Millahaldar Candidata		VK VI~IAVIAN	<del>-</del>	~~	•
Hiceholder, Candidate,		PIGNAL	<b></b>	- <u>REC</u>	COVER PAGE - LONG FOI
nd Controlled Committee	Type or print in Ink.	Statement covers period	Date Star		CALIFORNIA A O
ampaign Statement - Long Form		from	8	7	1994 FORM 490
lovernment Code Sactions 84260-84216.5)		1	12-	CLRK	
E INSTRUCTIONS ON REVERSE		through 12-31-98	les N	<del>2</del>	Bre 1 , 23
neck one of the following boxes to indicate the type of statement be	eina filed-	Pate of election (fine time)		1	Page 01
Pre-election Statement	only indu,	Date of election if applicable: (Month, Day, Year)	Ì		For Official Use Only
Supplemental Pre-election Statement (Attach a completed F	form 495 to this statement.)	(,,			
Special Odd-Year Campaign Report			j		
Semi-annual Statement Termination Statement (Attach a completed Form 415 to this	sialement )	4-6-99			İ
Officeholder, Candidate, and Controlled C		1 044 - 0			<u></u>
Included in this Statement	ommuce	Il Other Committees I	voi included	in this S	statement: List any other
HAME OF OFFICEHOLDER ON CANDIDATE	<del></del>	committees not included in th committees of which you have			
Cha Comor	•	or to make expenditures on bi	that of your cand	dacy.	
GUS GOTTOZ  OFFICE SOUGHT OR HELD BINCLUDE LOCATION AND DISTRICT NUMBER IF APP	PLICABLE	COMMITTEE NAME			I D HUNBER
Glendale City Council Member	,	None			
AESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)	<del></del>	NAME OF TREASURER	<del></del>	<del></del>	CONTROLLED COMMUTEE?
Glendale, CA		THINK OF THENSONER			YES NO
CITY STATE &P CODE	AREA CODE/DAYTHAE PHONE	COMMITTEE ADDRESS	(NO AND ST	REET)	[]123 []40
Gomez for City Council	ANEX COULDN'I INC PROME		,		
COMMITTEE NAME	1.D. NUMBER	CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
					men bootism july vibrig
COMMITTEE ADDRESS (NO. AND STREET)	961776	COMMITTEE NAME			ID HUMBER
Glendale, CA 91226		NAME OF TREASURER		<del></del>	CONTROLLED COMMITTEE?
CITY STATE ZIP CODE	AREA CODE/DAYTIME PHONE				TES 10
					<b>C</b>
Glynda Gomez		COMMITTEE ADDRESS	INO AND ST	REETI	
Glynda Gomez HAME OF TREASURER	·	COMMETTEE ADDRESS	(NO ANO ST	REETI	
HAME OF TREASURER		COMMETTEE ADDRESS	(NO ANO ST	REET) ZIP CODE	AREA CODE/DAY INCE PHONE
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)					AREA CODE/DAY I IME PHONE
PERMANENT ADDRESS OF TREASUREM (NO. AND STREET)  Glendale, CA 91226		CITY	STATE	2iP COO€	
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)	AREA CODE/DAYTHAE PHONE		STATE	2iP COO€	
PERMANENT ADDRESS OF TREASUREM (NO. AND STREET)  Glendale, CA 91226	AREA CODE/DAYTHAE PHONE	CITY	STATE	2iP COO€	
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE		Attach additional information on	STATE  Appropriately labele	ZIP COO€ d continuation	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I Verification Thave used all reasonable difigence in preparing this statement. These	e reviewed the statement and to	Attach additional information on a	STATE  Appropriately labele	ZIP COO€ d continuation	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I Verification I have used all reasonable diligence in preparing this statement. I have icertify under penalty of perjury under the laws of the State of Cellioni	e reviewed the statement and to its that the foregoing is true and	Attach additional information on a	STATE  Appropriately labele	ZIP COO€ d continuation	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I Verification I have used all reasonable diligence in preparing this statement. I have icertify under penalty of perjury under the laws of the State of California Executed on 2/1/44 At Grandale.	e reviewed the statement and to its that the foregoing is true and CA	Attach additional information on the best of my knowledge the information of correct.	STATE  Appropriately labele	ZIP COO€ d continuation	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I Verification I have used all reasonable diligence in preparing this statement. I have icertify under penalty of perjury under the laws of the State of California Executed on 2/1/94 At Glandale.	e reviewed the statement and to le that the foregoing is true and CAT	Attach additional information on the best oldry knowledge the information By	STATE  appropriately labele  contained herein ar	ZIP CODE  d continuation  d in the attack	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I Verification I have used all reasonable diligence in preparing this statement. I have i certify under penalty of perjury under the laws of the State of California Executed on 2/1/94 At Glandale.  An officeholder or candidate who controls a committee must also	e reviewed the statement and to le that the foregoing is true and NO STATE	Attach additional information on the best of my knowledge the information By	STATE  appropriately labele  contained helion ar	ZIP CODE  d continuation  ad in the attack	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I Verification I have used all reasonable diligence in preparing this statement. I have icertify under penalty of perjury under the laws of the State of California Executed on 2/1/94 At Glandale.	e reviewed the statement and to le that the foregoing is true and NO STATE to verify the campaign statemend to the best of my knowledge	Attach additional information on the best of my knowledge the information By	STATE  appropriately labele  contained helion ar	ZIP CODE  d continuation  ad in the attack	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE IN CODE  Verification I have used all reasonable diligence in preparing this statement. I have icertify under penalty of perjury under the laws of the State of Californic Executed on 2/1/9 At GIVA At GIVA At An officeholder or candidate who controls a committee must also diligence in preparing this statement. I have reviewed the statement are perjury under the laws of the State of California that the foregoing is to	e reviewed the statement and to le that the foregoing is true and NO STATE to verify the campaign statemend to the best of my knowledge	Attach additional information on the best of my knowledge the information By	STATE  appropriately labele  contained helion ar	ZIP CODE  d continuation  ad in the attack	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I have used all reasonable diligence in preparing this statement. I have i certify under penalty of perjury under the laws of the State of Californic Executed on 2/1/94 At Grandale.  An officeholder or candidate who controls a committee must also diligence in preparing this statement. I have reviewed the statement as perjury under the laws of the State of California that the foregoing is the Executed on 2/1/95 At Grandale.	e reviewed the statement and to le that the foregoing is true and NO STATE to verify the campaign statemend to the best of my knowledge	Attach additional information on the best of my knowledge the information of correct.  By  By  By  Chya  By  Chya  By  Chya  By  Chya	STATE  appropriately labele  contained helion ar	ZIP CODE  d continuation  ad in the agach  ASDREE  knowledge the s is true and co	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I Verification I have used all reasonable diligence in preparing this statement. I have i certify under penelty of perjury under the laws of the State of Californic Executed on 2/1/44 At Glandale.  An officeholder or candidate who controls a committee must also diligence in preparing this statement. I have reviewed the statement are perjury under the laws of the State of California that the foregoing is the Executed on 2/1/45 At Glandale City At At	p reviewed the statement and to that the foregoing is true and NO STATE of verify the campaign statement to the best of my knowledge us and correct.	Attach additional information on the best of my knowledge the information of correct.  By  By  By  By  SiGN  By  SiGN	STATE  appropriately labele  contained herein are  signature of the best of th	ZIP CODE  d continuation  ad in the attact  ASDREE  knowledge the s is true and co	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  CITY STATE ZIP CODE  I Verification I have used all reasonable diligence in preparing this statement. I have i certify under penelty of perjury under the laws of the State of Californic Executed on 2/1/44 At Glandale.  An officeholder or candidate who controls a committee must also diligence in preparing this statement. I have reviewed the statement are perjury under the laws of the State of California that the foregoing is the Executed on 2/1/45 At Glandale City At At	p reviewed the statement and to that the foregoing is true and NO STATE or verify the compaign statement to the best of my knowledge us and correct.	Attach additional information on the best of my knowledge the information of correct.  By  By  By  By  SiGN  By  SiGN	STATE  sppropriately labele  contained heads are  signature of the pillottie best of my attached schedule	ZIP CODE  d continuation  ad in the attact  ASDREE  knowledge the s is true and co	sheels.
PERMANENT ADDRESS OF TREASUREN (NO. AND STREET)  Glendale, CA 91226  GTY STATE ZIP CODE  I Verification I have used all reasonable diligence in preparing this statement. I have icertify under panelty of perjury under the laws of the State of Californic Executed on 2/1/44 At Glandale.  An officeholder or candidate who controls a committee must also diligence in preparing this statement. I have reviewed the statement are perjury under the laws of the State of California that the foregoing is the Executed on 2/1/45 At Glandale City At Executed on DATE At CITY AT Executed on DATE CITY AT Executed on At CITY AT EXECUTED ON THE CITY	p reviewed the statement and to that the foregoing is true and NO STATE of verify the campaign statement to the best of my knowledge us and correct.	Attach additional information on the best of my knowledge the information on contact.  By  By  By  SIGN.  By  SIGN.	STATE  appropriately labele  contained herein are  signature of the best of th	ZIP CODE  d continuation  ad in the attach  ASDREG  Knowledge the  S is true and co	sheels.

# Allocation Page – Part I Contributions and Independent Expenditures Made From Campaign Funds

Type or print in ink.
Amounts may be rounded to whole dollars.

ALLOCATION - PAR

	ade From Campaign Funds		to whole dollars.		from		_ CALIFORNIA 49	
SEE INSTRUCTIONS	S ON REVERSE				through 17	- 31-98	Pag	e_2or_23
· · · · · · · · · · · · · · · · · · ·	PATRIMMOD DATE AND CONTROLLED COMMITTEE	<del></del>			I		10	NUMBER
Gus	s Gomez/Gomez for City Council						961	776
List each con	tribution and independent expenditure of \$100 or more no oppose other candidates or ballot measures.	nade from	campai	ign funds	to other com	mittees or	<u></u>	
		CHEC	K ONE			CUMULATIVE TO	DATE	CUMULATIVE TO DATE
DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	Support	Oppose	IND. EXP*	AMOUNT	CALENDARY (JAN 1 - DEC	PAR	OTHER (IFAPPLICABLE)
	None							
	None							
	•							
			=					
			:					
							····	
* See reverse	regarding independent expenditures.		SI	UBTOTAL	s ()	i i i i i i i i i i i i i i i i i i i		10
ALLOCATION	— PART I SUMMARY				<u> </u>			continuation shee
1. Contribution	ns and independent expenditures of \$100 or more made this Allocation Page – Part I subtotals.)	period fron	n campa	ign funds.		_		
2. Contribution	ns and independent expenditures under \$100 made this perio	d from car	npaign f	unds.				
3. Total contri	butions and independent expenditures made this period from rry this total to the Summary Page.)	campaign	funds.				>	·········

Schedule I Miscellaneou	us Increases to Cash	Amo	ype or print in ink. unts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 4
SEE INSTRUCTIONS O				through 12-31-58	Page _3 of_
	DER OR CANDIDATE AND CONTROLLED s Gomez/Gomez for City				10 NUMBER 961776
DATE RECEIVED	FULL NAME (IF COMMITTEE, IN ADDITION TO CO	AND ADDRESS OF SOURCE MAINTEE'S HAME AND ADDRESS, ENTER LD NUMBER SSIGNED, ENTER TREASURER'S HAME AND ADDRESS)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CA
	None				
			•		
		· ·			
	ny	typ		11.01	
Attach addition	nal information on appropriately la	abeled continuation sheets.		SUBTOTAL	\$ ()
	us Increases to Cash Su	_		_	
		riod(Do not itemize.)			

# Allocation Page – Part II Contributions and Independent Expenditures Made From Personal Funds

Type or print in lnk. Amounts may be rounded to whole dollars.

Statement covers period

from.

ALLOCATION PART CALIFORNIA 49

1994 FORM

SEE INSTRUCTIONS ON REVERSE				through 1	2-31-58	Page	2.3	
	HOLDER OR CANDIDATE	<del>.</del>		<del> </del>			1	
G	dus Gomez/Gomez for City Council				•			
List each con	ntribution and independent expenditure of \$100 or more made	from ti	e office	holder or	candidate's p	ersonal funds (	o sup	port or oppose
omer omcen	noiders, candidates and committees.	CHEC	K ONE	1 1		CUMULATIVE TO	DATE	CUMULATIVE TO DAT
DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	Support	Oppose	IND. EXP*	AMOUNT	CALENDARYE (JAN: 1 - DEC. 3	AR	OTHER (IFAPPLICABLE)
	None							
								<del></del>
* See revers	e regarding independent expenditures.		S	UBTOTAL.	\$ 0	1. 1 (		5.58
ALLOCATIO	N – PART II SUMMARY		Attach a	dditional i	information on	appropriately lat		
1. Contributi	ons and independent expenditures of \$100 or more made this pe ill Allocation Page – Part II subtotals.)				*****	<b>\$</b>		
	ons and independent expenditures under \$100 made this period (emize.)					<b>s</b>		
3. Total cont	tributions and independent expenditures made this period from perarry this total to the Summary Page.)	rsonal f	unds.				<u>ک</u>	
	•							

Campaign Disclosure Statement	Type or print in ink, Amounts may be rounded	Change	SUMMARY PAC
Summary Page	to whole dollars.	Statement covers period	CALIFORNIA 490
SEE INSTRUCTIONS ON REVERSE		through 12-31-98	Page 5 of 23
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Gus Gomez/ Gomez for City Council			10 NUMBER 961776
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A - 8)
1. Monetary Contributions	\$ 6478.00	s	s 6478.00
2. Loans Received	0		0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	s_6478.00	sO	6478.00
4. Non-monetary Contributions Schedule C, Line 3	869.00	Ö	869.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ 7347.00	, 0	. 7347.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	0	0	Ò
7. TOTAL CONTRIBUTIONS RECEIVED	; 7347.00	s()	\$ 7347.00
Expenditures Made			_
8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ 965.00	. \$ <u></u>	\$ 965.00
9. Loans Made			
10. SUBTOTAL CASH PAYMENTS	\$ 965.00	\$	s <u>O</u>
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5			
12. TOTAL EXPENDITURES MADE	s 965.00	\$O	\$ 965.00
Current Cash Statement	^		
13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 6474.60	<ul> <li>From previous Statement Summ this is the first report filed for the ca</li> </ul>	ary Page, Column C. However, if
14. Cash Receipts	6978	<ul> <li>blank except for Loans Received (</li> </ul>	Line 2), Enforceable Promises
15. Miscellaneous Increases to Cash	965.00	(Line 6), Loans Made (Line 9), and	Accrued Expenses (Line 11).
16. Cash Payments			
17. ENDING CASH BALANCE	\$ 5513.00 ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	Summary for Candida November Elections	
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	s	21. Contributions Received\$	170 Date 7/1 to Date
Cash Equivalents and Outstanding Debts	. 0	22. Expenditures	//+

20. Outstanding Debts...... Add Line 2 + Line 11 in Column C above

Schedule A	Type or print in ink.	
Monetary Contributions Received	Amounts may be rounded to whole dollars.	Stateme
		from
SEE INSTRUCTIONS ON REVERSE		through

Statement covers period CALIFORNIA 490 1994 FORM

·9··

Page6\_\_\_\_ of 23

SCHEDULE /

I D NUMBER

961776

Gus Gonez for City Council				961 / /6		
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IH ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD HUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDARYEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IFAPPLICABLE)	
9/16/98	Scott Schaffer Glendale, CA 91206	President CityCab	500.00	500.00	port	
9/23/98	Anthony Tartanlia Shermanoaks, CA 9/4/1	Public Affairs Mgr. So. Calif. Gas	250.00	250.17	K	
10/11/18	Genny C. Aquilar Glendale, CA 91214	Division Administrates Marchall Electronics	150.00	150.00	Þ	
11/14/98	Robert & Sheryl A. Flack Glendale, CA 91208	Retined	100	100 .05	¢	
11/14/48	Onve and Jennifer Moreno Glendale, CA 91208	Motion Picture recal Production Todd-AD Sound	100.2	100.00		
		SUBTOTAL \$	1/180	L distribution	The state of the s	

#### **Monetary Contributions Summary**

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

### Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDULE A (CONT)

Statement covers period

Monetally Contributions (1000)	to whole dollars.	from	CALIFORNIA 490
		through	Page 7 of 23
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		<u> </u>	ID NUMBER
Gus Gomez/Gomez for City Council			961776

OCCUPATION AND EMPLOYER AMOUNT **CUMULATIVE TO DATE** CUMULATIVE TO DATE **FULL NAME AND ADDRESS OF CONTRIBUTOR** DATE OF SELF-EMPLOYED, ENTER RECEIVED THIS (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LO. HUMBER OR, IF HO LO. MUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS] CALENDARYEAR OTHER RECEIVED NAME OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IFAPPLICABLE) KAMIREZ JR 1/14/58 Political Consultant 100.00 100.50 Glendale, CA 91208 Engineer Fred Fiedler 100.0% Fiedler AASSOC. Glendile, CA 11/14/98 Consultant David A. Marde 100.00 100.00 self-employed Glendali, cit 91008 -City of la Coundary Planning Dept Mirna + Curtis Stanley 11/14/98 230 anchitect Glendale, CA 9/208 65.00 Lindat Robert Benjamin 12/7/98 20000 200 0 Glendale, CA 7/202 13/2/48 Marlene Realton Cay atao 100 00 Renax Sunland, CA 9/040 880.03 SUBTOTAL \$ ा के अबी सम

## Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (C)

from CALIFORNIA 49

from 1994 FORM 49

through 12-31-98

Page 8 of 2-3

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

961776

	Ous Gamez/Gamez for City Council				961776	
DATE RECEIVED	FLEL NAME AND ADDRESS OF CONTRIBUTOR  (F COMMITTEL IN ADDITION TO COMMITTEES NAME AND ADDRESS, ENTER ID NUMBER  OR, IF HO ID HAMBER HAS BEEN ABROMED, ENTER TREASUMEN'S HAME AND ADDRESS)	OCCUPATION AND EMPLOYER OF SELF EMPLOYED, ENTER NAME OF BURNESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DE OTHER (IF APPLICABLE)	
11/28/98	Glendale, CA 91202	Retired	100 -00	100.05	160.00	
11/16/98	Daklene E. Aquilar intermedia Schiffe West Covina, CA 91790	ME Xecutive a Jellow Cab	700 · 00	100 °	/ 60 <sup>66</sup>	
		SUBTOTAL \$	200.00	2 2 3 W	· 1.21	

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole doltars.

SCHEDULE A (COH)

Statement covers period	04450044
trom	CALIFORNIA 490
through 12-34-58	Page 9 of 23
	ID HUMBER

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

961776

	Gus Gomez/Gomez for City Council			30.770		
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEES MAD ADDRESS, ENTER (D. NUMBER OR, IF HOLD HUMBER HAS BEEN ABSIGNED, ENTER (D. RAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
12/2/44	Lydia Soriano	Realton	100 %	100 00		
	Glendale, CA 91226				0	
13/3/4	Bob AdAvis	Fleat tunnagere Star Toxal	700-67	160.00		
746	G-12 volate, CA 7/2012	121 W.C. 40% Y			$\wedge$	
12/3/98	Paul Green	Pros dent	100	100.00		
15/18	Glendale, CA 91203	Green Coxputes Co		·	O	
	Raymond Robbos	Attorney LA Courty	100.00	100 . 63	<u> </u>	
12/12/18	Los Aryeles, 0A 90032	L/4 C00.144		,,,,	0	
h/ ,	Osal Civia	Executive	100.32	10000		
11/11/18	Studio City, CA 91609	Bell Cab		,00	()	
"/14/98	Richard Montganery	Refized	1.0 > .023		<u>U</u>	
12/3/98	@1endule, CA 9/208	,	150.00	150 -00		
					<u>\</u>	
		SUBTOTAL \$	620.22	· · · · · · · · · · · · · · · · · · ·	e says	

#### Schedule B – Part I Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

### Type or print in ink. Amounts may be rounded to whole dollars.

	Statement covers per	od
100		

CALIFORNIA 490

SCHEDULE 8 PART

through 12-31-58

Page 10 of 23

ID NUMBER

	Gus Gomez/ Gomez for City Council					961776	
DATE	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS	LENDER/GUARANTOR'S	LENDER INFORMATION			GUARANTOR INFORMATION	
RECEIVED	(IF COMMITTEE, ENTER FULL NAME, ADDRESS AND LD. MUMBER. IF NO LO. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER BUSINESS NAME)	DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	None		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		5		S
	☐ Lender ☐ Guarantor <sup>6</sup>		*		\$		s
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		•	INTEREST RATE		S		S
	Lender Guarantor*		*		3		\$
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	· · · · · · · · · · · · · · · · · · ·		INTEREST RATE		\$		S
·	Lender Guarantor *				\$		s
* See impo	ortant instructions on reverse.		SUBTOTAL \$	(a) ()	£ 127 W	(b)	Enler (b) on Summary Page Line 18 only
1. Loans o	of \$100 or more received this period. (Include all Loans		•				Cite is day
	under \$100 received this period. (Do not itemize.)						
Loans R	ans received this period. (Add Lines 1 and 2.)eceived — Part II Summary of \$100 or more repaid, forgiven, or paid by a third p			\$ <u>0</u>			

subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ......\$

paid by a third party, include this amount on Schedule A Summary, Line 2.

5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or

6. Total loans repaid, forgiven, or paid by a third party this period.

7. Net change this period. (Subtract Line 6 from Line 3.)

## Schedule B – Part I (Continuation Sheet) Loans Received

Type or print in ink, Amounts may be rounded to whole dollars.

SCHEDULE B. PART LICONT

	GOLIEBOLE D. LYULL COM
Statement covers period	CALIFORNIA 490
through 12-31-58	Page 1/ of 23
	I D NUMBER
	961776

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

						<u> </u>	
DATE	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS	LENDER/GUARANTOR'S	LENI	DER INFORMAT	GUARANTOR INFORMATION		
RECEIVED	(IF COMMITTEE, ENTER FULL NAME, ADDRESS AND LD NUMBER IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER BUSINESS NAME)	DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	None		DUE DATE		CALENDAR YEAR		CALENDAR YEA
					.		
		•	INTEREST RATE		OTHER		OTHER
	□ Lender □ Guarantor *		×		s		s
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		s		s
			A TOTAL OF THE		OTHER		OHER
	Lender Guarantor *		×		s		\$
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
	·		INTEREST RATE		s		s
			INTEREST HATE		OTHER		OTHER
<del> </del>	Lender Guarantor *		*		s		\$
			DUE DATE	" -	CALENDAR YEAR		CALENDAR TEAH
			INTEREST RATE		s		\$
			MICRES! HAIE		OTHER		OTHER
<del></del>	Lender Guarantor *		×		s		s
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		s		s
	Electric Community				РЭНТО		OTHER
<u> </u>	Lender Guarantor *		<u> </u>		\$		3
* See Imp	ortant instructions on reverse of page 1 of Schedule B, I	Part I.	SUBTOTAL \$	<i>. (</i> , )	1 4	\$	Enter (b) on Summary I*age Line 18 only

Schedule B – Part II		
Repayments Made on Loans	Received,	Loans
Forgiven, and Loans Repaid	by a Third	Party

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

SEE INSTRUCTIONS ON REVERSE

forgiven or paid.

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE B - PAR' Statement covers period CALIFORNIA 49

1D NUMBER

total to the summary section of Schedule B.

G	us Gomez/Gom	ez for City Co	uncil				961770	5
DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FUI	L NAME OF LENDER	1	ITEREST RATE CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
9/1/98	VAR105 1997	Crustave	Ganez		Ø	\$11,878.000 Navigned	þ	A
<b></b>	•							
		, ·						
		···	**					
					. <u>-</u> -			
			labeled continuation she		JBTOTAL		TOTAL INTEREST PAID THIS PERIOD	<b>s</b> (d)
*IMPORTAL including th	NT: If any part o ne name and add	f a loan is forgiven d dress of the person i	or repaid by a third party orgiving the loan or the	/, also itemize t third party maki	he transac ing the pay	ction on Schedule A, yment, and the amount	Enter the amount in colun	on (d) in the summary ne 3. Do not carry this

Schedule B – Part III		Type or print in ink.	SCHEDULE B - PART			
Annual Report of Outstanding I	Loans Received	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 490		
SEE INSTRUCTIONS ON REVERSE			through 12-31-58	Page_ 13 _ of_ 23		
Gus Gomez/ Gomez for C				1D NUMBER 961776		
FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST		
None						
Attach additional information on approp	orialely labeled continuation she	ets. TOTAL \$	δ			

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

#### Schedule C Non-Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 1901

through 12-31-98

Page 14 of 23

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

10 NUMBER 961776

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR  (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. HUMBER OR, IF NO I.D. HUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S HAME AND ADDRESS)	OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/19	Richard Ramirez	retired	invitations and party supplies	\$165.00	\$ 165.00	٥
11/14	ENERGIA 91208	Architect/ City of LA Commodor	invitations	\$ (S. 03	\$65.00	\$280.00
114/98	DAVID + Linda Weaver Glendale CA 51206	engines / council man exective Thay mac	invitations and purty souls	\$115.00	9118.00	0
1/14/148	GLENDAIR, CA 91208	Retired	invitations, pustage, stationary & envelopes	4/65.00	\$ 165.00	\$35.00
11/14/98	Glaudale, CA 91208	Executive RADIN ASSOC.	imitations	\$65.00	965.00	\$50.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 575.09

#### **Non-Monetary Contributions Summary**

#### Schedule D Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

Type or print in ink, Amounts may be rounded to whole dollars,

Statement covers period rom \_\_\_\_\_\_ CALIFORNIA 1994 FORM 490

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that mus
be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

through 12-31-58

Page . 15 of 23

I D NUMBER

Gus Gomez/ Gomez for City Council

961776

		<del></del>	<del></del>			
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE: IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER ON, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDARYEAR (JAN 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IFAPPLICABLE)
	1					
	None					
					1	
						<del></del>
		·				
•						
Attach addi	.l tional information on appropriately labeled contin	l ualion	(e)	(6)		
sheets.		SUBTOTALS \$			alas.	3
	ole Promises Received Summary				···	
1. Promises	received of \$100 or more this period (Column (a)). received under \$100 this period.		\$	<del></del>		
	emize.)		s	_		
•	mises received this period.	7071	_	_		
	es 1 and 2.)		\$	<u></u>		
	s received on promises of \$100 or more this period (b))		****************************	.s <u> </u>		
5. Payments	s received on promises under \$100 this period.			,		
6. Total pay	emize. Also include on Schedule A Summary, Line ments received.	(Z.)	•••••••••••••••••••••••••••••••••••••••	. \$	<del></del>	
(Add Line	es 4 and 5.)	***************************************	TOTAL	\$ <u></u>	)	
	ge this period. (Subtract Line 6 from Line 3. Enter mary Page, Column A, Line 6.)			• 0		
· · · = =				The second		

Schedule	E	
<b>Payments</b>	s and Conf	tributions
(Other Th	an Loans)	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

from CALIFORNIA 490
through 12-31-58
Page 16 of 23

961776

SCHEDULE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

CODES	FOR	CI	ASSIEVING	FYPENDITHE	350

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- \*C\* -- MONETARY AND IN-KIND (NON-MONETARY)
  CONTRIBUTIONS TO OTHER CANDIDATES
  AND COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE

- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR:TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS

"G" -- GENERAL OPERATIONS AND OVERHEAD

"T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

\*P\* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION UF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD.		IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW				
HUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
alfredo Garcia Los Angeles, CA 90017	F	•	•	105 67		
Glendale Instant Printing Glendale CA 91209	L	•		16,900		
Glandale Instant Printing Glandale, CA 91204	L			134 00		

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 407 400

Payments and	i Con	tributions	Made	Summary
--------------	-------	------------	------	---------

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

2. Payments made this period of under \$100. (Do not itemize.)

3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)

4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)

5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)

TOTAL \$

# Schedule E (Continuation Sheet) Payments and Contributions (Other Than Loans) Made

Type or print in Ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT

Statement covers period	CALIFORNIA 490
through 12-31-98	Page 17 of 3
	I D NUMBER
	961776

SEE INSTRUCTIONS ON REVERSE

AND COMMITTEES

"L" -- LITERATURE

"I" -- INDEPENDENT EXPENDITURES

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

CONTRIBUTIONS TO OTHER CANDIDATES

"C" -- MONETARY AND IN-KIND (NON-MONETARY)

**CODES FOR CLASSIFYING EXPENDITURES** 

"N" -- NEWSPAPER AND PERIODICAL ADVERTISING

"O" -- OUTSIDE ADVERTISING

"B" -- BROADCAST ADVERTISING

"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" -- FUNDRAISING EVENTS

"G" -- GENERAL OPERATIONS AND OVERHEAD

\*T\* -- TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)

\*P\* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION OF COMMITTEE, INADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAIL
•				 August 7 All
None				
·				
			Part of the second second	

_		_	_		_	
	C۲	Œ	n	I I t	F	ı

#### Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA Irom 12-31-98 through.

SEE INSTRUCTIONS ON REVERSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE **1D NUMBER** Gus Gomez/Gomez for City Council 961776

#### **CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES
- "B" -- BROADCAST ADVERTISING

"G" -- GENERAL OPERATIONS AND OVERHEAD

- AND COMMITTEES
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING

"T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

"I" .. INDEPENDENT EXPENDITURES

"O" -- OUTSIDE ADVERTISING

- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- \*S\* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS "L" -- LITERATURE
  - "F" -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION OF COMMITTEE, MADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NO LD.	IMPORTANT: DO ON SCHEDU	NOT ITEMIZE TO LE F, LINE 4 AND	HE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT OON SCHEDULE E, LINE 4. DO NOT RE ITEMIZE ACCRUED EXPENSES RE	ONLY THE LUMP SUM OF PAYMENS PORTED IN A PREVIOUS PERIOD
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
None				
Attach additional information on appropriately labeled continuation sh	eets.	<u></u>	SUBTOT	AL \$
Accrued Expenses Summary				
1. Accrued expenses this period of \$100 or more. (Include all Schedule I	F subtotals.) .			\$
2. Accrued expenses this period of under \$100. (Do not itemize.)				
3 Total accrued expenses incurred this period. (Add Lines 1 and 2.)			MOUDDED TOTA	
4. Total accrued expenses paid this period. (Do not itemize. Enter here a	ind on Sched	ule E Sumi	mary, Line 4.)PAID TOTA	AL S(
5. Net change this period. (Subtract Line 4 from Line 3. Enter the different	nce here and	on the Sur	mmary Page, Column A, Line 11.) NE	T \$ May be a negative number

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)	Type or print Amounts may be to whole do	rounded	Statement covers period from	CALIFO 1994 F	
SEE INSTRUCTIONS ON REVERSE		-•	through 12-31-58	Page	19 01 23
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE				I D NUM	BEA
Gus Gomez/ Gomez for City Council				961776	į
	CLASSIFYING EXPEN				
If one of the following codes accurately describes the expenditure, you managed the E-Continuation Sheet for detailed explanations of each category	ay enter the code and I	eave the "D	escription of Payment" column	blank. Ref	er to the back of
*L* LITERATURE		SHAVEVS	SIGNATURE GATHERING, DOOR-TO-	5000 600 100	TATIONA
*B* BROADCAST ADVERTISING	•	·· FUNDRAIS		DOOM SOLICI	IATIONS
"N" NEWSPAPER AND PERIODICAL ADVERTISING "O" OUTSIDE ADVERTISING		TRAVEL, AC	COMMODATIONS AND MEALS DESCRIBED)		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IMADOLION TO COMMITTEE'S MANE AND ADDRESS, ENTER I D. NUMBER OR, IF MO I D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S MANE AND ADDRESS)	CODE OR	DESC	RIPTION OF PAYMENT .		AMOUNT PAID
None				j	
					_
				l	
				1	
				a service and a	

TOTAL' \$

Attach additional information on appropriately labeled continuation sheets.

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Sched	ule H	- Pa	rt I
Loans	Made	to C	thers

### Type or print in lok

SCHEDE	ILE LI	OADE
SUMEDI	л.∈ н	PAHI

Schedule n -		type or print it ink,				SCHEDULE H - PART		
Loans Made to Others		Amounts may be rounded to whole dollars.		_	covers period	CALIFORNIA 4	190	
			1	lrom			<del></del>	
SEE INSTRUCTIONS ON R	NEVERSE		1	lhrough	12-31-98	Page	23	
NAME OF OFFICEHOLDER	OR CANDIDATE AND CONTROLLED COMMITTEE					1D NUMBER		
Gus (	Gomez/ Gomez for City Council					961776		
DATE OF LOAN	FULL NAME AND ADDRESS OF RE (IF COMMITTEE; IN ADDITION TO COMMITTEE'S NAME AND ADD OR, IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER TREASUR	RESS, ENTER LO NUMBER	INTEREST RA	NTE .	DUE DATE	AMOUNT		
	None							
	•						***	
•				_ !	SUBTOTAL \$	D		
<ol> <li>Loans of \$100 of (Include all Loans)</li> <li>Loans under \$10 (Do not itemize)</li> <li>Total loans mad</li> </ol>	Others – Part I Summary or more made this period. ns Made – Part I subtotals.) 00 made this period. ) le this period. ld 2.)		*******************************	\$				
Loan Repayme 4. Payments receive which have bee if forgiven, also 5. Payments receive (Including a forg 6. Total loan payme (Add Lines 4 and Lines 4 a	ents Received — Part II Summary ved on loans of \$100 or more. (Include all loan in forgiven by this officeholder, candidate, or co itemize on Schedule E.) ved on loans under \$100. giveness. Do not itemize.) nents received this period. id 5.)	payments received and all loa mmittee – Part II (a) subtotals	ans of \$100	) or more \$ .				
	period. (Subtract Line 6 from Line 3. ere and on the Summary Page, Column A, Line	9.)		NET \$ <sub>ī</sub>	May be a negative number			

Schedule H - Part I **Loans Made to Others** (Continuation Sheet)

Type or print in Ink.
Amounts may be rounded to whole dollars.

SCHEDULE H - PART LICONT

Statement covers period

(Continuation S		to whole dollars.	from_	,	
			throug	12-31-58	Page :- 21 of 23
NAME OF OFFICEHOLDER	OR CANDIDATE AND CONTROLLED COMMITTEE				ID NUMBER
Gus Gom	ez/ Gomez for City Council				961776
DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER 1 D. N OR, IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS.	UMBER INTERES	STRATE	DUE DATE	AMOUNT
	•				
	Jone				
				SUBTOTAL \$	0

### Schedule H - Part II Loan Repayments Received on Loans Made to Others (Including Payments Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE H - PART I Statement covers period CALIFORNIA A OC

from Third Parties) and Loans Forgiven	from	1994 FORM 431
SEE INSTRUCTIONS ON REVERSE	through 12-31-58	Page
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		ID NUMBER
Gus Gomez/Gomez for City Council		961776

DATE OF DATE OF INTEREST AMOUNT REPAID OR OUTSTANDING REPAYMENT OR ORIGINAL INTEREST **FULL NAME OF RECIPIENT OF LOAN** FORGIVEN ON PRINCIPAL\* RATE PRINCIPAL **FORGIVENESS** LOAN RECEIVED (IF CHANGED) (EXCLUDE RECEIPT OF INTEREST) None . . . . . . . . . . . . (b) TOTAL INTEREST Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ RECEIVED THIS PERIOD \* IMPORTANT: If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received Enter the amount in column (b) in the from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with summary section of Schedule I, Line 3. Do not carry this total to the summary section

the name of the recipient of the loan.

of Schedule H.

Schedule H – Part III Annual Report of Outstanding Loans Ma	de	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 490
SEE INSTRUCTIONS ON REVERSE			through 12-31-58	Page _ 23 of 23
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTE Gus Gomez/ Gomez for City Counc	10 NUMBER 961776			
FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
None	-31.5	,		
	•			
	·			
	,,,			
,				-
Attach additional information on appropriately labele	ed continuation sheets.	TOTAL	s 0	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 9.