



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** *Margaret J. Gómez* **15 ACCOUNT # (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

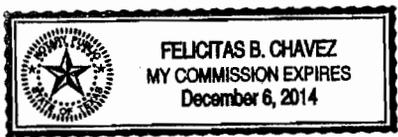
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<i>Margaret Gómez 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>2066 Bouldin Avenue Austin, TX 78704</i>

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 122.95
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 209.43
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,780.17
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27,900.90
<b>OUTSTANDING LOAN TOTALS</b>	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 15<sup>th</sup> day of July, 20 13, to certify which, witness my hand and seal of office.

*Felicitas B. Chavez*  
Signature of officer administering oath

Felicitas B. Chavez  
Printed name of officer administering oath

Notary Public  
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 <i>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/28/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leftover Change from cash withdrawal of 12/19/13</i>	7 Amount of contribution (\$) <i>122.95</i>	8 In-kind contribution description (if applicable) <i>—</i>
6 Contributor address; City; State; Zip Code <i>Holiday Party by Officeholder P.O. Box 42037 Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Public Service</i>		10 Employer (See Instructions) <i>TRAVIS COUNTY</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B: *1 of 1*

2 FILER NAME *Margaret Gómez Campaign* 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨      \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;      City; State; Zip Code		
	<i>None</i>		

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS 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>1 of 1</i>
2 FILER NAME <i>Margaret Gómor Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution?  Y    N	8 Lender address;   City;   State;   Zip Code  <i>None</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address;   City;   State;   Zip Code	19 Amount Guaranteed (\$)
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    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  Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
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 6</i>		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01/12/13</i>		5 Payee name <i>Sylvia Garcia Campaign</i>			
6 Amount (\$) <i>\$250.00</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 8530 Houston, TX 77249-8530</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contribution made by Officeholder</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Contribution to State Senate Campaign</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Gomez</i>		Office sought Office held <i>Travis Co. Comm, Prec 4</i>	
Date <i>01/18/13</i>		Payee name <i>World Strides Travel Agency</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>40 Yarela Gonzalez 2302 E. William Cannon Dr., #1235 Austin, TX 78744</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 for educational trip to D.C.</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gomez</i>		Office sought Office held <i>Travis Co. Comm, Prec 4</i>	
Date <i>01/29/13</i>		Payee name <i>Council for At Risk Youth</i>			
Amount (\$) <i>\$75.00</i>		Payee address; City; State; Zip Code <i>3710 Cedar, Box 23 Austin, TX 78705</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 social services program.</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gomez</i>		Office sought Office held <i>Travis Co. Comm, Prec 4</i>	
Date <i>01/27/13</i>		Payee name <i>Capital Area Asian American Democrats</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 300595 Austin, TX 78703</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 fund raiser</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gomez</i>		Office sought Office held <i>Travis Co. Comm, Prec 4</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	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: 2 of 6	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 02/16/13	<b>5</b> Payee name Worley Printing	
<b>6</b> Amount (\$) \$281.45	<b>7</b> Payee address; City; State; Zip Code 3217 N IH 35 Austin, TX 78722	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead Expense	(b) Description (If travel outside of Texas, complete Schedule T) 1 ream stationary; 1 box envelopes
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought Office held Travis Co. Comm. Pet 4
Date 02/13/13	Payee name U.S. Postmaster	
Amount (\$) \$88.00	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 Expense	Description (If travel outside of Texas, complete Schedule T) 1 roll postage stamps
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought Office held Travis Co. Comm. Pet 4
Date 02/22/13	Payee name PODER	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2604 E. Cesar Chavez Austin, TX 78702	
<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) 1/4 ad in Cesar Chavez Celebration Program
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought Office held Travis Co. Comm. Pet 4
Date 02/22/13	Payee name Resources National Defense Council	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P.O. Box 1830 Merrifield, VA 22116-1830	
<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 to fund raser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought Office held 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	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: <b>3 of 6</b>		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02/23/13</b>		5 Payee name <b>Sylvia Garcia Campaign</b>			
6 Amount (\$) <b>\$250.00</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 8530 Houston, TX 77249-8530</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contribution made by Officeholder</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Contribution to Senate campaign</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Margaret Gomez</b>		Office sought <b>Travis Co. Comm. Prec 4</b>	
Date <b>04/08/13</b>		Payee name <b>University of Texas Volunteer &amp; Learning Center</b>			
Amount (\$) <b>\$200.00</b>		Payee address; City; State; Zip Code <b>40 Cheryl Sawyer 100. W. Dean Keeton St. Austin, TX 78712-1046</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contribution made by Officeholder</b>		Description (If travel outside of Texas, complete Schedule T) <b>Contribution to health fair in Dove Springs</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Margaret Gomez</b>		Office sought <b>Travis Co. Comm Prec 4</b>	
Date <b>04/19/13</b>		Payee name <b>National Wildlife Federation</b>			
Amount (\$) <b>\$100.00</b>		Payee address; City; State; Zip Code <b>P.O. Box 1582 Merrifield, VA 22116-1582</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contribution made by Officeholder</b>		Description (If travel outside of Texas, complete Schedule T) <b>Contribution</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Margaret Gomez</b>		Office sought <b>Travis Co. Comm Prec 4</b>	
Date <b>04/19/13</b>		Payee name <b>Diana's Flower Shop</b>			
Amount (\$) <b>\$56.29</b>		Payee address; City; State; Zip Code <b>2614 E. 7 Austin, TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Memorials Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Plant for Ben Aleman's funeral</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Margaret Gomez</b>		Office sought <b>Travis Co. Comm Prec 4</b>	

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: 4 of 6	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 05/02/13	<b>5</b> Payee name League of Women Voters	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 1011 E. 31 Austin, TX 78705-2023	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution made by Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought Office held Travis Co. Comm. Pit 4
Date 05/02/13	Payee name Sprint	
Amount (\$) \$47.73	Payee address; City; State; Zip Code P.O. Box 54977 Los Angeles, CA 90054-0977	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Overhead Expense	Description (If travel outside of Texas, complete Schedule T) Campaign calls on Cell Phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought Office held Travis Co. Comm. Pit 4
Date 05/03/13	Payee name Gabriel Vasquez	
Amount (\$) \$360.00	Payee address; City; State; Zip Code P.O. Box 150869 Austin, TX 78715	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Cinco de Mayo at Travis County Celebration
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought Office held Travis Co. Comm. Pit 4
Date 05/09/13	Payee name Randall Stagle Campaign	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 27607 Austin, TX 78755	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Contribution to campaign for JP2
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought Office held 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 Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5 of 6	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 05/27/13	<b>5</b> Payee name Diane's Flower Shop
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<b>6</b> Amount (\$) \$38.96	<b>7</b> Payee address; City; State; Zip Code 2614 E. 7 Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) Plant for Ben Aleman's Funeral (Balance)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought	Office held Travis Co. Comm Per 4
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Date 06/03/13	Payee name Sprint
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Amount (\$) \$47.74	Payee address; City; State; Zip Code P.O. Box 54977 Los Angeles, CA 90054-0977
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Overhead Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Calls on Cell Phone
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought	Office held Travis Co. Comm Per 4
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Date 06/03/13	Payee name Travis County Juneteenth Celebration
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 700 LAVACO, Ste 207 Austin, TX 78701
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<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 to Celebration
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought	Office held Travis Co. Comm Per 4
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Date 06/04/13	Payee name Andy Broan Campaign
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Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 685212 Austin, TX 78768-5212
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Contribution to Campaign for County Judge
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gomez	Office sought	Office held Travis Co. Comm Per 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.

<b>1</b> Total pages Schedule F: <i>6 of 6</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>04/23/13</i>	<b>5</b> Payee name <i>Olga Clark Fund Raiser</i>
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<b>6</b> Amount (\$) <i>\$60.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>204 Sheffield Austin, TX 78745</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Solicitation / Fund Raising Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Contribution for Medical Expenses</i>
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/02/12</i>	Payee name <i>Dove Springs Recreation Center</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>% George Morales 5801 Ainez Austin, TX 78744</i>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	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 annual Thanksgiving Dinner</i>
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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

Amount (\$)	Payee address; City; State; Zip Code
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<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>1 of 1</i>	<b>2</b> FILER NAME <i>Margaret Gomez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  <i>None</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<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)
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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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)
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<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>
----------------------	---

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)
--------------------------	--	---

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
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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)
------------------------	--	---

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

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)
------------------------	--	---

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
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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)
------------------------	--	---

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

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	
6 Amount (\$)	7 Payee address; City; State; Zip Code <i>None</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) 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:

*1 of 1*

2 FILER NAME

*Margaret Gomez 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

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# 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: <u>1/1</u>
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2 FILER NAME <i>Margaret Gómez Casaguz</i>	3 ACCOUNT # (Ethics Commission Filers)
---	--

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
----------------------------	--

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

Contribution / Expenditure reported on:

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

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

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

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

Contribution / Expenditure reported on:

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

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

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

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