

# 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: |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><i>Mr.</i></div> <div>FIRST<br/><i>Hugo</i></div> <div>MI<br/><i>T.</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><i>Sanchez</i></div> <div>SUFFIX</div> </div>  | <b>OFFICE USE ONLY</b>                                     |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;<br/>[REDACTED]</div> <div>APT / SUITE #;<br/>[REDACTED]</div> <div>CITY;<br/><i>Del Rio, Tx</i></div> <div>STATE;<br/><i>78840</i></div> <div>ZIP CODE</div> </div>  | Date Received  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE/ OFFICEHOLDER PHONE  | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/>( [REDACTED] )</div> <div>PHONE NUMBER<br/>[REDACTED]</div> <div>EXTENSION</div> </div>  | Date Hand-delivered or Date Postmarked                     |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><i>Mr.</i></div> <div>FIRST<br/><i>Hugo</i></div> <div>MI<br/><i>T.</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><i>Sanchez</i></div> <div>SUFFIX</div> </div>  | Receipt #  | Amount \$            |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);<br/>[REDACTED]</div> <div>APT / SUITE #;<br/>[REDACTED]</div> <div>CITY;<br/><i>Del Rio, Texas</i></div> <div>STATE;<br/><i>78840</i></div> <div>ZIP CODE</div> </div>  | Date Processed   |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE   | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/>[REDACTED]</div> <div>PHONE NUMBER<br/>[REDACTED]</div> <div>EXTENSION</div> </div>  | Date Imaged  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED  | <div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year<br/> <i>01 / 28 / 2022</i> </div> <div>THROUGH</div> <div> Month    Day    Year<br/> <i>04 / 06 / 2022</i> </div> </div>   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION  | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE<br/> Month    Day    Year<br/> <i>05 / 07 / 2022</i> </div> <div> ELECTION TYPE<br/> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br><i>School Board Place V</i> |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages       | <p><small>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.</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |                      | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE   | COMMITTEE NAME   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS  |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME  |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |                      |                |                |                                  |                   |                                   |                                   |  |                                      |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

\$ 0

OUTSTANDING  
LOAN TOTALS

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

\$ 0

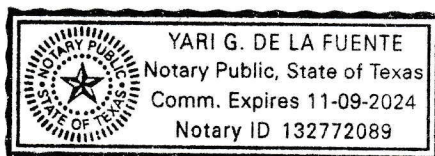
18 SIGNATURE

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

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Hugo T Sanchez this the 7th day of April,  
20 22, 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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)