

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5619

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:

8

**OFFICE USE ONLY**

Date Received  
2004 FEB - 9 PM 3:44  
FILED FOR RECORD  
CLERK  
TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Rafaela Hugo

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

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

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 296-4886

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Michelle Castillo

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
3702 Crownover St Austin TX 78705

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 844-1968

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
2 / 15 / 04 THROUGH 2 / 19 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
3 / 19 / 04  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Coastal-Bay

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

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

15 C/OH NAME

*Leticia Hugo*

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 3528.<sup>00</sup>

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1717.<sup>92</sup>

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1818.<sup>08</sup>

OUTSTANDING LOAN TOTALS

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

\$ 0

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 Hugo*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ELIZABETH ANNE YEVICH this the 9th day of APR, 2004, to certify which, witness my hand and seal of office.

*Elizabeth Anne Yevich*  
Signature of officer administering oath

ELIZABETH ANNE YEVICH  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Leticia Hugo

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-15-04

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Vallarie's

6 Contributor address, City, State, Zip Code

1603 E. Oltorf  
Rte 5000 Doolin Austin TX 78704

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

300.00  
Food & Services  
Facility for  
Fundraise

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-16-04

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Fundraise Vallarie's

Contributor address, City, State, Zip Code

1603 E. Oltorf  
Rte 5000 Doolin Austin TX 78704

Amount of contribution (\$)

700.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-30-04

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

~~Leticia Hugo~~ Leticia Hugo Campaign  
Plan Blank

Contributor address, City, State, Zip Code

2009 E. Cesar Chavez  
Diagonals of Jov 78702

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-30-04

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dora Marcela Josephine & Marcelo Vera

Contributor address, City, State, Zip Code

2007 E. Cesar Chavez  
Apt 27, 78702

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

House use for  
campaign  
headquarters

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-04

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Cisco's Bakery BAKERY

Contributor address, City, State, Zip Code

1511 E. 6th  
Austin TX 78702

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

Food + facility  
for fund raise

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL 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

2 FILER NAME

*Articio Ruzo*

3 ACCOUNT # (Ethics Commission files)

4 Date

*2-7-04*

5 Full name of contributor  out-of-state PAC (ID#)

*Fundraiser (Ciscio's)*

7 Amount of contribution (\$)

*\$713<sup>00</sup>*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1511 E. Guh Austin TX 78702  
Cash*

9 Principal occupation (Optional)

10 Employer (Optional)

Date

*2-6-04*

Full name of contributor  out-of-state PAC (ID#)

*Frank Alvarez*

Amount of contribution (\$)

*100*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*12013 Cascade Canyon Trl  
Austin TX 78739 CLASIBY*

Principal occupation (Optional)

Employer (Optional)

Date

*2-6-04*

Full name of contributor  out-of-state PAC (ID#)

*Robert y Esvela Chopa*

Amount of contribution (\$)

*50<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2516 Mountain View Dr  
#3776 Austin TX 78704*

Principal occupation (Optional)

Employer (Optional)

Date

*2-8-04*

Full name of contributor  out-of-state PAC (ID#)

*Cook*

Amount of contribution (\$)

*45<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*Anonymous*

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  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)

**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: <b>3</b>
2 FILER NAME <i>hetisha kupo</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-20-04</i>	5 Payee name <i>ACE Printing</i>	7 Amount (\$) <i>300</i>
6 Payee address: City, State, Zip Code <i>7802 DonCoster Austin TX 78745</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Signs</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>1-21-04</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>77.81</i>
Payee address: City, State, Zip Code <i>1435 S. Austin TX 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Motors / Wind Socks / Signs</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>1-21-04</i>	Payee name <i>Workys</i>	Amount (\$) <i>7.00</i>
Payee address: City, State, Zip Code <i>3017 N. IH 75 Austin TX 78775</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Business Cards / Print</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>1-28-04</i>	Payee name <i>ACE Printing</i>	Amount (\$) <i>300</i>
Payee address: City, State, Zip Code <i>7802 DonCoster Austin TX 78745</i>		
Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <i>Keticia Hugo</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-27-04</i>	5 Payee name <i>Home Depot</i>	7 Amount (\$) <i>97.26</i>	
6 Payee address: City: State: Zip Code <i>1435 S. Austin Tx 78104</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>Stamps/Wood for signs</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>1-30-04</i>	Payee name <i>HEB</i>	Amount (\$) <i>30.45</i>	
Payee address: City: State: Zip Code <i>746 Austin Tx 7802</i>			
Purpose of payment (See instructions regarding type of information required.) <i>fuel for car home</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>1-30-04</i>	Payee name <i>HEB</i>	Amount (\$) <i>22.85</i>	
Payee address: City: State: Zip Code <i>746 Austin Tx 78702</i>			
Purpose of payment (See instructions regarding type of information required.) <i>fuel for car house</i>		** 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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

*Patricia Lugo*

4 Date

5 Payee name

7 Amount (\$)

*2-4-04*

*Ranger Photographic Co*

*\$200.00*

6 Payee address; City; State; Zip Code

*4700 Burleson Rd Austin TX 78744*

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

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

*Return Donation*

Date

Payee name

Amount (\$)

*2-4-04*

*Marcelo's Inc*

*\$140*

Payee address; City; State; Zip Code

*800 N. Lamar Austin TX 78704*

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

*Return Donation*

Date

Payee name

Amount (\$)

*2-8-04*

*Howe's*

*\$50.05*

Payee address; City; State; Zip Code

*211355 Austin TX 78745*

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

*Stakes wood for signs*

Date

Payee name

Amount (\$)

*2-8-04*

*ACE Printing*

*\$400.00*

Payee address; City; State; Zip Code

*7802 NonCost 78745*

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

*Signs for Campaign*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED