

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4490

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
MARIA LOUSA
CANCHOLA

OFFICE USE ONLY

Date Received
2 18 PM '00
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
P.O. BOX 19483
AUSTIN TX 78760-9483

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
MARIA L
CANCHOLA

Receipt #

HO / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
P.O. BOX 19483
AUSTIN TX 78760-9483

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 443-7400

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
12 / 10 / 1999 THROUGH 12 / 31 / 1999

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 14 / 2000 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

TRAVIS COUNTY
CONSTABLE PRECINCT 4

13 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

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Form)
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16 SUPPORTING POLITICAL COMMITTEE(S)
 -- This listing includes 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. --

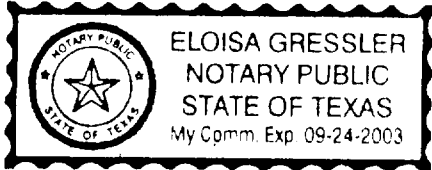
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
---	--

additional pages

17 NO REPORTABLE ACTIVITY
 Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 110.21
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,728.58
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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.

Monica L. Canchola

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP & SEAL ABOVE

Sworn to and subscribed before me, by the said Monica L. Canchola this the 15 day of January, 2000, to certify which, witness my hand and seal of office

Eloisa Gressler

 Signature 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: 1

2 FILER NAME

MARIA LUISA CANCHOLA

3 ACCOUNT # (Ethics Commission form)

4 Date

12-16-1999

5 Full name of contributor

LETICIA NARVAEZ-VALLEJO

out of state PAC

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

10555 MAHA CIR.
AUSTIN TX 78747

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date

6 Full name of pledgor out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address, City, State, Zip Code

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address, City, State, Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address, City, State, Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address, City, State, Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address, City, State, Zip Code

Principal occupation

Employer (optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.

1

2 FILER NAME

MARIA LUISA CANCHOLA

3 ACCOUNT # (Ethics Commission form)

4 Date

5 Payee name

~~12-6-1999~~~~THIRD EYE PHOTOGRAPHY~~

7

Amount
(\$)

6 Payee address: City, State, Zip Code

~~2532 GUADALUPE ST~~~~AUSTIN TX 78705~~~~75.78~~

8 Purpose of expenditure

~~CAMPAIGN PHOTOS~~9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

12-21-1999

CHECKMARK TYPESETTING

Payee address: City, State, Zip Code

3217 N. IH 35, AUSTIN TX 78722

113.66

Purpose of expenditure

LOGO DESIGN, LAYOUT, NEGATIVES

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

12-21-1999

TRAVIS COUNTY DEMOCRATIC PARTY

Payee address: City, State, Zip Code

1311 E 6TH ST., AUSTIN TX 78702

800.00

Purpose of expenditure

FILING FEE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

12-28-1999

WORLEY PRINTING CO.

Payee address: City, State, Zip Code

3217 N. IH 35, AUSTIN TX 78722

628.93

Purpose of expenditure

PRINTING

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E

1

2 FILER NAME

MARIA L. CANCHOLA

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

□ □ □ □ □ □

\$

5 Date of loan

12-16-1999

7 Name of lender

MARIA L. CANCHOLA

out of state PAC

9 Loan Amount (\$)

1,000.00

6 Is lender a financial institution?

Y (N)

8 Lender address City State Zip Code

P.O. Box 19483

AUSTIN TX 78760-9483

10 Interest rate

0%

11 Maturity date

NA

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address City State Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

12-23-1999

Name of lender

MARIA L. CANCHOLA

out of state PAC

Loan Amount (\$)

1,000.00

Is lender a financial institution?

Y (N)

Lender address City State Zip Code

P.O. Box 19483

AUSTIN TX 78760-9483

Interest rate

0%

Maturity date

NA

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address City State Zip Code

Amount Guaranteed (\$)

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

1

2 FILER NAME

MARIA L. CANCHOLA

3 ACCOUNT # (Ethics Commission files)

4 Date

12-10-1999

5 Payee name

THIRD EYE PHOTOGRAPHY

6 Payee address, City, State, Zip Code

2532 GUADALUPE ST
AUSTIN TX 78705

8 Amount (\$)

75.78

7 Purpose of expenditure

CAMPAIGN PHOTOS

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H.
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
6 Business address: City, State, Zip Code		
3 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address: City, State, Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address: City, State, Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address: City, State, Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED