

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> NICKNAME FIRST: <i>Hugo</i> LAST: <i>Sanchez</i> MI: <i>T</i> SUFFIX	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> RECEIVED OCT 26 2020 BY <i>mt</i> </div> Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="border: 2px solid red; height: 40px; width: 100%;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="border: 2px solid red; height: 25px; width: 100%;"></div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Edna</i> NICKNAME FIRST: <i>Edna</i> LAST: <i>Williams</i> MI: SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="border: 2px solid red; height: 40px; width: 100%;"></div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="border: 2px solid red; height: 25px; width: 100%;"></div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year Month Day Year <i>09 / 03 / 2020</i> THROUGH <i>10 / 25 / 2020</i>										
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 03 / 2020</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>School Board, Place II</i>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,251.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.

Hugo T. Sanchez

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hugo T. Sanchez, this the 26th day of October, 2020, to certify which, witness my hand and seal of office.

Melissa Hughes

Melissa Hughes

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 726.09
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 525.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Hugo T. Sanchez</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>726.09</i>
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5 Date <i>09/18/2020</i>	6 Payee name <i>Sand S active wear</i>
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7 Amount (\$) <i>458.09</i>	8 Payee address; <i>220 Remington Blvd</i>	City; <i>Bolingbrook</i>	State; <i>FL</i>	Zip Code <i>60440</i>
---------------------------------------	--	-----------------------------	---------------------	--------------------------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Signage / Advertising Exp.</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>09/22/2020</i>	Payee name <i>FM Expressions</i>
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Amount (\$) <i>228.⁰⁰</i>	Payee address; <i>565 Windsor Dr.</i>	City; <i>Secaucus</i>	State; <i>NJ</i>	Zip Code <i>07094</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp. Signage</i>	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

8:57




Credit Card ...8850



All transactions

Spending summary

 Search or filter

Oct 5, 2020

AUTOMATIC PAYMENT - THANK

-\$61.00

Sep 28, 2020

Experian* Credit Report

Bills & utilities

\$27.05

Sep 23, 2020

F&M EXPRESSIONS

Shopping

Pay with My Chase PlanSM

\$228.00

Sep 21, 2020

S & S ACTIVEWEAR

Q Search or filter

Oct 5, 2020

AUTOMATIC PAYMENT - THANK

-\$61.00

Sep 28, 2020

Experian* Credit Report

Bills & utilities

\$27.05

Sep 23, 2020

F&M EXPRESSIONS

Shopping

Pay with My Chase PlanSM

\$228.00

Sep 21, 2020

S & S ACTIVEWEAR

Shopping

Pay with My Chase PlanSM

\$458.09



S&S Activewear
 220 Remington Blvd
 Bolingbrook, IL 60440
 800-523-2155

Invoice: 37875844 Status: Shipped
 Order: 28177211 Order Date: 9/18/2020 10:59 AM CT
 PO: school board Invoice Date: 9/18/2020
 Type: Web Due Date: 9/28/2020
 Email: DRPEPPERFRANKIE16@GMAIL.COM

Bill To: H&M Embroiderys (427340)



Ship To: H&M Embroiderys



Item	Description	Color	Size	Pieces	Price	Total
00700883	Hanes - Authentic Short Sleeve T-Shirt - 5250	Deep Royal	S	25	1.81	45.25
00700884	Hanes - Authentic Short Sleeve T-Shirt - 5250	Deep Royal	M	25	1.81	45.25
00700885	Hanes - Authentic Short Sleeve T-Shirt - 5250	Deep Royal	L	50	1.81	90.50
00700886	Hanes - Authentic Short Sleeve T-Shirt - 5250	Deep Royal	XL	90	1.81	162.90
00700265	Hanes - Authentic Short Sleeve T-Shirt - 5250	Carolina Blue	L	1	1.81	1.81
00700505	Hanes - Authentic Short Sleeve T-Shirt - 5250	Black	L	1	1.81	1.81
00700694	Hanes - Authentic Short Sleeve T-Shirt - 5250	Wow Pink	M	2	1.81	3.62
00700335	Hanes - Authentic Short Sleeve T-Shirt - 5250	Athletic Orange	L	1	1.81	1.81
00700785	Hanes - Authentic Short Sleeve T-Shirt - 5250	Sapphire	L	2	1.81	3.62
00700887	Hanes - Authentic Short Sleeve T-Shirt - 5250	Deep Royal	2XL	5	4.36	21.80
00700888	Hanes - Authentic Short Sleeve T-Shirt - 5250	Deep Royal	3XL	6	5.87	35.22
00700881	Hanes - Authentic Short Sleeve T-Shirt - 5250	Deep Royal	5XL	5	5.87	29.35
00700225	Hanes - Authentic Short Sleeve T-Shirt - 5250	Deep Red	L	1	1.81	1.81

- **Warehouse: Fort Worth, TX**
- You saved \$96.19 on shipping.
- Shipping Method: UPS Metro
- Billing Method: Credit Card ending in 8850
- 3 Boxes, 214 Items, 118 lbs.

Please Remit To:
 Paid in full - Credit Card

Sub Total: 444.75
 Shipping & Handling: 0.00
 Lost Cash Discount: 13.34
Total: 458.09

To ensure your payment is processed in a timely manner, please provide the necessary detailed information with your check, wire or ACH payment, including your account number and invoices being paid. Please be advised that if you are processing your payments as wires or ACH, your payment remittance needs to be forwarded to us prior to us receiving your payment.

Interest will be charged at the lower of a rate of one and one-half (1.5%) percent per month and the maximum allowed by law on all accounts not paid at maturity. Orders must be inspected when received. No refunds or exchanges are allowed after the goods have been printed on. All goods are F.O.B. our warehouse located at 2601 Quorum Drive, Fort Worth, TX 76137 The risk of loss passes to the buyer when the goods are delivered to the carrier and all claims for loss or damage in shipment should be processed by the buyer through the carrier.

SHIP TO



LINE ITEMS

#	SKU	Description	Unit Price	Unit Tax	Quantity	Line Total
1.	1C-AT-9x12-GS	1 Color Athletic 9x12.75 Gang Sheet [hide details]	\$1.14	\$0.00	200 EA	\$228.00



PRODUCT DATA

- **Part Name** - Hugo Sanchez print to size 10W x 7H

PRODUCT DESIGNS

• Design 1

DESIGN ID - 303124



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Hugo T. Stueben</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-14-20</i>	5 Payee name <i>TEXAS TIMES</i>
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6 Amount (\$) <i>250.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>903 E. Continns</i>	City; <i>Del Rio</i>	State; <i>TX</i>	Zip Code <i>78840</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-15-20</i>	Payee name <i>KWMC</i>
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Amount (\$) <i>275.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>903 E. Continns</i>	City; <i>Del Rio</i>	State; <i>TX</i>	Zip Code <i>78840</i>
--	--	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Sold To	HUGO TADEO SANCHEZ		Invoice No.	
			591322	
	DEL RIO TEXAS			
Date	Description	Charges	Credits	Balance
10/15/20	ADVERTISING ONE FULL PAGE WRITE UP FREE ONE FULL PAGE AD FRONT PAGE PICTURE			\$275.00

PO BOX 210

(830) 313-1492

DEL RIO, TX 78840

HUGO T SANCHEZ VRK
MARTHA E SANCHEZ ML

37/1149

3270

LN # _____ DATE 10-15-20

KUMK \$275.00



for - burden Agency - fire clothing

Heat Sensitive Ink

THE BANK & TRUST

200 CON. Bldg. Bldg. No. 78240 • 510-889-5749 • www.bankandtrust.com

MEMO

Hucis

PRINT DETAILS ON BACK.

:02 :02 :02 :02 :02 :02 :02 :02

© 2017 Bank & Trust

10.

HUGO T SANCHEZ

86-137/1149

3269

MARTHA E SANCHEZ

581545



10-14-20

CKG-SVG-CASH

DATE

10.

LN# KLMC



PAY TO THE ORDER OF

Two hundred fifty dollars and no DOLLARS

\$250.

09.

09.

THE BANK & TRUST

180. 4616, Dal Mm, Tx 78040 • 800-633-5766 • www.thebankandtrust.com

Heat Sensitive Ink

09.

MEMO

Handwritten signature

MP

09.

LINK DETAILS ON BACK

KWMC

P.O. BOX 210 DEL RIO, TEXAS 78840

* INVOICE *
* # 12481 *

HUGO SANCHEZ
Accounts Payable
Del Rio, TX. 78840

PRODUCT: LIVE REMOTE
ORDER # OCT 2020

SALESMAN #1	SCHEDULE # 01	DATE: 10/15/20						
STA	QUAN	LEN	DESC	RATE	GROSS	TAX	DISC	NET
1	1	15	MINS		\$100.00			\$100.00

KWMC

P.O. BOX 210 DEL RIO , TEXAS 78840

* INVOICE *
* # 1759 *

Hugo Sanchez
Accounts Payable
Del Rio, TX. 78840

PRODUCT: POL CAMP VIDEO
ORDER # SEPT 2020

SALESMAN #1		SCHEDULE # 01		DATE: 9/1/20				
STA	QUAN	LEN	DESC	RATE	GROSS	TAX	DISC	NET
1					\$150.00			\$150.00
