

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8496

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:  <b>12</b>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged		
	NICKNAME	LAST	SUFFIX			
<i>Margaret</i>			<i>J.</i>			
<i>Gomez</i>						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
<i>P.O. Box 42037</i> <i>Austin TX 78704</i>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
<i>(512)</i> <i>762-7016</i> <i>-</i>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
<i>Walter</i>			<i>E.</i>			
<i>Timberlake</i>						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
<i>2006 Bouldin</i> <i>Austin, TX 78704</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
<i>(512)</i> <i>442-6688</i>						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
10 PERIOD COVERED	Month      Day      Year		THROUGH		Month      Day      Year	
<i>10 / 26 / 14</i> <i>12 / 31 / 14</i>						
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
<i>11 / 04 / 14</i>						
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
<i>TRAVIS Co. COMM, Pct 4</i>			<i>TRAVIS Co. COMM, Pct 4</i>			

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)

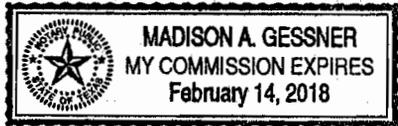
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><i>Margaret Gómez Campaign</i></td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><i>P.O. Box 42037 Austin, TX 78704</i></td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td><i>Walter E. Timberlake</i></td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td><i>2006 Boulder Austin, TX 78704</i></td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME		<i>Margaret Gómez Campaign</i>		COMMITTEE ADDRESS		<i>P.O. Box 42037 Austin, TX 78704</i>		COMMITTEE CAMPAIGN TREASURER NAME		<i>Walter E. Timberlake</i>		COMMITTEE CAMPAIGN TREASURER ADDRESS		<i>2006 Boulder Austin, TX 78704</i>
COMMITTEE TYPE	COMMITTEE NAME																
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	COMMITTEE CAMPAIGN TREASURER NAME																
	<i>Walter E. Timberlake</i>																
	COMMITTEE CAMPAIGN TREASURER ADDRESS																
	<i>2006 Boulder 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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 477.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 96.65
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,465.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,780.32
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 Gomez this the 15th day of Jan., 20 15, to certify which, witness my hand and seal of office.

*[Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Madison A. Gessner  
\_\_\_\_\_  
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: <i>1 of 1</i>													
2 FILER NAME <i>Margaret J. Gómez</i>		3 ACCOUNT # (Ethics Commission Filers)													
4 Date <i>11/19/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>#7000121586</i>	7 Amount of contribution (\$) <i>477.50</i>	8 In-kind contribution description (if applicable)												
6 Contributor address; City; State; Zip Code <i>RALLY / Pieyx ABC Bank 2201 W. Ben White Blvd Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)													
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)													
<del> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</td> <td>Amount of contribution (\$)</td> <td>In-kind contribution description (if applicable)</td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code</td> <td colspan="2">(If travel outside of Texas, complete Schedule T)</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> </table> </del>				Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)												
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)													
Principal occupation / Job title (See Instructions)		Employer (See Instructions)													
<del> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</td> <td>Amount of contribution (\$)</td> <td>In-kind contribution description (if applicable)</td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code</td> <td colspan="2">(If travel outside of Texas, complete Schedule T)</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> </table> </del>				Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)												
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)													
Principal occupation / Job title (See Instructions)		Employer (See Instructions)													
<del> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</td> <td>Amount of contribution (\$)</td> <td>In-kind contribution description (if applicable)</td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code</td> <td colspan="2">(If travel outside of Texas, complete Schedule T)</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> </table> </del>				Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)												
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)													
Principal occupation / Job title (See Instructions)		Employer (See Instructions)													
<del> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</td> <td>Amount of contribution (\$)</td> <td>In-kind contribution description (if applicable)</td> </tr> <tr> <td colspan="2">Contributor address; City; State; Zip Code</td> <td colspan="2">(If travel outside of Texas, complete Schedule T)</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> </table> </del>				Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)												
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)													
Principal occupation / Job title (See Instructions)		Employer (See Instructions)													

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME

Margaret 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)

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**

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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>1 of 2</i>		2 FILER NAME <i>Margaret Gomez Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>02/01/14</i>		5 Payee name <i>University Democrats</i>			
6 Amount (\$) <i>\$100.00</i>		7 Payee address; City; State; Zip Code <i>100-C West Dean Keeton Street, Sec. 105 Austin, TX 78712</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>Contributor to Fund Raiser</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 Gomez</i>		Office sought <i>TRAVIS Co. COMM Pct 4</i>	
Office held <i>TRAVIS Co. COMM Pct 4</i>		Date <i>11/02/14</i>		Payee name <i>Sprint</i>	
Amount (\$) <i>\$58.36</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 in Member 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 Gomez</i>		Office sought <i>TRAVIS Co. COMM Pct 4</i>	
Office held <i>TRAVIS Co. COMM Pct 4</i>		Date <i>11/02/14</i>		Payee name <i>AT&amp;T</i>	
Amount (\$) <i>\$15.19</i>		Payee address; City; State; Zip Code <i>P.O. Box 5014 Carol Stream, IL 60197-5014</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>INTERNET CHARGES</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 Gomez</i>		Office sought <i>TRAVIS Co. COMM Pct 4</i>	
Office held <i>TRAVIS Co. COMM Pct 4</i>		Date <i>11/07/14</i>		Payee name <i>John Alonzo</i>	
Amount (\$) <i>\$163.00</i>		Payee address; City; State; Zip Code <i>907 Montopolis Drive Austin, TX 78741</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>Holiday Event travel expense</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 Gomez</i>		Office sought <i>TRAVIS Co. COMM Pct 4</i>	
Office held <i>TRAVIS Co. COMM Pct 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 2</i>	2 FILER NAME <i>Margaret Gomez Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/07/14</i>	5 Payee name <i>American Printing and Marketing</i>
---------------------------	--

6 Amount (\$) <i>\$ 1814.39</i>	7 Payee address; City; State; Zip Code <i>1606 Westway Austin, TX 78754</i>
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Master, Postage, Printing</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 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>11/17/14</i>	Payee name <i>Dove Springs Recreation Center Advisory Board</i>
-------------------------	--

Amount (\$) <i>\$/100.00</i>	Payee address; City; State; Zip Code <i>George Morales III 5801 Ainez Drive Austin, TX 78744</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>Sponsorship of Thanksgiving Feast</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 Gomez</i>	Office sought <i>TRAVIS Co. COMM Pct 4</i>	Office held <i>TRAVIS Co. COMM Pct 4</i>
---	--	---	---

Date	Payee name <i>LEFT BLANK INTENTIONALLY</i>
------	---

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	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/07/14</i>	Payee name <i>AFL-CIO</i>
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Amount (\$) <i>\$ 216.00</i>	Payee address; City; State; Zip Code <i>WALF REEBMAN 1102 LAVACA Austin, TX 78701</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>Program Ad for Labor Day</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 Gomez</i>	Office sought <i>TRAVIS Co. COMM Pct 4</i>	Office held <i>TRAVIS Co. COMM Pct 4</i>
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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: <i>1 of 1</i>	2 FILER NAME <i>Margaret Gómez Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
--	--	--

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>
---	---

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

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

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

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

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

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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
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<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code <i>None</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> 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
-------------	---

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

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	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
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

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

Complete <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 Casquiga</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<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	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(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:

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2 FILER NAME

Margaret Gomez Campuzano

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: 1 of 1

2 FILER NAME

*Margaret Gomez 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**