

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5567

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed

//

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Lety Lugo

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

RECORDS SECTION
COUNTY CLERK
TRAVIS COUNTY TEXAS
JAN 15 PM 4:19

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE
2310 Willow St Austin 78702

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Michelle Castillo

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
3702 Crownover St Austin, TX 78725

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 344-1468

8 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)

9 PERIOD COVERED

Month Day Year Month Day Year
08 / 08 / 2003 THROUGH 1 / 15 / 2004

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 9 / 2004 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SUGHT (if known)

Constable Travis Co Pet 4

13 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

Address / PO Box: Apt. / Suite # City State Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Leticia Lugo

15 ACCOUNT # (Ethics Commission files)

16 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7628.⁵³

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 7270.⁴²

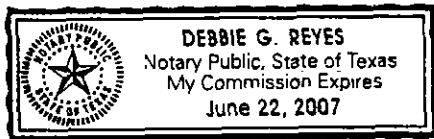
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



Leticia Lugo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leticia Lugo this the 15 day of January, 2004, to certify which, witness my hand and seal of office.

Debbie G. Reyes
Signature of officer administering oath

Debbie G. Reyes
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OII, C/OII-SS, SC-C/OII,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages (this Schedule A1) 1	
2 FILER NAME Leticia Luza		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8-8-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Herrera, AI	7 Amount of contribution (\$) 500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 20823 Rector Rd Fluoresville, TX 78600			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 8-30-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ranger Phonograph Co	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4700 Barlow Rd Austin, TX 78744			
Principal occupation (Optional)		Employer (Optional)	
Date 8-16-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Fundrasor (Capuchino's)	Amount of contribution (\$) 603.²⁵	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2000 E Cesar Chavez, Austin, TX 78722			
Principal occupation (Optional)		Employer (Optional)	
Date 8-5-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael Kang	Amount of contribution (\$) 90	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7944 Northcross Austin, TX 78757			
Principal occupation (Optional)		Employer (Optional)	
Date 9-11-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) City of Austin Parks Rec. Dept	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Recip 405469 Refund			
Principal occupation (Optional)		Employer (Optional)	

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: 5
2 FILER NAME Patricia Hugo		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-12-03	5 Payee name A Okay Signs & Graphics	7 Amount (\$) 35.00
6 Payee address: City: State: Zip Code 1015 Reinali Austin TX 78703		
8 Purpose of payment (See instructions regarding type of information required.) Banner & Signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9-3-03	Payee name Texas Alcohol Beverage Commission	Amount (\$) 158.00
Payee address: City: State: Zip Code 5000 Mesa Dr Austin TX 78752		
Purpose of payment (See instructions regarding type of information required.) Fundraiser Kiwanis First Garden		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9-3-03	Payee name Key Felon	Amount (\$) 152.05
Payee address: City: State: Zip Code 2817 E. 1st St Austin TX 78702		
Purpose of payment (See instructions regarding type of information required.) Postage expense / First Garden		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Letitia Lugo		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-5-03	5 Payee name City of Austin Parks	7 Amount (\$) 1460⁰⁰
6 Payee address: City, State, Zip Code 2100 Bergman Austin TX 78702.		
8 Purpose of payment (See instructions regarding type of information required.) Deposit fund raises Letitia Lugo		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10-14-03	Payee name Elena Zorbrann	Amount (\$) 20⁰⁰
Payee address: City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) Office Supplies / Name tags		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-7-03	Payee name J. C. Penney's	Amount (\$) 30.⁰⁸
Payee address: City, State, Zip Code Barton Creek Mall Austin TX 78782 512-339-5535		
Purpose of payment (See instructions regarding type of information required.) Photograph for Flyer		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-6-04	Payee name Kinko's	Amount (\$) 4.⁰⁷
Payee address: City, State, Zip Code 307 Congress Ave Austin TX 78702		
Purpose of payment (See instructions regarding type of information required.) Office supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Patricia Leary		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-5-03	5 Payee name Austin Screen Printing	7 Amount (\$) 484.92
6 Payee address; City, State, Zip Code 4704 Medical Parkway Austin, TX 78756		
8 Purpose of payment (See instructions regarding type of information required.) Campaign Tee shirts		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 9-25-03	Payee name Bank of America	Amount (\$) 127.97
Payee address; City, State, Zip Code 2501 S Congress Austin TX 78704		
Purpose of payment (See instructions regarding type of information required.) Bank charge		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 9-05-03	Payee name Fiesta Garden Fundraising Bank of America	Amount (\$) 560.00
Payee address; City, State, Zip Code 2102 Benjamin Austin TX 78712		
Purpose of payment (See instructions regarding type of information required.) Expense for cash out / change		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
Date 9-5-03	Payee name Brown Distribution Co	Amount (\$) 525.00
Payee address; City, State, Zip Code 8711 Johnny Morris Dr Austin TX 78724		
Purpose of payment (See instructions regarding type of information required.) Expense for Fiesta Garden Fundraising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>5</i>
2 FILER NAME <i>Leticia Hugo</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12-27-03</i>	5 Payee name <i>La Prensa</i>	7 Amount (\$) <i>9340.00</i>
6 Payee address: City, State, Zip Code <i>5800 Moore Rd Austin TX 78752</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Advertisement / Newspaper</i>		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date <i>12-27-03</i>	Payee name <i>Leticia Corcion</i>	Amount (\$) <i>75.00</i>
Payee address: City, State, Zip Code <i>327 Congress Ave, Austin TX 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertisement / Newspaper</i>		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date <i>1-6-04</i>	Payee name <i>Postmaster</i>	Amount (\$) <i>74.00</i>
Payee address: City, State, Zip Code <i>2800 SA Hwy 71 New Del Va TX 78617</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date <i>12-23-03</i>	Payee name <i>Worley's</i>	Amount (\$) <i>100.00</i>
Payee address: City, State, Zip Code <i>3217 N IH 35 Austin TX 78735</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Business cards</i>		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Letitia Lugo		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-19-03	5 Payee name A&F Trophies	7 Amount (\$) 10.00
6 Payee address: City: State: Zip Code 4609 S. Congress Ave Austin, TX 78745		
8 Purpose of payment (See instructions regarding type of information required.) Stationery / office supplies	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 12-20-03	Payee name ACE Printing	Amount (\$) 2132.53
Payee address: City: State: Zip Code 7807 Doncaster Austin TX 78745		
8 Purpose of payment (See instructions regarding type of information required.) Campaign signs / advertisements	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9-15-03	Payee name Alamo Commercial Insurance	Amount (\$) 958.75
Payee address: City: State: Zip Code 510 S. Congress Austin TX 78704		
8 Purpose of payment (See instructions regarding type of information required.) Insurance for Fiesta Garden Benefit	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9-15	Payee name Arvey Paper	Amount (\$) 23.15
Payee address: City: State: Zip Code P.O. Box 18453 Chicago IL 60618		
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies / Postcard	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1 <i>4</i>	
2 FILER NAME <i>Notice Hugo</i>		3 ACCOUNT # (Ethics Commission Merit)	
4 Date <i>12-22-03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jalisco's Fundraiser</i>	7 Amount of contribution (\$) <i>500.</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State; Zip Code <i>414 Boxton Springs Rd Austin TX 78744</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
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)
Principal occupation (Optional)		Employer (Optional)	
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)
Principal occupation (Optional)		Employer (Optional)	
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)
Principal occupation (Optional)		Employer (Optional)	
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)
Principal occupation (Optional)		Employer (Optional)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1 4	
2 FILER NAME Heticia Hugo		3 ACCOUNT # (Ethics Commission Form)	
4 Date 12-27-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Benny's Hair Salon	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 429-D W. Ben White Blvd Austin, 78704			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Barnett	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 45 Slaughter Ln Wt 1314 Austin, TX 78745			
Principal occupation (Optional)		Employer (Optional)	
Date 12-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Deborah A Regis	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 4407 Norwood Ln Austin, TX 78744			
Principal occupation (Optional)		Employer (Optional)	
Date 12-22-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kathy Bechtel Smith	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 6702 Corisbrake Ln Austin, TX 78754			
Principal occupation (Optional)		Employer (Optional)	
Date 12-22-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Frank & Candy Machado	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 4801 Sasa Ln Austin TX 78721			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C101, C101-SS, SC-C101,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages (this Schedule A1): 4	
2 FILER NAME Katherine Hugo		3 ACCOUNT # (Ethics Commission file #)	
4 Date 9-11-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) City of Austin Pledge Rec Spc	7 Amount of contribution (\$) \$800 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code Accey: 1405969 Refund			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9-2-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Moucllo's Inc.	Amount of contribution (\$) 140	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 800 Dalton Ln Austin TX 78702 #40483			
Principal occupation (Optional)		Employer (Optional)	
Date 9-5-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Fundraiser Fiesta Gardens	Amount of contribution (\$) \$2106 ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 2102 Bergman Austin TX 78702			
Principal occupation (Optional)		Employer (Optional)	
Date 10-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Fundraiser Montopolis	Amount of contribution (\$) \$1135 ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1211 Montopolis N. Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 11-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Fundraiser Rod's Scout Inn	Amount of contribution (\$) \$319 ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1308 E. 4th St Austin TX 78702 Fisht Pcy			
Principal occupation (Optional)		Employer (Optional)	

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