

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8450

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Margaret Gómez		J.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 42037 Austin, TX 78704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	512-762-7016	-
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Walter Tinoblake		E.	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	2006 Bouldin Austin, TX 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	442-6688	-
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	9 / 26 / 2014		10 / 25 / 2014
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 / 04 / 14			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	TRAVIS Co. Comm. Pct 4	TRAVIS Co. Comm. Pct 4	

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

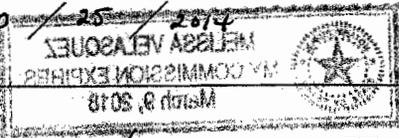
Receipt # Amount

Date Processed

Date Imaged

2014 OCT 27 PM 3:19

FILED IN RECORD



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME _____ 15 ACCOUNT # (Ethics Commission Filers) _____

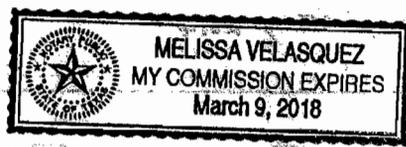
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	Margaret Gomez Campaign
	COMMITTEE ADDRESS	P.O. Box 42037 Austin TX 78704
	COMMITTEE CAMPAIGN TREASURER NAME	Walter E. Timberlake
	COMMITTEE CAMPAIGN TREASURER ADDRESS	2006 Boulder Austin TX 78704

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

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 27 day of October, 20 14, to certify which, witness my hand and seal of office.

Melissa Velasquez Signature of officer administering oath
 Melissa Velasquez Printed name of officer administering oath
 Notary 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:

2 FILER NAME

Margaret Gómar Campuzano

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6/14

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

Jeffrey Garcia

6 Contributor address; City; State; Zip Code
*Linberger, Goggan, Blair, Sampson, LLP
The Terrace II
2700 VIA FORESTINA DRIVE, STB 400
Austin, TX 78746*

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorneys-At-LAW

10 Employer (See Instructions)

Linberger, Goggan, Blair, Sampson, LLP

Date

10/6/14

Full name of contributor out-of-state PAC (ID#: *YES*)

Lec Saunders

FEC Form 1 RECEIVED

American Federation of State, County and Municipal Employees

Contributor address; City; State; Zip Code

*1625 L Street, NW
Washington DC 20036*

Amount of contribution (\$)

3,000.00

In-kind contribution description (if applicable)

-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Public Employee Union

Employer (See Instructions)

American Federation of State, County and Municipal Employees

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:

2 FILER NAME

Margaret Gomez Languin

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

None

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Margaret 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 (\$)

None

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

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:		2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/18/14</i>		5 Payee name <i>THE NATURE CONSERVANCY</i>			
6 Amount (\$) <i>\$75.00</i>		7 Payee address; City; State; Zip Code <i>318 Congress Avenue Austin TX 78761</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>MEMORIALS EXPENSE</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Velutin Guatemala Rio</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. Gomez</i>		Office sought <i>TRANS CO. COMM PET 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>			
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</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>TRANS CO. COMM PET 4</i>	
Date <i>9/20/14</i>		Payee name <i>South Austin Democrats</i>			
Amount (\$) <i>\$100.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 152592 Austin, TX 78715</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>Sponsor: Yehor Dawg Celebration</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>TRANS CO. COMM PET 4</i>	
Date <i>9/28/14</i>		Payee name <i>The Hightower Lowdown</i>			
Amount (\$) <i>\$10.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 3109 Langhams, PA 19047-9700</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>Subscription</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>TRANS 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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/29/14	5 Payee name Eddie Rodriguez Campaign
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 2436 Austin, TX 78768
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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) Fundraising <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gomez	Office sought TRAVIS CO. COMM PCT 4	Office held TRAVIS CO. COMM PCT 4
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Date 10/1/14	Payee name Sprint
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Amount (\$) \$39.05	Payee address; City; State; Zip Code Rt. Box 54977 Los Angeles, CA 90054-0977
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Campaign Calls on Cell <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gomez	Office sought TRAVIS CO. COMM PCT 4	Office held TRAVIS CO. COMM PCT 4
---	--	--	--------------------------------------

Date 10/1/14	Payee name Network
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 25 E Street, NW, Suite 200 Washington, DC 20001-1630
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Subscription one year <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 Margaret J. Gomez	Office sought TRAVIS CO. COMM PCT 4	Office held TRAVIS CO. COMM PCT 4
---	--	--	--------------------------------------

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) <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	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)

Margaret Gómer Campaign

4 Date 5 Payee name

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

Reimbursement from political contributions intended

None

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 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 H:	2 FILER NAME <i>Margaret Gómez 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)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY 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)
		<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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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 ONLY 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 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:		2 FILER NAME <i>Margaret Gomer Cuyager</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.)	

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:

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

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:

2 FILER NAME

Margaret Gómez Campaign

3 ACCOUNT # (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel

7 Name of person(s) traveling

None

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Margaret Gómez Carquijn

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder