

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

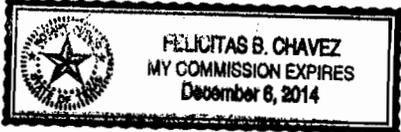
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	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 checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Margaret Gómez Campaign</i>
		COMMITTEE ADDRESS <i>P.O. Box 42037 Austin, TX 78704</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>Walter E. Timberlake</i>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <i>2006 Boulder 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	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,525.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 709.54
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,731.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,061.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



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

Margaret J. Gómez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret J. Gómez, this the 15th day of July, 20 14, 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 Gomer Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/23/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ND</i>) <i>Michael Aulich</i>	7 Amount of contribution (\$) <i>\$23.87</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>700 S. Creekwood Drive Driftwood, TX 78619</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Transportation Consultant</i>		10 Employer (See Instructions) <i>Self-Employed</i>	
Date <i>4/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ND</i>) <i>Royce E. Wisnibaker, Jr.</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>216 N. Broadway Avenue Front Tyler TX 75702-5791</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Self-Employed</i>	
Date <i>4/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>YES #</i>) <i>AFSCME</i>	Amount of contribution (\$) <i>\$1,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1625 L Street, NW Washington, DC 20036</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Employee Organizing</i>		Employer (See Instructions) <i>AFSCME (# FORM IN FILE)</i>	
Date <i>3/15/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeffery Garcia</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Lineberger, Gogson, Blair & Sampson, LLC P.O. Box 17428 Austin, TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys-at-Law</i>		Employer (See Instructions) <i>Lineberger, Gogson, Blair & Sampson, LLC</i>	
Date <i>4/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pingx, Inc</i>	Amount of contribution (\$) <i>1.43</i>	In-kind contribution description (if applicable) <i>Correction for debiting twice</i>
Contributor address; City; State; Zip Code <i>144 2nd Street San Francisco, CA 94105</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Online Contributions</i>		Employer (See Instructions) <i>Don't know</i>	

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

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)

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)

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 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

Marquet Gómez 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?

8 Lender address; City; State; Zip Code

None

10 Interest rate

Y N

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?

Lender address; City; State; Zip Code

Interest rate

Y N

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.

1 Total pages Schedule F: <i>1 of 9</i>		2 FILER NAME <i>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/23/14</i>		5 Payee name <i>Pirry, Inc.</i>			
6 Amount (\$) <i>\$1.13</i>		7 Payee address; City; State; Zip Code <i>144 Lul Street San Francisco, CA 94105</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Fees</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Fee for Online Contribution</i>	
9 Complete ONLY 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>2/23/14</i>		Payee name <i>La Prensa</i>			
Amount (\$) <i>\$295.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 141725 Austin, TX 78714 Alfredo Santos</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>1/2 page Ad for Election Day</i>	
Complete ONLY 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>2/23/14</i>		Payee name <i>IN FOCUS CAMPAIGN</i>			
Amount (\$) <i>\$1,421.42</i>		Payee address; City; State; Zip Code <i>Kenneth Whippin P.O. Box 10726 Fort Worth, TX 76114</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Handouts for Health Care sign-up</i>	
Complete ONLY 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>2/23/14</i>		Payee name <i>La Prensa</i>			
Amount (\$) <i>\$600.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 141725 Austin, TX 78714 Valerie Menard</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>1/2 page ad</i>	
Complete ONLY 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.

1 Total pages Schedule F: <i>2 of 9</i>		2 FILER NAME <i>Margaret Gomer Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/24/14</i>		5 Payee name <i>United States Postal Service</i>			
6 Amount (\$) <i>\$92.00</i>		7 Payee address; City; State; Zip Code <i>3903 S. Congress Austin, TX 78704</i>			
8 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>Post Office Box Renewal fee</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gomer</i>		Office sought <i>Travis Co. Comm Pct 4</i>	
Date <i>2/24/14</i>		Payee name <i>Herb Evans Campaign</i>			
Amount (\$) <i>\$250.00</i>		Payee address; City; State; Zip Code <i>1302 West Avenue Austin, TX 78701</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>Campaign Contribution</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gomer</i>		Office sought <i>Travis Co. Comm Pct 4</i>	
Date <i>2/24/14</i>		Payee name <i>Dolores Ortega Carter Campaign</i>			
Amount (\$) <i>\$300.00</i>		Payee address; City; State; Zip Code <i>11900 Metric Blvd., Ste J-136 Austin, TX 78758</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 reelection campaign</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gomer</i>		Office sought <i>Travis Co. Comm Pct 4</i>	
Date <i>2/24/14</i>		Payee name <i>American Printers & Mailing</i>			
Amount (\$) <i>\$205.00</i>		Payee address; City; State; Zip Code <i>1606 Headway Circle Austin, TX 78754</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Art work for master</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gomer</i>		Office sought <i>Travis Co. Comm Pct 4</i>	

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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.

1 Total pages Schedule F: <i>3 of 9</i>		2 FILER NAME <i>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/24/14</i>		5 Payee name <i>David Mauro</i>			
6 Amount (\$) <i>*470.45</i>		7 Payee address; City; State; Zip Code <i>Blue Roots Strategies, Inc P.O. Box 300053 Austin, TX 78703</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement for Facebook fees & robo calls</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>Travis Co. Comm. Per 4</i>	
Date <i>2/24/14</i>		Payee name <i>UT Austin</i>			
Amount (\$) <i>*200.00</i>		Payee address; City; State; Zip Code <i>Cheryl Sawyer 505 E. Huntland Drive, Ste 270 Austin, TX 78752-3755</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sponsor, Project 2014 at Martin Sr. High</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>Travis Co. Comm. Per 4</i>	
Date <i>2/27/14</i>		Payee name <i>American Printers & Mailers</i>			
Amount (\$) <i>*2,130.45</i>		Payee address; City; State; Zip Code <i>1606 Headway Circle Austin, TX 78754</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>Early Voting Mailer</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>Travis County Comm. Per 4</i>	
Date <i>2/28/14</i>		Payee name <i>Blue Roots Strategies</i>			
Amount (\$) <i>*2,798.26</i>		Payee address; City; State; Zip Code <i>David Mauro P.O. Box 300053 Austin, TX 78703</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Website design</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>Travis Co. Comm Per 4</i>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>4 of 9</i>		2 FILER NAME <i>Marquet Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/29/14</i>		5 Payee name <i>Brian Wisenbahr</i>			
6 Amount (\$) <i>\$ 850.00</i>		7 Payee address; City; State; Zip Code <i>101 Colorado, # 1701 Austin, TX 78701</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Final wages</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Marquet Gómez</i>		Office sought <i>TRAVIS Co. COMM Pct 4</i>	
Date <i>2/28/14</i>		Payee name <i>American Printers & Mailing</i>			
Amount (\$) <i>\$1,252.94</i>		Payee address; City; State; Zip Code <i>1606 Herdway Circle Austin, TX 78754</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>Dove Springs Mailer</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Marquet Gómez</i>		Office sought <i>TRAVIS Co. COMM Pct 4</i>	
Date <i>2/28/14</i>		Payee name <i>American Printers & Mailing</i>			
Amount (\$) <i>\$ 780.43</i>		Payee address; City; State; Zip Code <i>1606 Herdway Circle Austin, TX 78754</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>Final mailer to Pct 4 voters</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Marquet Gómez</i>		Office sought <i>TRAVIS Co. COMM Pct 4</i>	
Date <i>2/28/14</i>		Payee name <i>United States Postal Services</i>			
Amount (\$) <i>\$49.00</i>		Payee address; City; State; Zip Code <i>3903 S. Congress Austin, TX 78704</i>			
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>Postage Stamps</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Marquet Gómez</i>		Office sought <i>TRAVIS Co. COMM Pct 4</i>	

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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: 5 of 9	2 FILER NAME Margaret Gómez Campaign	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/2/14	5 Payee name George Morales, III
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6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 4704 Cabob Street Austin, TX 78744
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) 10 volunteers working Dove Springs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gómez	Office sought Tarrant Co. Comm Pet 4	Office held
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Date 3/5/14	Payee name George Morales, III
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Amount (\$) \$90.00	Payee address; City; State; Zip Code 4704 Cabob Street Austin, TX 78744
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Volunteers in Dove Springs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gómez	Office sought Tarrant Co. Comm Pet 4	Office held
-----------------------------------------------------	-------------------------------------------------	-----------------------------------------	-------------

Date 3/3/14	Payee name George Morales, III
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Amount (\$) \$990.00	Payee address; City; State; Zip Code 4704 Cabob Street Austin, TX 78744
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Ten Volunteers working Dove Springs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gómez	Office sought Tarrant Co. Comm Pet 4	Office held
-----------------------------------------------------	-------------------------------------------------	-----------------------------------------	-------------

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 (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>6 of 9</i>	2 FILER NAME <i>Margaret Gómez Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/5/14</i>	5 Payee name <i>Capuchino's</i>	
6 Amount (\$) <i>\$204.00</i>	7 Payee address; City; State; Zip Code <i>2000 E. Cesar Chavez Blvd. Austin, TX 78702 Bob Quiroz</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Food & Beverage for Election Night Celebration</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>Texas Co Comm Pct 4</i>
Date <i>3/6/14</i>	Payee name <i>Blue Roots Strategies, Inc.</i>	
Amount (\$) <i>\$926.25</i>	Payee address; City; State; Zip Code <i>David Mauro P.O. Box 300053 Austin, TX 78703</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement of robo calls and fees</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>Texas Co. Comm Pct 4</i>
Date <i>3/6/14</i>	Payee name <i>David Mauro</i>	
Amount (\$) <i>\$481.81</i>	Payee address; City; State; Zip Code <i>Blue Roots Strategies, Inc. P.O. Box 300053 Austin, TX 78703</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement of expenses</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>Texas Co. Comm Pct 4</i>
Date <i>3/12/14</i>	Payee name <i>Saldana Public Relations</i>	
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>HAISLA Paul Saldana 1612 Melissa Oaks Lane Austin, TX 78744</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sponsor of Cesar Chavez movie</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret Gómez</i>	Office sought <i>Texas Co Comm Pct 4</i>

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>7 of 9</i>		2 FILER NAME <i>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/22/14</i>		5 Payee name <i>People to People</i>			
6 Amount (\$) <i>\$200.00</i>		7 Payee address; City; State; Zip Code <i>40 Blue Roots Strategies P.O. Box 30053 Austin, TX 78703</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Robo Calls</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>Juan Lozano Pct 4</i>	
Date <i>3/29/14</i>		Payee name <i>National Pan Company</i>			
Amount (\$) <i>\$211.40</i>		Payee address; City; State; Zip Code <i>342 Shelbyville Mills Road Shelbyville, TN 37160</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Bellpoint Pens/Flashlight (250)</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>Juan Lozano Pct 4</i>	
Date <i>3/29/14</i>		Payee name <i>Sprint</i>			
Amount (\$) <i>\$39.19</i>		Payee address; City; State; Zip Code <i>P.O. Box 54977 Los Angeles, CA 90084-0977</i>			
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>Campaign Calls on cell phone</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>Juan Lozano Pct 4</i>	
Date <i>3/29/14</i>		Payee name <i>National Wildlife Federation</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 1583 Merrifield, VA 22116-1583</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>Membership dues</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>Juan Lozano Pct 4</i>	

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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: 8 of 9	2 FILER NAME Margaret Gómez Campaign	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/29/14	5 Payee name Natural Resources Defense Council	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 1830 Merrifield, VA 22116-9929	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution by Candidate	(b) Description (If travel outside of Texas, complete Schedule T) Membership
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gómez	Office sought Juicio Co Comm Post 4
Date 4/21/14	Payee name Ruben Torres	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 8002 Seeling Drive Austin TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution by Candidate	Description (If travel outside of Texas, complete Schedule T) Sponsor - Golf Tournament for Mario Torres
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gómez	Office sought Juicio Co Comm Post 4
Date 5/4/14	Payee name Sprint	
Amount (\$) \$39.11	Payee address; City; State; Zip Code P.O. Box 54977 Los Angeles, CA 90054-0977	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Calls on cell phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gómez	Office sought Juicio Co Comm Post 4
Date 5/9/14	Payee name James Suarez	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 4700 Staggerbrush Road, Apt 115 Austin, TX 78749	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution by Candidate	Description (If travel outside of Texas, complete Schedule T) Graduation gift
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret Gómez	Office sought Juicio Co Comm Post 4

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>9 of 9</i>		2 FILER NAME <i>Margaret Gómez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/31/14</i>		5 Payee name <i>Frances Acuña</i>			
6 Amount (\$) <i>\$50.00</i>		7 Payee address; City; State; Zip Code <i>1005 Gullatt Austin, TX 78702</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contribution by Candidate</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Sponsor for Fund Raiser for cancer patient</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>José G. Corona Pct 4</i>	
Date <i>6/4/14</i>		Payee name <i>Sprint</i>			
Amount (\$) <i>\$39.11</i>		Payee address; City; State; Zip Code <i>P.O. Box 54927 Los Angeles, CA 90054-0927</i>			
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>Campaign Calls on cell phone</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>José G. Corona Pct 4</i>	
Date <i>4/2/14</i>		Payee name <i>Consejo de Mayo Committee</i>			
Amount (\$) <i>\$275.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Purchased ^{and candy} decorations for annual celebration</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret Gómez</i>		Office sought <i>José G. Corona Pct 4</i>	
Date <i>4/2/14</i>		Payee name <i>Consejo de Mayo Committee</i>			
Amount (\$) <i>\$275.00</i>		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.

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

None

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

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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 Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <i>None</i>		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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