CANDIDAT CAMPAIGN	FORM C/OH COVER SHEET PG 1					
The C/OH Instruction	Guide explains how to com	plete this form.	Filer ID		2 Total pages fil	led: .3
3 CANDIDATE /	MS/MRS/MR	FIRST	- 10	МІ	OFFICE I	JSE ONLY
OFFICEHOLDER NAME		Noelita			Date Received	ericontation (7 kin) 4 kinton (11 kin)
	NICKNAME	LAST	194494194444444444444444444444444444444	SUFFIX		
		Lugo				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered o	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1192				Receipt #	Amount
ADDRESS					Accept #	Ambune
Change of Address	Manchaca, TX 78652				Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI		
	NICKNAME	LAST	***************************************	SUFFIX	***************************************	***************************************
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P	O BOX PLEASE);	APT/S	UITE#; CITY;	STA	ATE; ZIP CODE
(Residence or Business)						
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO	ONE NUMBER EX	TENSION			
8 REPORT TYPE	January 15	30th day before el	ection Run		15th day after an	
	January 15	Sour day before ex	ecdon Run		appointment (office	mpaign treasurer ceholder only)
	X July 15	8th day before ele		eeded modified orting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2021		OUGH	Month Day 06/30/2023	Year	
10 ELECTION	ELECTION DATE			LECTION TYPE		
	Month Day Year 12/15/2020	Prim	ary	Runoff	Other	
	12/13/2020	Gen	eral	Special		
11 OFFICE	OFFICE HELD (if any)		112	OFFICE SOUGHT ((if known)	
	Austin ISD At-Large Tru District Austin ISD Travi			. 011102 0000111 ((ii kilowily	
		GO TO	PAGE 2			
L	was Pilias Commission	-	AND			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				2 of 13						
13 C / OH NAME	Lugo, Noelita	1	14 Filer ID							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information of	e candidate's or officeho	older's knowledge or						
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5							
16 CONTRIBUTION TOTALS	PLEDGES, LOANS, TRONICALLY)	\$ 0.00								
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 350.00						
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$ 0.00						
	4. TOTAL POLITIC	CAL EXPENDITURES	2	\$ 3,864.10						
CONTRIBUTION BALANCE	REPORTING PE	2		\$ 1,493.95						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS O RTING PERIOD	F THE LAST DAY	\$. 0.00						
With Party Streets	(7)	Nochta Signature of C	of perjury, that the accordinformation required to be a considered and the according to the	be reported by me						
Signature of office	n Onno cer administering	Printed name of officer administering	Title of officer ac	Ass is tant dministering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			VER SHEET	3 of 13
18 FILER NAME Lugo, Noelita		19 Filer ID		
20 SCHEDULE SUBTOTAL NAME OF SCHEDULE	.s		SUBTOTAL A	MOUNT
1. X SCHEDULI	E A1: MONETARY POLITICAL CONTRIBUTIONS		\$	350.00
2. SCHEDUL	E A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE	B: PLEDGED CONTRIBUTIONS		\$	2
4. SCHEDULE	EE: LOANS		s	
5. X SCHEDULE	E F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	s	\$	3,864.10
6. SCHEDUL	F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULI	E F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$,
8. SCHEDULE	F4: EXPENDITURES MADE BY CREDIT CARD	-	s	
9. SCHEDULE	E G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE	E H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULI	E I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	s	
12. X SCHEDULI	EK: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$ [.]	483.00

	MONET	ГА	RY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instru	ıcti	on Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/13	
2	FILER NAME Lugo, Noelit			3	Filer ID	
4	Date 01/19/2021		Full name of contributor out-of-state PAC (ID#) Doggett, Libby Contributor address; City; State; Zip Code 1157 San Bernard Street Austin, TX 78702	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	.L upa	tion / Job title (See Instructions) 9 Employer (See Instructions	;)		2 11
	Date 01/13/2021		Full name of contributor out-of-state PAC (ID#:) McKiernan-Gonzalez, John Contributor address; City; State; Zip Code 3000 Matador Dr Austin, TX 78741		Amount of Contribution (\$)	\$100.00
r	Principal occu	ıpa	tion / Job title (See Instructions) Employer (See Instructions)		
			-	•		
Fo	ms provided	by	Texas Ethics Commission www.ethics.state.tx.us		Version V1.:	83466148

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 1/8 Rpt: 5/13 Lugo, Noelita 4 Date Payee name 02/15/2021 Austin Area Urban League 6 Amount (\$) Payee address: City: State: Zip Code \$515.00 8011A Cameron Rd Building a-100 Austin, TX 78754 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/02/2021 Austin Voices for Education and Youth City; Amount (\$) Payee address; State; Zip Code \$50.00 5221 Ledesma Rd Austin, TX 78721 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/04/2021 **GNI Consulting** Payee address; Amount (\$) City; State; Zip Code \$2,000.00 P.O. Box 685008 Austin, TX 78768 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, afficeholder living expense Win Bonus Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Food/Beverage Expense Git/Awards/Memorials Expe Legal Services	Polling Exp Printing Ex Salaries/M	pens opens /ages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	5.	
L				The Instruction Guide	explains r	now to co	mpi	ete this form.	_		
1	Total pages Schedule F1: Sch: 2/8 Rpt: 6/13	2	Lugo, Noel						3	Filer ID	
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	01/02/2021		Google LL								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
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			Mountain V	/iew, CA 94043							
8	PURPOSE	(a)	Category (s	See Categories listed at the top	n of this sche	edule)	(b)	Description	-		
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9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	0	Office sou	ght			Office held	
П	Date	Γ	Payee name)			200	Transport	1960	9-9-9	
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Т	Amount (\$)	Т	Payee addre	ess; City;	State;	Zip Co	de			Wr. E.	
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			Mountain V	/iew, CA 94043							
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	03/02/2021		Google LLC	C							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de				**
	\$12.79		1600 Amph	nitheatre Pkwy							
			Mountain V	/iew, CA 94043							
	PURPOSE	(a)	Category (S	See Categories listed at the top	p of this sche	edule)	(b)	Description			
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Food/Beverage Expense Git/Awards/Memorials Exp Legal Services The Instruction Guide			Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					1 - 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3	Filer ID
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4	Date	5	Payee name							
	04/02/2021		Google LLC							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode			, , , , , , , , , , , , , , , , , , , ,
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	2 22		Mountain V	iew, CA 94043						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this sche	dule)	(b)	Description		
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	PURPOSE OF	(a)		ee Categories listed at the to		dule)	(b)	Description	2000	
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	expenditure to benefit C/OI		Januluate/On	centities name	Ų.	ince soi	ugnt			Office field
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	\$12.79		1600 Amphi	itheatre Pkwy						
			Mountain Vi	iew, CA 94043						
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	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	Of	fice sou	ught			Office held
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment **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 F1: 2 FILER NAME 3 Filer ID Sch: 4/8 Rpt: 8/13 Lugo, Noelita 4 Date Payee name 01/05/2021 Gusto City; Payee address; 6 Amount (\$) State; Zip Code \$58.63 525 20th Street San Francisco, CA 94107 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 02/02/2021 Gusto Amount (\$) Payee address; City: State: Zip Code \$20.25 525 20th Street San Francisco, CA 94107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Vendor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/02/2021 Gusto Amount (\$) Payee address; City; State; Zip Code 525 20th Street \$14.00 San Francisco, CA 94107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Payroll Vendor Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense
Contributions/ Donations Made By Travel in District Travel Out of District Printing Expense Candidate/Officeholder/Political Committee Credit Card Payment **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 F1: 2 FILER NAME 3 Filer ID Sch: 5/8 Rpt: 9/13 Lugo, Noelita 4 Date Payee name 01/15/2021 Harland Clarke Payee address; City; 6 Amount (\$) State; Zip Code \$43.64 15955 La Cantera Parkway San Antonio, TX 78256 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T, Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Check Order Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/11/2021 NGPVAN Inc. Pavee address: State: Zip Code Amount (\$) City: \$159.90 1445 New York Ave. NW Washington, DC 20005 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX_officeholder living expense Campaign Database Software Candidate/Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH Date Payee name 02/02/2021 NGPVAN Inc. Amount (\$) Payee address; City: State; Zip Code \$159.90 1445 New York Ave. NW Washington, DC 20005 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Database Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Condit Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (Angles a category not letted above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 6/8 Rpt: 10/13	Lugo, Noelita	
4	Date	5 Payee name	
	02/09/2021	NGPVAN Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$159.90	1445 New York Ave.	
		NW	
		Washington, DC 20005	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
65.2	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check If Austin, TX, officeholder living expense	
		Campaign Database	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
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	03/05/2021	NGPVAN Inc.	
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Т	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
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	expenditure to benefit C/OI		
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	04/06/2021	NGPVAN Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.90	1445 New York Ave.	
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		Washington, DC 20005	
	PURPOSE	(a) Category (See Categories fisted at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
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	expenditure to benefit C/OI		
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)
ivent Expense Loan Repayment/Reimbu

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Political Committee Credit Card Payment			GIN/AWards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category in the Instruction Guide explains how to complete this form.						d above)
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	\$142.93		2141 East !	Broadway Rd.						
			Suite 202							
			Temple, AZ	<u> 2</u> 85282						
8	PURPOSE	(a)	Category (S	See Categories listed at the top	p of this schedule)	(b)	Description			
	OF EXPENDITURE		Fees	50					ide of Texas, Complete Schedule T.	
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9	Complete ONLY if direct expenditure to benefit C/OI		Sandidate/Oπi	liceholder name	Office s	ougnt			Office held	
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			Temple, AZ	1 85282						
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			Temple, AZ	1 85282						
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Office/bolder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTMES Course Strict Course (Strict Charles)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Co	mmittee	Legal Service		54		pense ages/Contract Labor nplete this form.	Travel Out of District OTHER (enter a categ	ory not listed above)
1	Total pages Schedule F1:	2	FILER NAM		· ·			-	3 Filer ID	200
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4	Date	5	Payee name						• · · · · · · · · · · · · · · · · · · ·	
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_			Austin, TX							
8	PURPOSE OF	(a)			listed at the top o		le)	(b) Description	outside of Texas, Complete	maka daka T
	EXPENDITURE		Office Over	nead/Rer	ntal Expense	2			TX, officeholder living expe	
								P.O. Box Rer		
							- 1			
9	Complete ONLY if direct expenditure to benefit C/Ol	- (-I	Candidate/Off	iceholder n	ame	Offic	ce souç	ht	Office held	*
H	212			5.6.5.						
			(♥)						:•:	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

_								
	The Instru		ges Schedule K: 1 Rpt: 13/13					
2	FILER NAME			3	File	ID		·
	Lugo, Noelit	a						
4	Date	5	Name of person from whom amount is received	_		T	8 Amount (\$)	
8	02/09/2021	SET	Gusto					\$3.30
ı					******			45,56
		ľ	Address of person from whom amount is received, City; State; Zip Code			- 1		
3			525 20th Street			- 1		
			San Francisco, CA 94107					
ı		7	Purpose for which amount is received	oliti	cal co	ontrib	bution returned to file	r
ı		ĺ	Credit					
-	Date	T	Name of person from whom amount is received	-		T	Amount (\$)	
ı	05/05/2021		NGPVAN, Inc.			- 1	ranount (a)	\$159.90
ı	00.00,2022		***************************************	******	*******			4133,30
ı			Address of person from whom amount is received; City; State; Zip Code					
ı			1445 New York Ave NW Suite 200					
ı			Washington, DC 20005					
ı		L			7/23			
ı				oliti	cal co	ontrik	bution returned to file	Ti.
L			Refund					
Г	Date	Π	Name of person from whom amount is received		-	Т	Amount (\$)	
ı	05/05/2021		NGPVAN, Inc.					\$159.90
ı		*****	Address of person from whom amount is received; City; State; Zip Code	******	*******	*****		
		Į	1445 New York Ave NW					
			Suite 200					
			Washington, DC 20005					
ı		H	Purpose for which amount is received	oliti	cal co	ntrib	bution returned to file	7
ı			Refund					Si .
H		_				Т		
ı	Date		Name of person from whom amount is received				Amount (\$)	
ı	05/05/2021		NGPVAN, Inc.	******	*10410410			\$159.90
ı		100000	Address of person from whom amount is received; City; State; Zip Code					
ı			1445 New York Ave NW					
ı			Suite 200					
ı		L	Washington, DC 20005					
ı			Purpose for which amount is received	oliti	cal co	ntrib	oution returned to file	ri
ı			Refund					
Г		8				183 day		
ı								
ı								
	* *** \$18.00 NEE			ninen les				