

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) *N/A* **2 Total pages filed:** *18*

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: *Ms.* FIRST: *Naomi* MI: *R.*
 NICKNAME: LAST: SUFFIX:
Gonzalez

OFFICE USE ONLY
 Date Received
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
405 Buena Vista
El Paso, Texas 79905
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: *(915)* PHONE NUMBER: *219-0785* EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: *Ms.* FIRST: *Jessica* MI: *Peres*
 NICKNAME: LAST: SUFFIX:
Gomez

7 CAMPAIGN TREASURER ADDRESS
 (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9011 Galena
El Paso, TX 79904

8 CAMPAIGN TREASURER PHONE
 AREA CODE: *(915)* PHONE NUMBER: *757-2301* EXTENSION:

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: *02 / 01 / 08* THROUGH Month Day Year: *03 / 31 / 08*

11 ELECTION
 ELECTION DATE: Month Day Year: *05 / 10 / 08*
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any): *NONE*
 OFFICE SOUGHT (if known): *City Council Representative, District 3*

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
 Name: *NONE*
 Address / PO Box; Apt. / Suite #; City; State; Zip Code:
 additional pages

GO TO PAGE 2

CITY CLERK
RECEIVED
MAY 16 2008

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Gonzalez, Naomi R. 16 ACCOUNT # (Ethics Commission Filers) N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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	COMMITTEE NAME	<u>None</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

CITY CLERK DEPT.
03 APR 10 PM 1:15

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>15,288.91</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,433.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,717.14</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

19 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.

Naomi R. Gonzalez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Naomi R. Gonzalez, this the 10th day of April, 2008, to certify which, witness my hand and seal of office.

Susan C. Estrada
Signature of officer administering oath

Susan C. Estrada
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CIVIL SERVICE
 DEPT
 APR 10 PM 1:11

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>6</u>	
2 FILER NAME <u>Gonzalez, Naomi R.</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>See attached pages</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Report Date: 02/01/2008 through 03/31/2008

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
SCHEDULE A

2/21/2008 Naomi R. Gonzalez 405 Buena Vista El Paso, Texas 79905	\$699.71
2/21/2008 Rose Gonzalez 405 Buena Vista El Paso, Texas 79905	\$75.00
2/25/2008 Maria C. Del Rio 6422 Los Robles El Paso, Texas 79912	\$100.00
2/25/2008 Kyle B. Hendrix 4022 Santa Anita Dr. El Paso, Texas 79902	\$250.00
3/19/2008 Michael Wyatt 2906 Silver Ave El Paso, Texas 79930	\$100.00
3/19/2008 Leonard A. Goodman III 4911 Meadowlark El Paso, Texas 79922	\$250.00
3/19/2008 Alfonso Velarde 8501 Edgemere El Paso, Texas 79925	\$25.00
3/19/2008 Rodolfo Mata, P.C. 1112 Montana El Paso, Texas 79902	\$100.00
3/19/2008 Susan H. Jacobson 3315 Moonlight El Paso, Texas 79904	\$50.00
3/19/2008 Woody L. Hunt/Gayle G. Hunt P.O. Box 12220 El Paso, Texas 79913	\$500.00

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09 APR 10 PM 1:16

3/19/2008 Frank R. Lopez 10 Half Moon Dr. El Paso, Texas 79915	\$50.00
3/19/2008 J. Kirk Robison 4445 N. Mesa, Ste. 100 El Paso, Texas 79902	\$200.00
3/19/2008 Panagiotis Vallilis/Anthoula Tzannetoulakou 833 Rosinante El Paso, Texas 79922	\$500.00
3/19/2008 J.O. Stewart, Jr. 124 W. Castellano Dr. Ste. 100 El Paso, Texas 79912	\$250.00
3/19/2008 Barbara Mary Saavedra/Jesus A. Saavedra P.O. Box 220112 El Paso, Texas 79913	\$50.00
3/19/2008 Susana Dorado 600 El Parque Dr. El Paso, Texas 79912	\$300.00
3/19/2008 Katie Updike and Robert Wagner 5612 Cortina El Paso, Texas 79912	\$50.00
3/19/2008 Blanco Ordonez & Wallace, P.C 5715 Cromo Dr. El Paso, Texas 79912	\$250.00
3/19/2008 Louann Sanders El Paso, Texas	\$500.00
3/19/2008 William Sanders El Paso, Texas	\$500.00
3/19/2008 Pablo Sanders El Paso, Texas	\$500.00

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08 APR 10 PM 1:16

3/19/2008 Meyer Marcus/Melinda Marcus 600 Montana Ave. El Paso, Texas 79925	\$250.00
3/19/2008 Robert S. Ayoub/Celeste C. Ayoub 624 Coeur Dalene Cir. El Paso, Texas 79922	\$250.00
3/19/2008 Richard and Marilyn Rotwein 712 La Mancha Ct. El Paso, Texas 79922	\$250.00
3/19/2008 Clement Marcus and Amy J. Marcus 824 Dulcinea Court El Paso, Texas 79922	\$250.00
3/19/2008 Richard J. Amstater 5000 Montoya El Paso, Texas 79922	\$250.00
3/19/2008 Myrna J. Deckert 4276 Canterbury El Paso, Texas 79902	\$100.00
3/19/2008 Evelina Ortega 1201 Cincinnati El Paso, Texas 79902	\$100.00
3/19/2008 Tracy J. Yellen 925 McKelligon El Paso, Texas 79902	\$100.00
3/19/2008 Deborah C. Kastrin 3940 Flamingo El Paso, Texas 79902	\$500.00
3/19/2008 Scott PAC 1100 Chase Tower El Paso, Texas 79901	\$500.00
3/19/2008 Kenneth C. Clarence P.O. Box 1829 El Paso, Texas 79949	\$50.00

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03 APR 10 PM 1:15

3/19/2008 Harold W. Hahn/Beth A. Hahn 2244 Trawood Suite 100 El Paso, Texas 79935	\$500.00
3/17/2008 Edward Azar 4105 Rio Bravo St., Ste 100 El Paso, Texas 79902	\$200.00
3/24/2008 Rosendo Torres Attorney At Law 1220 Montana Ave, Ste. 201 El Paso, Texas 79902	\$150.00
3/20/2008 Oscar E Venegas 516 Crossbend El Paso, Texas 79932	\$200.00
3/26/2008 Susan Munder Urbietta Attorney At Law 521 Texas Ave El Paso, Texas 79901	\$150.00
3/19/2008 Ginger G. Francis P.O. Box 3739 El Paso, Texas 79923	\$500.00
3/19/2008 L. Frederick Francis P.O. Box 3739 El Paso, Texas 79923	\$500.00
3/24/2008 Paul L. Foster 123 W. Mills Ave Ste 200 El Paso, Texas 79901	\$500.00
3/19/2008 Russell A. Vandeburg/Martha Marty Vandenburg 5594 Westside Dr. El Paso, Texas 79932	\$500.00
3/18/2008 Robert H. Hoy, Jr. 1122 Airway Blvd. El Paso, Texas 79925	\$250.00
03/28/2008 Beatrice Burciaga El Paso, Texas	\$50.00

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03 APR 10 PM 1:16

3/19/2008
Jesse Alvarez
3631 Wooster
El Paso, Texas 79936

\$1,039.20
In Kind: Fundraiser Catering

4/1/2008
Rebecca Calderon
2329 Orville Moody
El Paso, Texas 79936

\$150.00
In Kind: Website Design

03/10/2008
Citizens for Prosperity GPAC
P.O. Box 3519
El Paso, Texas 79923

\$2,700.00
In Kind: Campaign Management
Services

CITY CLERK DEPT.
08 APR 10 PM 1:16

PLEGGED CONTRIBUTIONS

SCHEDULE B

COPY OF THIS REPORT
 DEPT. OF PUBLIC SAFETY
 0 APR 10 PM 1:15

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

2 FILER NAME Gonzalez, Naomi R. 3 ACCOUNT # (Ethics Commission filers) N/A

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$ 0

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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 FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **3**

2 FILER NAME **Gonzalez, Naomi R.** 3 ACCOUNT # (Ethics Commission filers) **N/A**

4 Date	5 Payee name See attached pages	7 Amount (\$)
	6 Payee address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Report Date: 02/01/2008 through 03/31/2008

POLITICAL EXPENDITURES
SCHEDULE F

2/25/08 Wells Fargo Bank El Paso, Texas Purpose: Account Fees	\$2.00
2/25/08 Municipal Clerk of the City of El Paso #2 Civic Center Plaza, 2nd Floor El Paso, Texas 79901 Purpose: Filing Fee	\$250.00
3/4/08 Harland Checks 4055 Corporate Dr., Suite 100 Grapevine, Texas 76051 Purpose: Check Ordering Fee	\$54.24
3/14/08 Christ Chavez Photographer 1002 Arizona #1 El Paso, Texas 79902 Purpose: Photography	\$129.91
3/24/08 Wells Fargo Bank El Paso, Texas Purpose: Account Fees	\$2.00
3/24/08 Display Services, Inc. 821 N. Raynor El Paso, Texas 79903 Purpose: Logo Artwork	\$257.09
3/18/08 The Reuel Group, Inc. 6006 N. Mesa, Suite 502 El Paso, Texas 79912 Purpose: Access Fee to VoterTouch System	\$1,500.00
3/31/08 Office Depot 801 Sunland Park Drive El Paso, Texas 79912 Purpose: Supplies	\$98.85

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08 APR 10 PM 1:16

Filer Name: Gonzalez, Naomi R.
Political Expenditures

Schedule F

3/29/08 Albertsons 5200 Montana El Paso, Texas 79903 Purpose: Supplies	\$1.00
3/27/08 The Home Depot 7545 N. Mesa El Paso, Texas 79912 Purpose: Supplies	\$87.91
3/29/08 Las Americas Immigrant Advocacy Center 1500 E. Yandell El Paso, Texas 79902 Purpose: Fundraiser Dinner Tickets	\$60.00
03/26/2008 Morris Pittle 500 N. Oregon, 2 nd Floor El Paso, Texas 79902 Purpose: Campaign Design	\$2,898.42

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08 APR 10 PM 1:16

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

CITY CLERK DEPT.
COMPTROLLER

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Gonzalez, Naomi R.</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
4 Date <u>2/13/08</u>	5 Payee name <u>Cricket</u> 6 Payee address; City; State; Zip Code <u>5579 Alameda Ave, #25B</u> <u>El Paso, TX 79905</u>	8 Amount (\$) <u>\$85.75</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Cellular phone</u> (If travel outside of Texas, complete Schedule T)		
Date <u>3/30/08</u>	Payee name <u>Lowe's Home Centers, Inc.</u> Payee address; City; State; Zip Code <u>4531 Woodrow Bean Transmtn</u> <u>El Paso, TX 79924</u>	Amount (\$) <u>\$6.34</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Supplies</u> (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

Gonzalez, Naomi R.

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Business name

NONE

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 ** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM 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: **1**

2 FILER NAME

Gonzalez, Naomi R.

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Payee name

NONE

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

CITY CLERK DEPT.
08 APR 10 11:16

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME Gonzalez, Naomi R.

3 ACCOUNT # (Ethics Commission filers) N/A

4 Date	5 Payor name <u>NONE</u>	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
7 Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.
08 APR 10 PM 11:16

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: <u>1</u>
2 FILER NAME <u>Gonzalez, Naomi R.</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>NONE</u>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

CITY OF DALLAS
 COUNTY CLERK
 1100 MARSHALL ST
 DALLAS, TX 75202
 TEL: 214-670-8300
 FAX: 214-670-8301