

**Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement - Long Form**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Type or print in ink.

ORIGINAL

Statement covers period from _____ through <u>12-31-98</u>	Date Stamp 1 FEB 99 4:21 -RECEIVED CLERK-	COVER PAGE - LONG FORM <b>CALIFORNIA 1994 FORM 49C</b>
Date of election if applicable: (Month, Day, Year) <u>4-6-99</u>		Page <u>1</u> of <u>23</u> For Official Use Only

**I Officeholder, Candidate, and Controlled Committee  
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

Gus Gomez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Glendale City Council Member

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

Glendale, CA

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Gomez for City Council

COMMITTEE NAME I.D. NUMBER

961776

COMMITTEE ADDRESS (NO. AND STREET)

Glendale, CA 91226

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Glynda Gomez

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

Glendale, CA 91226

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

**II Other Committees Not Included in this Statement:** List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME <u>None</u>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	

Attach additional information on appropriately labeled continuation sheets.

**III Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/99 At Glendale, CA

By Glynda Gomez SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/1/99 At Glendale CA

By Gus Gomez SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_ SIGNATURE OF CANDIDATE/OFFICEHOLDER

**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

Statement covers period from _____ through <u>12-31-98</u>	<b>CALIFORNIA 1994 FORM 490</b>
	Page <u>2</u> of <u>23</u>
	ID NUMBER 961776

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
	None						

\* See reverse regarding independent expenditures.

SUBTOTAL \$ 0

**ALLOCATION — PART I SUMMARY**

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.  
(Include all Allocation Page – Part I subtotals.) ..... \$ \_\_\_\_\_
- Contributions and independent expenditures under \$100 made this period from campaign funds.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period from campaign funds.  
(Do not carry this total to the Summary Page.) ..... **TOTAL \$** 0

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from _____ through <u>12-31-98</u>	CALIFORNIA 1994 FORM <b>490</b> Page <u>3</u> of <u>23</u>
I D NUMBER 961776	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	None		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

**Miscellaneous Increases to Cash Summary**

- Increases to cash of \$100 or more this period. .... \$ \_\_\_\_\_
- Increases to cash under \$100 this period. (Do not itemize.) .... \$ \_\_\_\_\_
- Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) .... \$ \_\_\_\_\_
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) .... TOTAL \$ 0

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

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

ALLOCATION - PART I

Statement covers period from _____ through <u>12-31-98</u>	CALIFORNIA 1994 FORM <b>490</b> Page 4 of <u>23</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF OFFICEHOLDER OR CANDIDATE

Gus Gomez/Gomez for City Council

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
	None						

\* See reverse regarding independent expenditures.

SUBTOTAL \$ 0

Attach additional information on appropriately labeled continuation sheet

**ALLOCATION – PART II SUMMARY**

- Contributions and independent expenditures of \$100 or more made this period from personal funds.  
(Include all Allocation Page – Part II subtotals.) ..... \$ \_\_\_\_\_
- Contributions and independent expenditures under \$100 made this period from personal funds.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period from personal funds.  
(Do not carry this total to the Summary Page.) ..... TOTAL \$ 0

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from _____ through <u>12-31-98</u>	<b>CALIFORNIA</b> <b>1994 FORM</b> <b>490</b>
	Page <u>5</u> of <u>23</u>
	ID NUMBER 961776

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Gus Gomez/ Gomez for City Council

## 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 + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>6478.00</u>	\$ <u>0</u>	\$ <u>6478.00</u>
2. Loans Received ..... Schedule B, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>6478.00</u>	\$ <u>0</u>	\$ <u>6478.00</u>
4. Non-monetary Contributions ..... Schedule C, Line 3	<u>869.00</u>	<u>0</u>	<u>869.00</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) ..... Add Lines 3 + 4	\$ <u>7347.00</u>	\$ <u>0</u>	\$ <u>7347.00</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) ..... Schedule D, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 5 + 6	\$ <u>7347.00</u>	\$ <u>0</u>	\$ <u>7347.00</u>

## Expenditures Made

8. Cash Payments (Other than Loans Made) ..... Schedule E, Line 5	\$ <u>965.00</u>	\$ <u>0</u>	\$ <u>965.00</u>
9. Loans Made ..... Schedule H, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
10. SUBTOTAL CASH PAYMENTS ..... Add Lines 8 + 9	\$ <u>965.00</u>	\$ <u>0</u>	\$ <u>0</u>
11. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 5	<u>0</u>	<u>0</u>	<u>0</u>
12. TOTAL EXPENDITURES MADE ..... Add Lines 10 + 11	\$ <u>965.00</u>	\$ <u>0</u>	\$ <u>965.00</u>

## Current Cash Statement

13. Beginning Cash Balance ..... Previous Summary Page, Line 17	\$ <u>0</u>
14. Cash Receipts ..... Column A, Line 3 above	<u>6478.00</u>
15. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
16. Cash Payments ..... Column A, Line 10 above	<u>965.00</u>
17. ENDING CASH BALANCE ..... Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>5513.00</u>
<i>If this is a termination statement, Line 17 must be zero.</i>	

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED ..... Schedule B, Part I, Column (b)	\$ <u>0</u>
19. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
20. Outstanding Debts ..... Add Line 2 + Line 11 in Column C above	\$ <u>0</u>

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ <u>N/A</u>	
22. Expenditures Made	\$ <u>N/A</u>	

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from _____ through _____	<b>CALIFORNIA 1994 FORM 490</b> Page 6 of 23 ID NUMBER 961776
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, 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 RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/16/98	Scott Schaffer [REDACTED] Glendale, CA 91206	President City Cab	500.00	500.00	✓
9/23/98	Anthony Tartaglia [REDACTED] Sherman Oaks, CA 91411	Public Affairs Mgr. So. Calif. Gas	250.00	250.00	✓
10/14/98	Genny C. Aguilar [REDACTED] Glendale, CA 91214	Division Administrator Marshall Electronics	150.00	150.00	✓
11/14/98	Robert & Sheryl A. Flack [REDACTED] Glendale, CA 91208	Retired	100.00	100.00	✓
11/14/98	Dave and Jennifer Moreno [REDACTED] Glendale, CA 91208	Motion Picture Production Tedd - AD Studio	100.00	100.00	✓
<b>SUBTOTAL \$</b>			1100.00		

**Monetary Contributions Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 2830.00
- Amount received this period - contributions of less than \$100.  
(Do not itemize.) ..... \$ 3648.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 6478.00**

**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 from _____ through _____	CALIFORNIA 1994 FORM <b>490</b>
	Page <u>7</u> of <u>23</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

ID NUMBER

961776

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, 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 RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/14/98	Julio Ramirez JR. [REDACTED] Glendale, CA 91208	Political Consultant self-employed	100. <sup>00</sup>	100. <sup>00</sup>	0
11/14/98	Fred Fiedler [REDACTED] Glendale, CA	Engineer Fiedler & ASSOC.	100. <sup>00</sup>	100. <sup>00</sup>	0
11/14/98	David A. Marder [REDACTED] Glendale, CA 91008	Consultant self-employed	100. <sup>00</sup>	100. <sup>00</sup>	0
11/14/98	Mirna + Curtis Stanley [REDACTED] Glendale, CA 91208	City of LA Council Planning Dept. architect	280. <sup>00</sup>	280. <sup>00</sup>	65. <sup>00</sup>
12/7/98	Linda + Robert Benjamin [REDACTED] Glendale, CA 91202		200. <sup>00</sup>	200. <sup>00</sup>	0
12/12/98	Marlene Cagatao [REDACTED] Sunland, CA 91040	Realtor Remax	100. <sup>00</sup>	100. <sup>00</sup>	0
<b>SUBTOTAL \$</b>			<b>880.<sup>00</sup></b>		

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

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

SCHEDULE A (C)

Statement covers period  
from \_\_\_\_\_  
through 12-31-98

**CALIFORNIA 1994 FORM 49**

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ID NUMBER  
961776

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	OCCUPATION AND EMPLOYER <small>(IF SELF EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/28/98	H.L. Hempling [REDACTED] Glendale, CA 91202	Retired	100.00	100.00	100.00
11/16/98	Darlene E. Aguilar [REDACTED] West Covina, CA 91790	intermediary Scott Schuffler Executive Yellow Cab	100.00	100.00	100.00
<b>SUBTOTAL</b>			\$ 200.00		



**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 from _____ through <u>12-31-98</u>	<b>CALIFORNIA 1994 FORM 490</b>
	Page <u>9</u> of <u>23</u>
	ID NUMBER 961776

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER 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 CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/2/98	Lydia Soriano [REDACTED] Glendale, CA 91226	Realtor	100.00	100.00	0
12/3/98	Bob Adams [REDACTED] Glendale, CA 91202	Fleet Manager Star Food	100.00	100.00	0
12/3/98	Paul Green [REDACTED] Glendale, CA 91203	President Green Computer Co	100.00	100.00	0
12/22/98	Raymond Robles [REDACTED] Los Angeles, CA 90032	Attorney LA County	100.00	100.00	0
11/11/98	Andy Craig Tri-Cities, Inc [REDACTED] Studio City, CA 91609	intermediary; scott schaffer	100.00	100.00	0
11/14/98 12/3/98	Richard Montague [REDACTED] Glendale, CA 91208	Retired	150.00	150.00	0
<b>SUBTOTAL \$</b>			<b>650.00</b>		

**Schedule B – Part I  
Loans Received**

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

Statement covers period from _____ through <u>12-31-98</u>	<b>CALIFORNIA 1994 FORM 490</b>
	Page <u>10</u> of <u>23</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

ID NUMBER  
961776

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	LENDER/GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	None  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
			_____ %		\$ _____		\$ _____
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
			_____ %		\$ _____		\$ _____
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
			_____ %		\$ _____		\$ _____
			<b>SUBTOTAL</b>	\$ <u>0</u>			Enter (b) on Summary Page Line 18 only

\* See important instructions on reverse.

**Loans Received – Part I Summary**

- Loans of \$100 or more received this period. (Include all Loans Received – Part I (a) subtotals.) ..... \$ \_\_\_\_\_
- Loans under \$100 received this period. (Do not itemize.) ..... \$ \_\_\_\_\_
- Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL** \$ 0

**Loans Received – Part II Summary**

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ \_\_\_\_\_
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ \_\_\_\_\_
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... **TOTAL** \$ 0
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 2. .... **NET** \$ 0  
May be a negative number

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

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

Statement covers period  
from \_\_\_\_\_  
through 12-31-98

CALIFORNIA  
1994 FORM **490**

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ID NUMBER  
961776

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND ID NUMBER. IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	LENDER/GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<u>None</u>  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *		DUE DATE  INTEREST RATE  _____ %		CALENDAR YEAR  \$ _____ OTHER \$ _____		CALENDAR YEAR  \$ _____ OTHER \$ _____
	  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *		DUE DATE  INTEREST RATE  _____ %		CALENDAR YEAR  \$ _____ OTHER \$ _____		CALENDAR YEAR  \$ _____ OTHER \$ _____
	  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *		DUE DATE  INTEREST RATE  _____ %		CALENDAR YEAR  \$ _____ OTHER \$ _____		CALENDAR YEAR  \$ _____ OTHER \$ _____
	  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *		DUE DATE  INTEREST RATE  _____ %		CALENDAR YEAR  \$ _____ OTHER \$ _____		CALENDAR YEAR  \$ _____ OTHER \$ _____
	  <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *		DUE DATE  INTEREST RATE  _____ %		CALENDAR YEAR  \$ _____ OTHER \$ _____		CALENDAR YEAR  \$ _____ OTHER \$ _____

\* See important instructions on reverse of page 1 of Schedule B, Part I.

SUBTOTAL \$ 0<sup>(a)</sup>

\$ 0<sup>(b)</sup> Enter (b) on Summary Page (line 18 only)

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

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

Statement covers period  
 from \_\_\_\_\_  
 through 12-31-98

CALIFORNIA 1994 FORM **49C**

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ID NUMBER  
 961776

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID	
9/1/98	VARIOUS 1997	Gustavo Gomez	Ø	\$11,878.00 forgiven	Ø	Ø	
Attach additional information on appropriately labeled continuation sheets.				<b>SUBTOTAL</b>	\$ 11,878. <sup>(c)</sup> 00	<b>TOTAL INTEREST PAID THIS PERIOD</b>	\$ 0. <sup>(d)</sup>

\* IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

**Schedule B - Part III  
Annual Report of Outstanding Loans Received**

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

SCHEDULE B - PART III

Statement covers period  
From \_\_\_\_\_  
through 12-31-98

CALIFORNIA 1994 FORM **490**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

ID NUMBER  
961776

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
<i>None</i>				
<i>Attach additional information on appropriately labeled continuation sheets.</i>			<b>TOTAL</b> \$ <u>0</u>	

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.

SCHEDULE C

Statement covers period  
from \_\_\_\_\_  
through 12-31-98

CALIFORNIA  
1994 FORM **490**

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ID NUMBER  
961776

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF 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)
11/14	Richard Ramirez [REDACTED] Glendale, CA 91204	retired	invitations and party supplies	\$165.00	\$165.00	0
11/14	Myra + Curtis Stanley [REDACTED] Glendale, CA 91208	Architect City of LA Candidate	invitations	\$65.00	\$65.00	\$280.00
11/14/98	DAVID + Linda Weaver [REDACTED] Glendale, CA 91206	engineer/councilman USDC executive Indymac	invitations and party goods	\$115.00	\$115.00	0
11/14/98	Max + Patricia Hobbs [REDACTED] Glendale, CA 91208	Retired	invitations, postage, stationery & envelopes	\$165.00	\$165.00	\$35.00
11/14/98	George + Minerva Astengo [REDACTED] Glendale, CA 91208	Executive Rabbin Assoc. Housewife	invitations	\$65.00	\$65.00	\$50.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 575.00

**Non-Monetary Contributions Summary**

- Amount received this period - non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 575.00
- Amount received this period - non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ 294.00
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL \$ 869.00

**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.

SCHEDULE D

Statement covers period from _____ through <u>12-31-98</u>	CALIFORNIA 1994 FORM <b>490</b>
	Page <u>15</u> of <u>23</u>
I D NUMBER 961776	

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, 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 CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	None					
Attach additional information on appropriately labeled continuation sheets.			SUBTOTALS \$	<u>0</u> (a)	(b)	

**Enforceable Promises Received Summary**

- Promises received of \$100 or more this period (Column (a))..... \$ \_\_\_\_\_
- Promises received under \$100 this period.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total promises received this period.  
(Add Lines 1 and 2.) ..... **TOTAL \$** \_\_\_\_\_
- Payments received on promises of \$100 or more this period.  
(Column (b)) ..... \$ \_\_\_\_\_
- Payments received on promises under \$100 this period.  
(Do not itemize. Also include on Schedule A Summary, Line 2.) ..... \$ \_\_\_\_\_
- Total payments received.  
(Add Lines 4 and 5.) ..... **TOTAL \$** ( \_\_\_\_\_ )
- Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) ..... **NET \$** 0  
May be a negative number

**Schedule E  
Payments and Contributions  
(Other Than Loans) Made**

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

SCHEDULE

Statement covers period from _____ through <u>12-31-98</u>	<b>CALIFORNIA 1994 FORM 490</b>
	Page <u>16</u> of <u>23</u>
	ID NUMBER 961776

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

**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 AND COMMITTEES
- \*B\* -- BROADCAST ADVERTISING
- \*G\* -- GENERAL OPERATIONS AND OVERHEAD
- \*I\* -- INDEPENDENT EXPENDITURES
- \*N\* -- NEWSPAPER AND PERIODICAL ADVERTISING
- \*T\* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- \*L\* -- LITERATURE
- \*O\* -- OUTSIDE ADVERTISING
- \*P\* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- \*S\* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- \*F\* -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	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			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Alfredo Garcia [REDACTED] Los Angeles, CA 90017	F			105 <sup>00</sup>
Glendale Instant Printing [REDACTED] Glendale, CA 91209	L			16 <sup>00</sup>
Glendale Instant Printing [REDACTED] Glendale, CA 91209	L			134 <sup>00</sup>

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<sup>00</sup>

**Payments and Contributions Made Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 407 <sup>00</sup>
2. Payments made this period of under \$100. (Do not itemize.)	\$ 55 <sup>00</sup>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 0
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	<b>TOTAL \$ 965<sup>00</sup></b>



**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 from _____ through <u>12-31-98</u>	CALIFORNIA 1994 FORM <b>490</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

**CODES FOR CLASSIFYING EXPENDITURES**

- |   |   |   |
|---|---|---|
| *C* -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* -- BROADCAST ADVERTISING                                    | *G* -- GENERAL OPERATIONS AND OVERHEAD                      |
| *I* -- INDEPENDENT EXPENDITURES   | *N* -- NEWSPAPER AND PERIODICAL ADVERTISING                     | *T* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* -- LITERATURE   | *O* -- OUTSIDE ADVERTISING                                      | *P* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|   | *S* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |   |
|   | *F* -- FUNDRAISING EVENTS                                       |   |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None				

SUBTOTAL \$ 0

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

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

Statement covers period from _____ through <u>12-31-98</u>	<b>CALIFORNIA 1994 FORM 490</b> Page <u>18</u> of <u>23</u> ID NUMBER 961776
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

**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 AND COMMITTEES
- \*B\* -- BROADCAST ADVERTISING
- \*G\* -- GENERAL OPERATIONS AND OVERHEAD
- \*I\* -- INDEPENDENT EXPENDITURES
- \*N\* -- NEWSPAPER AND PERIODICAL ADVERTISING
- \*T\* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- \*L\* -- LITERATURE
- \*O\* -- OUTSIDE ADVERTISING
- \*P\* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- \*S\* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- \*F\* -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.			
	CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
None				

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Accrued Expenses Summary**

- 1. Accrued expenses this period of \$100 or more. (Include all Schedule 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.) ..... **INCURRED TOTAL \$** \_\_\_\_\_
- 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) ..... **PAID TOTAL \$** ( \_\_\_\_\_ )
- 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) ..... **NET \$** ( \_\_\_\_\_ )

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 in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from _____ through <u>12-31-98</u>	CALIFORNIA 1994 FORM <b>490</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**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.

\*L\* -- LITERATURE

\*B\* -- BROADCAST ADVERTISING

\*N\* -- NEWSPAPER AND PERIODICAL ADVERTISING

\*O\* -- OUTSIDE ADVERTISING

\*S\* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

\*F\* -- FUNDRAISING EVENTS

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I D. NUMBER OR, IF NO I D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None				

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 0

\* 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.

**Schedule H – Part I  
Loans Made to Others**

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

SCHEDULE H - PART I

Statement covers period from _____ through <u>12-31-98</u>	<b>CALIFORNIA 1994 FORM 490</b>
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	ID NUMBER 961776

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT
	None			

SUBTOTAL \$ 0

**Loans Made to Others – Part I Summary**

- 1. Loans of \$100 or more made this period.  
(Include all Loans Made – Part I subtotals.) ..... \$ \_\_\_\_\_
- 2. Loans under \$100 made this period.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- 3. Total loans made this period.  
(Add Lines 1 and 2.) ..... **TOTAL \$** 0

**Loan Repayments Received – Part II Summary**

- 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more  
which have been forgiven by this officeholder, candidate, or committee – Part II (a) subtotals.  
If forgiven, also itemize on Schedule E.) ..... \$ \_\_\_\_\_
- 5. Payments received on loans under \$100.  
(Including a forgiveness. Do not itemize.) ..... \$ \_\_\_\_\_
- 6. Total loan payments received this period.  
(Add Lines 4 and 5.) ..... **TOTAL \$** ( \_\_\_\_\_ )
- 7. Net change this period. (Subtract Line 6 from Line 3.  
Enter the net here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 0  
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 I (CONT)

Statement covers period  
from \_\_\_\_\_  
through 12-31-98

CALIFORNIA 490  
1994 FORM

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/ Gomez for City Council

ID NUMBER

961776

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT <small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small>	INTEREST RATE	DUE DATE	AMOUNT
	None			

SUBTOTAL \$ 0

**Schedule H - Part II**  
**Loan Repayments Received on Loans Made to Others (Including Payments Received from Third Parties) and Loans Forgiven**

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

Statement covers period	CALIFORNIA 1994 FORM <b>490</b>
from _____ through <u>12-31-98</u>	
Page <u>22</u> of <u>23</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gus Gomez/Gomez for City Council

ID NUMBER

961776

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL* (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED
		None				

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ <sup>(a)</sup> 0

TOTAL INTEREST RECEIVED THIS PERIOD \$ <sup>(b)</sup> 0

\* IMPORTANT: If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule H.

### Schedule H - Part III Annual Report of Outstanding Loans Made

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

Statement covers period from _____ through <u>12-31-98</u>	CALIFORNIA 1994 FORM <b>490</b> Page <u>23</u> of <u>23</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Gus Gomez/ Gomez for City Council	
ID NUMBER 961776	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Gus Gomez/ Gomez for City Council

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
None				
Attach additional information on appropriately labeled continuation sheets.			TOTAL	\$ 0

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