CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

8688

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed:

| **3** CANDIDATE / OFFICEHOLDER NAME | (MS)/ MRS / MR   FIRST   Margaret   MI   D.   NICKNAME   LAST   Gómez   SUFFIX | **OFFICE USE ONLY** Date Received |

| **4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address | ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE   P.O. Box 42037   Austin   TX   78704 | 2016 JAN 15 AM 9:59 Dana D____ County Cl__ Travis County FILED FOR RECORD Date Hand-delivered or Date Postmarked |

| **5** CANDIDATE / OFFICEHOLDER PHONE | AREA CODE   PHONE NUMBER   EXTENSION   (512)   762-7016   — | Receipt #   Amount $ |

| **6** CAMPAIGN TREASURER NAME | MS / MRS (MR)   FIRST   Walter   MI   E.   NICKNAME   LAST   Timberlake   SUFFIX | Date Processed Date Imaged |

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

☑ January 15   ☐ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15   ☐ 8th day before election   ☐ Exceeded $500 limit   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month   Day   Year   07 / 01 / 15   THROUGH   Month   Day   Year   12 / 31 / 15

11 ELECTION

ELECTION DATE   Month   Day   Year   / /

ELECTION TYPE

☐ Primary   ☐ Runoff   ☑ Other Description

☐ General   ☐ Special   OFFICE HOLDER REPORT

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| 14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
Margaret Gomez Campaign	

16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	*Margaret Gomez Campaign*
	☐ SPECIFIC	COMMITTEE ADDRESS *P.O. Box 42037 Austin, TX 78704*
		COMMITTEE CAMPAIGN TREASURER NAME *Walter E. Timberlake*
☐ Additional Pages		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	$ -0-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 324.50
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 158.44
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1003.44
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 15,565.11
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

18 AFFIDAVIT

MADISON A. GESSNER
MY COMMISSION EXPIRES
February 14, 2018
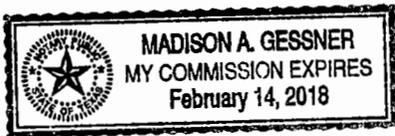
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said __Margaret Gomez__ , this the __14th__ day of __Jan.__ , 20 __16__ , to certify which, witness my hand and seal of office.

_____	Madison A. Gessner	notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Margaret Gómez Campaign	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 324.50
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ -0-
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ -0-
4.	☐ SCHEDULE E: LOANS	$ -0-
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1003.44
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ -0-
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ -0-
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ -0-
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ -0-
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ -0-
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ -0-
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 1

2 FILER NAME

Margaret Gómez Campaign

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#: NO)	**7** Amount of contribution ($)
8/10/15	Brigid Shea	#64.50
	6 Contributor address; City; State; Zip Code 2604 Goraghty Avenue Austin TX 78957	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
TRAVIS COUNTY COMMISSIONER, PCT. 2.	TRAVIS COUNTY

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
12/9/15	TRAVIS COUNTY SHERIFE'S LAW ENFORCEMENT ASSOCIATION	#260.00
	Contributor address; City; State; Zip Code P.O. Box 142025 Austin TX 78714	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2: *1 of 1*
2 FILER NAME *Margaret Gómez Caspurya*	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) *None* **7** Contributor address; City; State; Zip Code	**8** Amount of Contribution $.	**9** In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $.	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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PLEDGED 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** Filer ID (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 contribution description
	None		
	7 Pledgor address; City; State; Zip Code		☐ Check 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 contribution description
	Pledgor address; City; State; Zip Code		☐ Check 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 contribution description
	Pledgor address; City; State; Zip Code		☐ Check 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 contribution description
	Pledgor address; City; State; Zip Code		☐ Check 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.

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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** Filer ID (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? Y N	**8** Lender address; City; State; Zip Code *None*	**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 (See Instructions) ☐

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 (See Instructions) ☐

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.

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 4	Margaret Gomez Campaign	

4 Date	5 Payee name
6/18/15	Juneteenth Celebration – TRAVIS COUNTY

6 Amount ($)	7 Payee address; City; State; Zip Code
$50.00	P.O Box 301506 Austin, TX 78703

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution by Officeholder	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	~~Office sought~~	Office held TRAVIS CO. COMMISSIONER, Pct 4

Date	Payee name
6/18/15	George Morales Campaign

Amount ($)	Payee address; City; State; Zip Code
$25.00	4704 Cabob Austin, TX 78744

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution by Officeholder	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	~~Office sought~~	Office held TRAVIS CO. COMMISSIONER, PCT. 4

Date	Payee name
6/26/15	Murphy's Deli

Amount ($)	Payee address; City; State; Zip Code
$130.00	700 Lavaca, 1st Floor Austin, TX 78201

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense – Lunch for participants in Joint Mtg of City of Austin, Travis County and AISD elected officials	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret J. Gómez	~~Office sought~~	Office held Travis Co. Commissioner, Pct. 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Margaret Gomez Campaign	3 Filer ID (Ethics Commission Filers)

4 Date 7/29/15	5 Payee name The Hightower Lowdown

6 Amount ($) $100.00	7 Payee address; City; State; Zip Code P.O. Box 3109 Langhorn, PA 19047

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Other – subscription to newsletter

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name
Margaret J. Gómez

~~Office sought~~
Travis County Commissioner Pct 4 →

Office held

Date 7/30/15	Payee name Austin Tejano Democrats

Amount ($) $25.00	Payee address; City; State; Zip Code Cynthia Valdez, Jr. 2524 Stoutwood Circle Austin, TX 78745

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Other – dues, annual (membership)

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name
Margaret J. Gómez

~~Office sought~~

Office held
Travis County Comm. Pct 4

Date 8/18/15	Payee name Deluxe Checks

Amount ($) $44.44	Payee address; City; State; Zip Code THE ABC Bank 2201 W. Ben White Blvd Austin, TX 78704

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Accounting/Banking
2201 W. Ben White Blvd.
Austin, TX 78704

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name
Margaret J. Gómez

~~Office sought~~

Office held
Travis Co. Commissioner, Pct 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Margaret Gomez Campaign	3 Filer ID (Ethics Commission Filers)

4 Date 8/10/15	5 Payee name George Morales Campaign

6 Amount ($) #150.00	7 Payee address; City; State; Zip Code 4704 Cabob Austin, TX 78744

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contribution by Officeholder

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Margaret J. Gómez
~~Office sought~~
Office held TRAVIS Co- commissioner, Pct 4

Date 9/01/15	Payee name Dove Springs Proud

Amount ($) #100.00	Payee address; City; State; Zip Code 4103 Sajooner Street Austin, TX 78725

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Contribution by officeholder

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Margaret J. Gómez
~~Office sought~~
Office held TRAVIS Co. COMMISSIONER, PCT. 4

Date 9/02/15	Payee name Austin AFL-CIO Council

Amount ($) #265.00	Payee address; City; State; Zip Code P.o. Box 301074 Austin, TX 78703

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Margaret J. Gómez
~~Office sought~~
Office held TRAVIS Co COMMISSIONER, PCT.4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 of 4	Margaret Gomez Campaign	

4 Date	5 Payee name
9/16/15	Dove Springs Recreation Center Advisory Board

6 Amount ($)	7 Payee address; City; State; Zip Code
$150.00	George Morales 5801 Ainez Drive Austin, TX 78744

8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Contribution by Officeholder	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	~~Office sought~~	Office held
	Margaret J. Gómez		TRAVIS CO. COMMISSIONER, PCT 4

Date	Payee name
7/28/15	Scholz Garten

Amount ($)	Payee address; City; State; Zip Code
$14.00	1607 San Jacinto Austin, TX 78704

	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food/Beverage Expense 2 beers @ 6.50 each + $1 tax	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	~~Office sought~~	Office held
	Margaret Gómez		TRAVIS County Commissioner, Pct 4

Date	Payee name

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

	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 1	Margaret Gomez Campaign	

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$

5 Date	6 Payee name

7 Amount ($)	8 Payee address; City; State; Zip Code
	None

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		☐ Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

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

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		☐ Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 1 of 1
2 FILER NAME Margaret Gomez Campaign	**3 Filer ID** (Ethics Commission Filers)

4 Date	5 Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code None
	7 Description of investment
	8 Amount of investment ($)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Margaret Gomez Campaign	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 Date	6 Payee name

7 Amount ($)	8 Payee address; City; State; Zip Code None

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

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

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
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 Filer ID (Ethics Commission Filers)
1 of 1	Margaret Gomez 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
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

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)	(b) Description
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

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)	(b) Description
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1 of 1	2 FILER NAME Margaret Gomez Campaign	3 Filer ID (Ethics Commission Filers)

4 Date	5 Business name

6 Amount ($)	7 Business address; City; State; Zip Code None

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Business name

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Business name

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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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	**3** Filer ID (Ethics Commission Filers)
1 of 1	Margaret Gomez Campaign	

4 Date	**5** Payee name

6 Amount ($)	**7** Payee address; City; State; Zip Code
	None

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	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

2 FILER NAME
Margaret Gomez Campaign

3 Filer ID (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 ☐ Check if political contribution returned to filer

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 ☐ Check if political contribution returned to filer

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 ☐ Check if political contribution returned to filer

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 ☐ Check if political contribution returned to filer

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
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 Longoria*

3 Filer ID (Ethics Commission Filers)

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

None

5 Contribution / Expenditure reported on:

☐ Schedule A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

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:

☐ Schedule A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

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 A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

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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