

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8317

## FORM C/OH COVER SHEET PG. 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>18</b>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
		<i>Margaret</i>	<i>J.</i>				
		<i>Gómez</i>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS. <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
	<i>P.O. Box 42037 Austin, TX 78704</i>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(512)</i>	<i>762-7016</i>	<i>—</i>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
		<i>Walter</i>					
		<i>Timberlake</i>					
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE				
	<i>2006 Bouldin Avenue Austin, TX 78704</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(512)</i>	<i>442-6688</i>	<i>—</i>				
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	<i>01</i>	<i>24</i>	<i>14</i>	THROUGH	<i>02</i>	<i>22</i> / <i>14</i>	
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
		<i>03 / 04 / 14</i>					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	<i>TRAVIS COUNTY COMMISSIONER, Pct 4</i>			<i>TRAVIS COUNTY COMMISSIONER, Pct 4</i>			
<b>GO TO PAGE 2</b>							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<i>Margaret Gomez Campaign</i>
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<i>P.O. Box 42037 Austin, TX 78704</i>
	COMMITTEE CAMPAIGN TREASURER NAME
	<i>Walter Timbolake</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<i>2006 Bouldin Avenue Austin, TX 78704</i>

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 349.37**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 3,809.37**

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 334.97**

4. TOTAL POLITICAL EXPENDITURES **\$ 17,126.73**

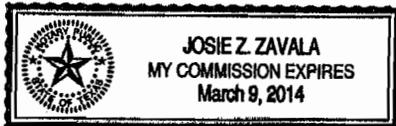
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 31,268.73**

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. Gomez*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gomez, this the 24th day of February, 2014, to certify which, witness my hand and seal of office.

*Josie Z. Zavala*  
Signature of officer administering oath

Josie Z. Zavala  
Printed name of officer administering oath

*Josie Z. Zavala*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 5

2 FILER NAME

*Margaret Gómez Campaign*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/4/14

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

*Narcisa G. Aleman*

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

—

6 Contributor address; City; State; Zip Code

*417 Clarke Street  
Austin, TX 78745-1129*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Housewife*

10 Employer (See Instructions)

*Self*

Date

1/8/14

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

*Tony Romero  
Austin Police Association PAC  
Contributor address; City; State; Zip Code  
5817 Wilcab Road, Ste 4  
Austin, TX 78721*

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Law Enforcement*

Employer (See Instructions)

*Austin Police Association*

Date

1/10/14

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

*Roy Minton  
Minton, Burton, Bassett and Collins, PC  
Contributor address; City; State; Zip Code  
1100 Guadalupe Street  
Austin, TX 78701*

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorneys-at-Law*

Employer (See Instructions)

*Minton, Burton, Bassett & Collins, PC*

Date

1/17/14

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

*Ian Bratcher  
Contributor address; City; State; Zip Code  
1611 W. 5<sup>th</sup> Street  
Austin, TX 78703*

Amount of contribution (\$)

\$23.87

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Student*

Employer (See Instructions)

*None*

Date

1/16/14

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

*Roger Jeffertes  
Contributor address; City; State; Zip Code  
1600 Barton Springs Road, Unit 3106  
Austin, TX 78704*

Amount of contribution (\$)

\$47.75

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*County Executive, JPS*

Employer (See Instructions)

*TRAVIS COUNTY*

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

*Margaret Gómez Campaign*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*1/16/14*

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

*Cynthia Valdez-Mata, Jr.*

7 Amount of contribution (\$)

*\$20.00*

8 In-kind contribution description (if applicable)

—

6 Contributor address; City; State; Zip Code

*915-A Brazos,  
Austin, TX 78701*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*1/16/14*

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

*Rosanna A. Barrios*

Amount of contribution (\$)

*\$20.00*

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

*7452 Pusch Ridge Loop  
Austin, TX 78749-2460*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Systems*

Employer (See Instructions)

*TRAVIS COUNTY*

Date

*1/16/14*

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

*Frank Rodriguez*

Amount of contribution (\$)

*\$40.00*

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

*P.O. Box 1221  
Austin, TX 78769*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Health Administration*

Employer (See Instructions)

*Latino Health Forum*

Date

*1/16/14*

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

*Adam Mathews*

Amount of contribution (\$)

*\$250.00*

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

*9904 FM 812  
Austin, TX 78719*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Progressive Waste Management*

Employer (See Instructions)

*Progressive Waste Management*

Date

*1/16/14*

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

*Robert B. Emerson*

Amount of contribution (\$)

*\$100.00*

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

*9904 FM 812  
Austin, TX 78719*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Marketing*

Employer (See Instructions)

*Progressive Waste Solutions*

**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>3 of 5</i>	
2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>Joseph Bruch</i>	7 Amount of contribution (\$) <i>\$26.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>204 La Vista Austin TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired Citizen</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>1/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>Robert M. Howard</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>2315 Westforest Drive Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Water Consultant</i>		Employer (See Instructions)	
Date <i>1/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>Raul A Gonzalez</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>1109 Blair Way Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Justice Of The Peace Pet 4</i>		Employer (See Instructions) <i>TRAVIS COUNTY</i>	
Date <i>1/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>Randy Moreno</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>Austin Firefighters Association 2537 Cameron Road Austin, TX 78752-2013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Fire Fighting</i>		Employer (See Instructions) <i>Austin Firefighters Association</i>	
Date <i>1/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>Herb Evans</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>1302 West Avenue Austin, TX 78701</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</i>	

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: 4 of 5	
2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pete McKee &amp; Associates</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>2313 Lake Austin Boulevard, Ste 204 Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Consulting Services</i>		10 Employer (See Instructions) <i>Pete McKee &amp; Associates</i>	
Date <i>1/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>Lloyd Doggett</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>P.O. Box 5843 Austin, TX 78763</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>U. S. Congressman</i>		Employer (See Instructions) <i>State of Texas</i>	
Date <i>1/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John S. Jay</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 Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Waste Management</i>		Employer (See Instructions) <i>Progressive Waste Management</i>	
Date <i>1/21/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NO</i> ) <i>Ramay Ko</i>	Amount of contribution (\$) <i>\$47.75</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>5230 Thunder Creek Boulevard #105 Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney-at Law</i>		Employer (See Instructions) <i>Jung Ko PLLC</i>	
Date <i>2/5/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor L. Murrieta</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>3502 Burtson Road Austin, TX 78741-7227</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Restaurant Business</i>		Employer (See Instructions) <i>Nic's Barbecue</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: 5 of 5	
2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>01/22/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cash Deposit</i>	7 Amount of contribution (\$) <i>\$210.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Consists of small bills at door at Event at Vic's BBQ on January 16, 2014.</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Neighborhood residents in Dove Springs, Austin</i>		10 Employer (See Instructions) <i>Don't know.</i>	
Date <i>01/28/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Democratic Party</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>\$1,250.00 Voter File Access</i>
Contributor address; City; State; Zip Code <i>4815 E. Ben White Boulevard, Suite 104 Austin, TX 78741</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Democratic Party Elections</i>		Employer (See Instructions) <i>Democrats of Texas</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME

*Margaret Gómez Campaign*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

*None*

7 Pledgor address; City; State; Zip Code

(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>1 of 1</i>
2 FILER NAME <i>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan	7 Name of lender <i>None</i> <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	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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 4</i>	2 FILER NAME <i>Margaret Gómez Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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<del>4 Date</del>	<del>5 Payee name</del>
<del>6 Amount (\$)</del>	<del>7 Payee address; City; State; Zip Code</del>

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>01/25/14</i>	Payee name <i>Will Ziegler</i>
-------------------------	-----------------------------------

Amount (\$) <i>\$350.00</i>	Payee address; City; State; Zip Code <i>Texas Democratic Party 4818 E. Ben White Blvd., Ste 104 Austin, TX 78741</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Van Access (Voter Files)</i>
------------------------	---	--

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

Date <i>01/25/14</i>	Payee name <i>Dove Springs Proud</i>
-------------------------	---

Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>Ricardo Zavala 4103 Sojourner Austin, TX 78725</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution Made by Candidate</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sponsor of Recognition of Neighbors</i>
------------------------	---	---

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

Date <i>01/31/14</i>	Payee name <i>South Austin Democrats</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>Alison Del Rio P.O. Box 152592 Austin, TX 78715-2592</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions Made by Candidate</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sponsor, Yellow Dog Event</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>Travis Co. Comm. Pat 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.

<b>1</b> Total pages Schedule F: <i>2 of 4</i>	<b>2</b> FILER NAME <i>Margaret Gómez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>02/01/14</i>	<b>5</b> Payee name <i>Sprint</i>	
<b>6</b> Amount (\$) <i>\$39.09</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 54977 Los Angeles, CA 90054-0977</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>OFFICE OVERHEAD/Rental Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Calls on Cell Phone</i>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS Co. Comm. Pet 4</i>
Date <i>02/01/14</i>	Payee name <i>Bryan Wisenbaker</i>	
Amount (\$) <i>\$850.00</i>	Payee address; City; State; Zip Code <i>101 Colorado, #1701 Austin TX 78701</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Field Work in January 2014</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS Co. Comm. Pet 4</i>
Date <i>02/13/14</i>	Payee name <i>American Printing &amp; Mailings</i>	
Amount (\$) <i>\$3,696.11</i>	Payee address; City; State; Zip Code <i>1606 Handway Circle Austin, TX 78754</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Mailings to Voters and doorhanger</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS Co. Comm. Pet 4</i>
Date <i>02/13/14</i>	Payee name <i>David Mauro</i>	
Amount (\$) <i>\$3,500.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 30053 Austin, TX 78703</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	Description (If travel outside of Texas, complete Schedule T) <i>Full Time Campaign Manager - February 2014</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret 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: <i>3 of 4</i>	<b>2</b> FILER NAME <i>Margaret Gómez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>02/13/14</i>	<b>5</b> Payee name <i>Staples</i>
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<b>6</b> Amount (\$) <i>\$95.88</i>	<b>7</b> Payee address; City; State; Zip Code <i>4301 W. William Cannon Drive, Bldg. 23, Suite 500 Austin, TX 78735</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>EPSON INK CARTRIDGES FOR PRINTER/ERASER/PEN</i>
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS Co. COMM Pct. 4</i>	Office held
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Date <i>02/02/14</i>	Payee name <i>In Focus Campaigns</i>
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Amount (\$) <i>\$3,035.86</i>	Payee address; City; State; Zip Code <i>P.O. Box 10726 Fort Worth TX 76114</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Polling Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Phone Bank</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS Co. COMM Pct. 4</i>	Office held
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Date <i>02/01/14</i>	Payee name <i>David Mauro</i>
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Amount (\$) <i>\$234.28</i>	Payee address; City; State; Zip Code <i>P.O. Box 30053 Austin, TX 78703</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement For Facebook Ads: Jan 10-29, 2014</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS Co. COMM Pct. 4</i>	Office held
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Date <i>02/14/14</i>	Payee name <i>U.S. Postal Service</i>
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Amount (\$) <i>\$2,097.34</i>	Payee address; City; State; Zip Code <i>9225 CROSS PARK Drive Austin, TX 78710-9998</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>OFFICE Overhead Expense/Rental Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Postage for Mailer</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS Co. COMM Pct. 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.

<b>1</b> Total pages Schedule F: <i>4 of 4</i>	<b>2</b> FILER NAME <i>Margaret Gómez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>02/15/14</i>	<b>5</b> Payee name <i>In Focus Campaigns, LLC</i>	
<b>6</b> Amount (\$) <i>4,399.32</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 10726 Fort Worth, TX 76114</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Polling Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone bank</i>
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS CO. COMM. PCT. 4</i>
Date <i>02/15/14</i>	Payee name <i>Ace Printing</i>	
Amount (\$) <i>\$1,428.85</i>	Payee address; City; State; Zip Code <i>7807 Doncaster Austin, TX 78745</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>4x8 signs, posts, wire, supplies.</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>TRAVIS Co. COMM PCT. 4</i>
Date <i>02/18/14</i>	Payee name <i>Hugh Fitzsimons for Agriculture Commissioner</i>	
Amount (\$) <i>\$106.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 685008 Austin, TX 78768</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution by Candidate</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 Gómez</i>	Office sought <i>TRAVIS Co. COMM PCT. 4</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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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	<b>5</b> Payee name <i>None</i>
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<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
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<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)
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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)
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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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# 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 <i>None</i>	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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 Gómez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <i>None</i>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</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 Gómez Campaign*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

*None*  
6 Address of person from whom amount is received; City; State; Zip Code

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: <i>1 of 1</i>
2 FILER NAME <i>Margaret Gómez Campaño</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)	

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