



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Margaret Gómez Campaign*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

*Margaret Gómez Campaign*

COMMITTEE ADDRESS

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

COMMITTEE CAMPAIGN TREASURER NAME

*Walter E. Timberlake*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*2606 Bouldin  
Austin, TX 78704*

additional pages

17 CONTRIBUTION TOTALS

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

\$ -0-

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

\$ -0-

EXPENDITURE TOTALS

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

\$ 142.24

4. TOTAL POLITICAL EXPENDITURES

\$ 1,443.97

CONTRIBUTION BALANCE

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

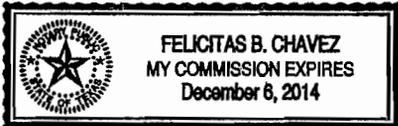
\$ 16,617.81

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 6th day of October, 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:

1 of 1

2 FILER NAME

Margaret Goines Campaign

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

None

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME

Margaret Gomez Campaign

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

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:

1 of 1

2 FILER NAME

Margaret Gomez Campaign

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

None

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

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1 of 3</b>		2 FILER NAME <i>Margaret Goinez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/21/14</i>		5 Payee name <i>Eddie Rodriguez Campaign (Bank Statement closes June 30, 2014)</i>			
6 Amount (\$) <i>\$125.00</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 2436 Austin, TX 78768</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contribution made by Candidate</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Phone Raiser - Esther's Folies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Goinez</i>		Office sought <i>TRAVIS Co. Comm Pet 4</i>	
Date <i>7-14-14</i>		Payee name <i>Sprint</i>			
Amount (\$) <i>\$39.11</i>		Payee address; City; State; Zip Code <i>P.O. Box 54977 Los Angeles, CA 90054-0977</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Office Overhead</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Calls on cell phone.</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Goinez</i>		Office sought <i>TRAVIS Co. Comm Pet 4</i>	
Date <i>7-24-14</i>		Payee name <i>Catholic Charities of Brownsville, Texas</i>			
Amount (\$) <i>\$500.00</i>		Payee address; City; State; Zip Code <i>700 N. Virgen de San Juan San Juan, TX 78589</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>Food, clothes for needy families</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Goinez</i>		Office sought <i>TRAVIS Co. Comm Pet 4</i>	
Date <i>8/06/14</i>		Payee name <i>TRAVIS HIGH SCHOOL MEMORIAL COMMITTEE</i>			
Amount (\$) <i>\$300.00</i>		Payee address; City; State; Zip Code <i>c/o Marty Martinez 4315 Friendswood Lane Austin, TX 78937</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>Memorial for Veterans</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Margaret J. Goinez</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>2 of 3</i>	<b>2</b> FILER NAME <i>Margaret Góner Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>8/6/14</i>	<b>5</b> Payee name <i>Sprint</i>
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<b>6</b> Amount (\$) <i>\$39.68</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. box 54977 Los Angeles, CA 90054-0977</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</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Calls on Cell phone</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Góner</i>	Office sought <i>TRAVIS Co COMM PET 4</i>	Office held <i>TRAVIS Co. COMM. PET 4</i>
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Date <i>8/14/14</i>	Payee name <i>George Morales</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>Dove Spring Advisory Board 5701 Ainer Drive Austin, TX 78744</i>
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<b>PURPOSE OF EXPENDITURE</b>	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>Fund Raiser for school supplies</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Góner</i>	Office sought <i>TRAVIS Co. COMM. PET 4</i>	Office held <i>TRAVIS Co. COMM. PET 4</i>
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Date <i>9/10/14</i>	Payee name <i>Austin Tejano Democrats</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>Cynthia Valdez, Jr. 2544 Stoutwood Circle Austin, TX 78745</i>
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<b>PURPOSE OF EXPENDITURE</b>	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>Sponsorship for meeting</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Góner</i>	Office sought <i>TRAVIS Co. COMM. PET 4</i>	Office held <i>TRAVIS Co. COMM. PET 4</i>
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Date <i>9/10/14</i>	Payee name <i>Austin Tejano Democrats</i>
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Amount (\$) <i>\$25.00</i>	Payee address; City; State; Zip Code <i>2544 Stoutwood Circle Austin, TX 78745</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (If travel outside of Texas, complete Schedule T) <i>Membership Dues</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Góner</i>	Office sought <i>TRAVIS Co. COMM. PET 4</i>	Office held <i>TRAVIS Co. COMM. PET 4</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>3 of 3</i>	<b>2</b> FILER NAME <i>Margaret Gomez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>9/10/14</i>	<b>5</b> Payee name <i>Office Max</i>
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<b>6</b> Amount (\$) <i>\$101.73</i>	<b>7</b> Payee address; City; State; Zip Code <i>9600 S. 1435 Austin TX 78748</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</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Ink cartridges, iPad 10" tablet attached.</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gomez</i>	Office sought <i>TRAVIS Co. Comm Pct 4</i>	Office held <i>TRAVIS Co. COMM PCT 4</i>
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Date <i>9/18/14</i>	Payee name <i>The Nature Conservancy</i>
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Amount (\$) <i>\$75.00</i>	Payee address; City; State; Zip Code <i>318 Congress Avenue Austin, TX 78701</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Memorials Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Memorial: Valentin Constantino Rio</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gomez</i>	Office sought <i>TRAVIS Co. Comm Pct. 4</i>	Office held <i>TRAVIS Co. COMM PCT 4</i>
---	---	--	---

Date <i>9/19/14</i>	Payee name <i>Sprint</i>
------------------------	-----------------------------

Amount (\$) <i>39.05</i>	Payee address; City; State; Zip Code <i>P.O. Box 54977 Los Angeles, CA 90054-0977</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (If travel outside of Texas, complete Schedule T) <i>Company calls on cell phone</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Margaret J. Gomez</i>	Office sought <i>TRAVIS Co. Comm Pct 4</i>	Office held <i>TRAVIS Co. COMM, PCT 4</i>
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2 FILER NAME** **3 ACCOUNT #** (Ethics Commission Filers)

1 of 1

Margaret Gómez Carvajal

4 Date **5 Payee name**

6 Amount (\$) **7 Payee address;** City; State; Zip Code

None

Reimbursement from political contributions intended

**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)  
 Check if Austin, TX, officeholder living expense

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

**PURPOSE OF EXPENDITURE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

**PURPOSE OF EXPENDITURE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

**PURPOSE OF EXPENDITURE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

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.

<b>1</b> Total pages Schedule H: <i>1 of 1</i>	<b>2</b> FILER NAME <i>Margaret Gomez Campaign</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; <i>None</i> 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
------	---------------

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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code <i>None</i>
----------------------	--

<b>8</b> 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
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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
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

*1 of 1*

2 FILER NAME

*Margaret Gómez Campuzo*

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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

2 FILER NAME *Margaret Gomez Langueira* 3 ACCOUNT # (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on: *None*

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

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

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

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

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

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

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

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

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**