

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5704

FORM C/OH  
COVER SHEET PG 1

|  |   |   |  |
|--|---|---|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form.   |   | 1 ACCOUNT #<br>(Ethics Commission filers)         | 2 Total pages filed:<br><br>8  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST   | MI   |
|  | NICKNAME  | LAST  | SUFFIX   |
| Leticia  |   | Lugo  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address                       | ADDRESS / PO BOX:   | APT / SUITE #:                                    | CITY: STATE: ZIP CODE  |
|  | 2310 Willow St<br>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. 78732  |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER                                      | EXTENSION  |
|  | (512)   | 844-1968  |  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election | <input checked="" type="checkbox"/> Runoff   |
|  | <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded \$500 limit  |
| 10 PERIOD COVERED  | Month Day Year  | THROUGH   | Month Day Year   |
|  | 3 / 2 / 04  |   | 4 / 5 / 04   |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE  |
|  | Month Day Year  | <input type="checkbox"/> Primary                  | <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| 4 / 13 / 04  |   |   |  |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)                       |  |
|  |   | Trevin Coobtable Ret 4                            |  |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> additional pages | ** 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  |   |  |

**OFFICE USE ONLY**

Date Received

2004 APR -5 PM 3:25

FILED

TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

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

\$ *1375.00*

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

\$ *5891.00*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *6033.84*

CONTRIBUTION BALANCE

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

\$ *1375.00*

OUTSTANDING LOAN TOTALS

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

\$ *3195.00*

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**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:<br><i>4</i>               |  |
| 2 FILER NAME<br><i>Leticia hugo</i>   |  | 3 ACCOUNT # (Ethics Commission filers)                    |  |
| 4 Date<br><i>3-5-04</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>Ballet East Ponce Theater</i>               | 7 Amount of contribution (\$)<br><i>100.<sup>00</sup></i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>311 Gorwood St<br/>Austin, TX 78704</i>                  |  |   |  |
| 9 Principal occupation (Optional)   |  | 10 Employer (Optional)                                    |  |
| Date<br><i>3-5-04</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>Javier Olivarez<br/>Tanya Ortega Olivarez</i> | Amount of contribution (\$)<br><i>300.<sup>00</sup></i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>307 Westwood Terrace<br/>Austin, TX 78746</i>              |  |   |  |
| Principal occupation (Optional)   |  | Employer (Optional)                                       |  |
| Date<br><i>3-5-04</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>Roberto T. Chapa<br/>Estela Chapa</i>         | Amount of contribution (\$)<br><i>250.<sup>00</sup></i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>2516 Mountain View Dr.<br/>Austin, TX 78704</i>            |  |   |  |
| Principal occupation (Optional)   |  | Employer (Optional)                                       |  |
| Date<br><i>3-5-04</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>Bully's Bar</i>                               | Amount of contribution (\$)<br><i>300.<sup>00</sup></i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>1511 E. 6th<br/>Austin, TX 78702 (Fish + Facility Use)</i> |  |   |  |
| Principal occupation (Optional)   |  | Employer (Optional)                                       |  |
| Date<br><i>3-5-04</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>Bully's Bar Fundraiser</i>                    | Amount of contribution (\$)<br><i>655.<sup>00</sup></i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>1511 E. 6th<br/>Austin TX, 78702 (Fish Fry)</i>            |  |   |  |
| 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 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:<br>4                  |  |
| 2 FILER NAME<br>Leticia Lugo   |  | 3 ACCOUNT # (Ethics Commission filers)                |  |
| 4 Date<br>3-20-04  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Law Offices of Minter, Joseph, & Thornhill | 7 Amount of contribution (\$)<br>\$250. <sup>00</sup> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code<br>811 Borian Springs Rd. # 200<br>Austin, TX 78704                       |  |   |  |
| 9 Principal occupation (Optional)  |  | 10 Employer (Optional)                                |  |
| Date<br>3-20-04  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Austin Police Association                    | Amount of contribution (\$)<br>\$200. <sup>00</sup>   | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code<br>400 W. 14th Street H 230<br>Austin TX 78701                              |  |   |  |
| Principal occupation (Optional)  |  | Employer (Optional)                                   |  |
| Date<br>4-5-04   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Red's Scout In                               | Amount of contribution (\$)<br>\$300. <sup>00</sup>   | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code<br>1308 E. 4th<br>Austin TX 78702 (Fish Facility)                           |  |   |  |
| Principal occupation (Optional)  |  | Employer (Optional)                                   |  |
| Date<br>4-5-04   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Red's Scout In (Fundraise.)                  | Amount of contribution (\$)<br>\$1375. <sup>00</sup>  | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code<br>1308 E. 4th<br>Austin TX 78702   |  |   |  |
| Principal occupation (Optional)  |  | Employer (Optional)                                   |  |
| Date<br>4-5-04   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Vera Moreelo                                 | Amount of contribution (\$)<br>\$1,100. <sup>00</sup> | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code<br>(Use of house)<br>2004 E. Casar Chavez St<br>Austin, TX 78702 3-1/4-5-04 |  |   |  |
| Principal occupation (Optional)  |  | Employer (Optional)                                   |  |

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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):<br>4 |  |
| 2 FILER NAME<br>Leticia Hugo                              |   | 3 ACCOUNT # (Ethics Commission filer)  |  |
| 4 Date<br>4-5-04  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br>Mike Hanson<br>6 Contributor address; City; State; Zip Code<br>9903 Capitol View Ln<br>Austin, Tx 78747 (La Prensa Ad)          | 7 Amount of contribution (\$)          | 8 In-kind contribution description (if applicable)<br>\$300.00 |
| 9 Principal occupation (Optional)                         |   | 10 Employer (Optional)                 |  |
| Date<br>4-5-04  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br>Mike Hanson<br>Contributor address; City; State; Zip Code<br>9903 Capitol View<br>Austin, Tx 78747 (Ballet East Ad)               | Amount of contribution (\$)            | In-kind contribution description (if applicable)<br>\$150.00   |
| Principal occupation (Optional)                           |   | Employer (Optional)                    |  |
| Date<br>4-5-04  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br>Guadalupe Valley Properties<br>Contributor address; City; State; Zip Code<br>P.O. Box 500<br>Marblecru, Tx 78652 (La Prensa cont) | Amount of contribution (\$)            | In-kind contribution description (if applicable)<br>\$150.00   |
| Principal occupation (Optional)                           |   | Employer (Optional)                    |  |
| Date<br>4-5-04  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br>Mike Hanson<br>Contributor address; City; State; Zip Code<br>9903 Capitol View Ln<br>Austin, Tx 78747 (Fuel cont)                 | Amount of contribution (\$)            | In-kind contribution description (if applicable)<br>\$30.00    |
| Principal occupation (Optional)                           |   | Employer (Optional)                    |  |
| Date<br>4-5-04  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br>Guadalupe Valley Properties<br>Contributor address; City; State; Zip Code<br>P.O. Box 500<br>Marblecru, Tx 78652 (Tape editing)   | Amount of contribution (\$)            | In-kind contribution description (if applicable)<br>\$0.00     |
| Principal occupation (Optional)                           |   | Employer (Optional)                    |  |

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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:<br><b>4</b> |   |
| 2 FILER NAME<br><b>Leticia Hugo</b>   |  | 3 ACCOUNT # (Ethics Commission files)       |   |
| 4 Date<br><b>4-5-04</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Guadalupe Valley Properties</b>           | 7 Amount of contribution (\$)               | 8 In-kind contribution description (if applicable)<br><b>\$650.00</b> |
| 6 Contributor address: City; State; Zip Code<br><b>P.O. Box 500<br/>Monchula, TX 78652 (DVD TV Tapes)</b> |  |   |   |
| 9 Principal occupation (Optional)   |  | 10 Employer (Optional)                      |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><br>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#:<br><br>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#:<br><br>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#:<br><br>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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Leticia Lugo

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

3-5-04

7 Name of lender

Rosendo Nuncio

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

83000.00

6 Is lender a financial institution?

Y  N

8 Lender address: City, State, Zip Code

2310 Willow St  
Austin TX 78702

10 Interest rate

6.5%

11 Maturity date

3-5-08

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address: City, State, Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address: City, State, Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address: City, State, Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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:

2

2 FILER NAME

*Letitia Hugo*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*3-5-04*

5 Payee name

*RBH Direct*

7 Amount (\$)

*\$3118.00*

6 Payee address; City; State; Zip Code

*P.O. Box 2382 Austin, TX 78767*

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

*Mailer*

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

*3-8-04*

Payee name

*Home Depot*

Amount (\$)

*\$249.80*

Payee address; City; State; Zip Code

*I H 35 South Austin, TX 78704*

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

*Stakes for signs*

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

Candidate / Officeholder name Office sought Office held

Date

*3-11-04*

Payee name

*R. B. H. Direct*

Amount (\$)

*\$1608.93*

Payee address; City; State; Zip Code

*P.O. Box 2382 Austin, TX 78767*

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

*Flyers*

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

Candidate / Officeholder name Office sought Office held

Date

*3-15-04*

Payee name

*Acc Printing*

Amount (\$)

*\$744.00*

Payee address; City; State; Zip Code

*7802 DanCastel Austin, TX 78745*

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

*Signs*

.. 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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Leticia Hugo

4 Date

5 Payee name

7 Amount (\$)

3-31-04

Opinion Analysis

9163.38

6 Payee address; City; State; Zip Code

Austin, TX 78767

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

Walk list (Block walking)

Date

Payee name

Amount (\$)

4-1-04

HEB

89.68

Payee address; City; State; Zip Code

7th St. Austin TX 78702

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

Bottle Water For Walkers

Date

Payee name

Amount (\$)

4-2-04

Postmaster

1036.00

Payee address; City; State; Zip Code

Austin TX 78767

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

Postage for mailers

Date

Payee name

Amount (\$)

4-2-04

Opinion Analysis

103.05

Payee address; City; State; Zip Code

Austin, TX 78767

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

Walk list for Block Walking

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

4630 total Sakink + Donations  
7000

5891