 Bouldin Avenue Austin, TX 78704</i>	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>0-</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3,195.73</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>204.50</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,831.86</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>10,611.95</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>-</i>

**18 AFFIDAVIT**

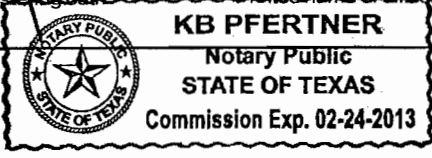
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Margaret J. Gomez*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARGARET GOMEZ, this the 16th day of JULY, 2012, to certify which, witness my hand and seal of office.

*[Signature]* \_\_\_\_\_  
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 1</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/15/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>TRAVIS COUNTY SHERIFF'S LAW ENFORCEMENT ASSOCIATION PAC</i> <i>By BRETT SPICER</i>	7 Amount of contribution (\$) <i>\$1000.00</i>	8 In-kind contribution description (if applicable) <i>—</i>
6 Contributor address; City; State; Zip Code <i>8600 RANCH ROAD 620, N, APT 210</i> <i>AUSTIN, TX 78726</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>SHERIFF'S OFFICER</i>		10 Employer (See Instructions) <i>TRAVIS COUNTY</i>	
Date <i>12/16/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>TRAVIS COUNTY UNITED SHERIFF'S ASSOCIATION,</i> <i>By Alex Leo</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable) <i>—</i>
Contributor address; City; State; Zip Code <i>508 W. 14</i> <i>AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SHERIFF'S DEPUTY</i>		Employer (See Instructions) <i>TRAVIS COUNTY</i>	
Date <i>12/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>Margaret J. Gomez</i>	Amount of contribution (\$) <i>\$195.73</i>	In-kind contribution description (if applicable) <i>Deposit of balance of cash withdrawal on 12/15/11 for HOLIDAY PARTS</i>
Contributor address; City; State; Zip Code <i>2104 Petrified Forest Drive</i> <i>Austin, TX 78747</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Public Service</i>		Employer (See Instructions) <i>TRAVIS COUNTY</i>	
Date <i>12/14/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>John M. Joseph</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable) <i>—</i>
Contributor address; City; State; Zip Code <i>Coats, Rose, Yale, Ryman - Lee, PC, PAC</i> <i>1717 W. 6, Ste 420</i> <i>Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Coats, Rose, Yale, Ryman - Lee, PC, PAC</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 <i>(LEFT BLANK INTENTIONALLY)</i>		(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 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:

1 of 1

2 FILER NAME

Margaret Gomez 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 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;    City;    State;    Zip Code

20 Principal Occupation (See Instructions)

21 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

Check if personal funds were deposited into political account

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	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 F: 1 of 7		<b>2</b> FILER NAME Margaret Gomez Campaign		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 1/2/12		<b>5</b> Payee name Network			
<b>6</b> Amount (\$) \$100.00		<b>7</b> Payee address; City; State; Zip Code 25 E Street NW, Ste 200 Washington, DC 20001-1630			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Contributions/Donations Made by Officeholder		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Membership Renewal, 1 yr.	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought	Office held Travis Co. Comm. Per 4
Date 1/16/12		Payee name Capital Area Asian American Progress PAC (CAAPAD)			
Amount (\$) \$100.00		Payee address; City; State; Zip Code P.O. Box 300595 Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution made by Officeholder		Description (If travel outside of Texas, complete Schedule T) Sponsor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought	Office held Travis Co. Comm. Per 4
Date 1/18/12		Payee name League of Women Voters			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 1011 W. 31 <sup>st</sup> STREET AUSTIN, TX 78705			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution made by Officeholder		Description (If travel outside of Texas, complete Schedule T) Sustaining Membership	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought	Office held TRAVIS Co. COMM. PER. 4
Date 2/3/12		Payee name Las Lomas Neighborhood Association			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 8508 Coulver Road Austin, TX 78747			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution made by Officeholder		Description (If travel outside of Texas, complete Schedule T) Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought	Office held Travis Co. Comm Per 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: <i>2 of 7</i>		2 FILER NAME <i>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/11/12</i>		5 Payee name <i>Harvard Business Review</i>			
6 Amount (\$) <i>\$79.00</i>		7 Payee address; City; State; Zip Code <i>60 HARVARD WAY Boston, MA 02163</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Overhead Expense/subscription</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>1 yr subscription</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gómez</i>		Office sought <i>Travis Co. Comm Pet 4</i>	
Date <i>2/25</i>		Payee name <i>Efrain de la Fuente Campaign</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 91446 Austin, TX 78709</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contribution made by Officeholder</i>		Description (If travel outside of Texas, complete Schedule T) <i>Contribution to Campaign</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gómez</i>		Office sought <i>Travis Co. Comm Pet 4</i>	
Date <i>2/25/12</i>		Payee name <i>Hernando de East Austin</i>			
Amount (\$) <i>\$25.00</i>		Payee address; City; State; Zip Code <i>Edo Jose Velasquez P.O. Box 1287 Austin, TX 78767</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contribution made by Officeholder</i>		Description (If travel outside of Texas, complete Schedule T) <i>Contribution to Voter Registration effort</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gómez</i>		Office sought <i>Travis Co. Comm Pet 4</i>	
Date <i>2/29/12</i>		Payee name <i>Efrain de la Fuente Campaign</i>			
Amount (\$) <i>\$150.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 91446 Austin, TX 78709</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Contribution made by Officeholder</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Contribution</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gómez</i>		Office sought <i>Travis Co. Comm 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.

<b>1</b> Total pages Schedule F: 3 of 7		<b>2</b> FILER NAME Margaret Gomez Campaign		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 2/27/12		<b>5</b> Payee name U.S. Postmaster			
<b>6</b> Amount (\$) \$86.00		<b>7</b> Payee address; City; State; Zip Code 3903 S. Congress Austin, TX 78704			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Office Overhead		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) P.O. Box Fee, annual	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought Travis Co. Comm. Pit 4	
Date 2/27/12		Payee name Bruce Elfant Campaign			
Amount (\$) \$100.00		Payee address; City; State; Zip Code P.O. Box 49051 Austin, TX 78765			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution made by Officeholder		Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought Travis Co. Comm. Pit 4	
Date 3/1/12		Payee name CAPD (CAPITAL AREA PROGRESSIVE DEMOCRATS)			
Amount (\$) 10.00		Payee address; City; State; Zip Code 6600 Mesa Drive Austin, TX 78731			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution made by Officeholder		Description (If travel outside of Texas, complete Schedule T) Contribution - dues, annual	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought Travis Co. Comm. Pit 4	
Date 3/1/12		Payee name Black Austin Democrats			
Amount (\$) \$30.00		Payee address; City; State; Zip Code 11th Street Station Restaurant 1050 E. 11th Street, Ste. 100 Austin, TX 78702			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution made by Officeholder		Description (If travel outside of Texas, complete Schedule T) Annual dues	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought Travis Co. Comm. Pit 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 **F-1** explains how to complete this form.

<b>1</b> Total pages Schedule F: 4 of 7		<b>2</b> FILER NAME Margaret Gomez Campaign		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 3/5/12		<b>5</b> Payee name PODER			
<b>6</b> Amount (\$) \$100.00		Payee address, City; State; Zip Code P.O. Box 6237 Austin, TX 78762-6237			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Contributions made by Officeholder		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Sponsor of Cesar Chavez event	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought Office held TRAVIS Co. Comm, Pct 4	
Date 3/14/12		Payee name Blue Roots Strategies			
Amount (\$) \$189.71		Payee address; City; State; Zip Code P.O. Box 300053 Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Maintenance of Website & Facebook	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought Office held TRAVIS Co. Comm, Pct 4	
Date 3/14/12		Payee name PODER			
Amount (\$) \$110.00		Payee address; City; State; Zip Code P.O. Box 6237 Austin, TX 78762-6237			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Program Ad for Cesar Chavez Event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought Office held TRAVIS Co. Comm, Pct 4	
Date 4/1/12		Payee name U.S. Postmaster			
Amount (\$) \$44.00		Payee address; City; State; Zip Code 3903 S. Congress Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Postage for mailer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought Office held TRAVIS Co. Comm, Pct 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.

<b>1</b> Total pages Schedule F: 5 of 7		<b>2</b> FILER NAME Margaret Gomez Campaign		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 4/1/12		<b>5</b> Payee name Best Buy			
<b>6</b> Amount (\$) \$108.24		<b>7</b> Payee address; City; State; Zip Code 4970 W. Hwy 290 Austin, TX 78705			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Office Overhead		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Upgrade to cell phone	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought	Office held TRAVIS Co. COMM, PC74
Date 4/29/12		Payee name Sprint			
Amount (\$) \$47.50		Payee address; City; State; Zip Code P.O. Box 660092 Dallas, TX 75266-0092			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Overhead Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Calls	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought	Office held TRAVIS Co. COMM PC74
Date 5/9/12		Payee name Costco			
Amount (\$) \$64.82		Payee address; City; State; Zip Code 4301 W. William Cannon Drive Austin, TX 78749			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Canon Ink Cartridges for Printer	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought	Office held TRAVIS Co. COMM PC74
Date 5/14/12		Payee name Adan Ballesteros Campaign			
Amount (\$) \$250.00		Payee address; City; State; Zip Code P.O. Box 710 Pflugerville, TX 78691-0710			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Contribution made by Officeholder		Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Margaret J. Gomez		Office sought	Office held TRAVIS Co. Comm PC74

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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: 6 of 7	2 FILER NAME Margaret Gomez Campaign	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/3/12	5 Payee name Sprint	
6 Amount (\$) \$48.00	7 Payee address; City; State; Zip Code P.O. Box 660092 Dallas, TX 75266-0092	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Calls on cell
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	Office sought TRAVIS Co. Comm Pet 4
Date 6/4/12	Payee name Marrachi Estrella	
Amount (\$) \$200.00	Payee address; City; State; Zip Code c/o Gabriel R. Vasquez P.O. Box 150968 Austin, TX 78715	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Birthday Party - 1HR MUSIC FOR COMM. GOMEZ
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	Office sought TRAVIS Co. Comm Pet 4
Date 6/12/12	Payee name Margaret J. Gómez	
Amount (\$) \$620.64	Payee address; City; State; Zip Code 2104 Petrified Forest Drive; Austin, TX 78747	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T) Tx Democratic Convention Expenses as delegate
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	Office sought TRAVIS Co. Comm Pet 4
Date 7/14/12	Payee name The ABE Bank (American Bank of Commerce)	
Amount (\$) \$ 3.00	Payee address; City; State; Zip Code 2201 W. Ben White Boulevard 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) Fee for Cashier's Check for Alan Ballesteros Camp
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	Office sought TRAVIS Co. Comm Pet 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       | 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.

<b>1</b> Total pages Schedule F: <i>7 of 7</i>	<b>2</b> FILER NAME <i>Margaret Gómez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>5/22/12</i>	<b>5</b> Payee name <i>The ABC Bank (American Bank of Commerce)</i>	
<b>6</b> Amount (\$) <i>\$65.95</i>	<b>7</b> Payee address; City; State; Zip Code <i>2201 W. Ben White Boulevard Austin, TX 78704</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Order of Campaign Checks</i>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gómez</i>	Office sought <i>TRAVIS Co. Comm Pet 4</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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

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# 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>Margaret Gomez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>5/31/12</i>	<b>5</b> Payee name <i>Hilton Hotel</i>
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<b>6</b> Amount (\$) <i>\$620.64</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1600 Lamar Houston, TX 77010</i>
--	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Room, PAID BY VISA &amp; CASH</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Texas Democratic Convention in Houston</i>
---------------------------------	--	--

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
------	------------

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
---	--------------------------------------

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <i>1 of 1</i>	<b>2</b> FILER NAME <i>Margaret Gomez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code  <i>None</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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>Margaret Gomez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code  <i>None</i>
----------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)
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Date	Payee name
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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
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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.)
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# 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: <i>1 of 1</i>
2 FILER NAME <i>Margaret Gomez Campaign</i>		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  <i>None</i>	
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		
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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: <i>1 of 1</i>
<b>2</b> FILER NAME <i>Margaret Gomez Campaign</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> 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		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> 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 checked="" 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)	

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