Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

4545

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: MARIA L. CANCHOLA

15 ACCOUNT # (Ethics Commission filers)

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	
☐ GENERAL	COMMITTEE NAME
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

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	$ 1,985.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,990.96
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 171.60
	4. TOTAL POLITICAL EXPENDITURES	$ 4108.50
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,000.00

19 AFFIDAVIT

FILED
FEB 14 3 11 PM '00

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 Maria L. Canchola, this the 14th day of February, 2000, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Armando R Martinez — Print name of officer administering oath — Title of officer administering oath

ARMANDO R. MARTINEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES JULY 2003

Printed on recycled paper

(Effective 09/01/1997)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: MARIA | MI: L.

NICKNAME | LAST: CANCHOLA | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 19483

APT / SUITE # | CITY: AUSTIN, | STATE: TX | ZIP CODE: 78760-9483

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: MARIA | MI: L.

NICKNAME | LAST: CANCHOLA | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO P.O. BOX PLEASE): P.O. Box 19483

APT / SUITE #: | CITY: AUSTIN, | STATE: TX | ZIP CODE: 78760-9483

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 443-7400 | EXTENSION:

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: JAN / 1 / 2000 THROUGH Month / Day / Year: FEB / 3 / 2000

10 ELECTION

ELECTION DATE Month / Day / Year: 3 / 14 / 2000

ELECTION TYPE: ☒ 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

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 Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 1-6-00

6 Is lender a financial institution? Y (N)

7 Name of lender: MARIA L. CANCHOLA ☐ out of state PAC

8 Lender address City State Zip Code: P.O. BOX 19483 AUSTIN TX 78760-9483

9 Loan Amount ($): 1,000.00

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

Is lender a financial institution? Y N

Name of lender ☐ out of state PAC

Lender address City State Zip Code

Loan Amount ($)

Interest rate

Maturity date

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

3 ACCOUNT # (Ethics Commission fillers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
8 Purpose of expenditure	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / held	
Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
Purpose of expenditure	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / held	
Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
Purpose of expenditure	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / held	
Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
Purpose of expenditure	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / held	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-26-00	☐ out of state PAC RICK WALLEN 905 E 7TH ST. AUSTIN TX 78702	200.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-17-00	☐ out of state PAC MICHAEL & JANE DOWNEN 517 E MARY ST. AUSTIN TX 78704	100.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-26-00	☐ out of state PAC JETT L. HANNA 7006 EDGEFIELD DR AUSTIN TX 78731	100.00	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-8-00	☐ out of state PAC DAVID BINTLIFF 6303 DANWOOD DR AUSTIN TX 78759	54.82	

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-13-00	☐ out of state PAC DAVID BINTLIFF 6303 DANWOOD DR AUSTIN TX 78759	90.87	

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: MARIA L. CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-8-00	JOHN J. CANTU 6410 MEADOWS BLVD AUSTIN TX 78745	100.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-8-00	JOE PRADO 2512 S. IH 35, STE 130 AUSTIN TX 78704	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-20-00	JOE PRADO 2512 S. IH 35, STE 130 AUSTIN TX 78704	50.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-25-00	ELWOOD STEIN	50.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-25-00	HELEN K. SCHLEGEL 4017 VICTORY DR #130 AUSTIN TX 78704	100.00	

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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-24-00	DAVID BINTLIFF 6303 DAN WOOD DR AUSTIN TX 78759	35.27	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-22-00	JOHN J. CANTU 6410 MEADOWS BLVD AUSTIN TX 78745	25.00	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME: MARIA L. CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-7-00	SMOKEY DENMARK SAUSAGE CO. 3505 E 5th St. AUSTIN TX 78702	117.60

Purpose of expenditure: MEAT

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-19-00	OPINION ANALYSTS, INC 406 RIO GRANDE AUSTIN TX 78701	60.73

Purpose of expenditure: VOTER LISTS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-6-00	SYSCO FOODS P.O. BOX 910714 DALLAS TX 75391	283.99

Purpose of expenditure: FOOD, ETC

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / 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 FILER NAME: MARIA L. CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-24-00	HOME DEPOT 10107 RESEARCH AUSTIN TX 78759	35.27

Purpose of expenditure: 4X8' SIGN WOOD

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-1-00	HOME DEPOT 7211 N. IH 35 AUSTIN TX 78752	35.09

Purpose of expenditure: 4'X8' SIGN STAKES

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-8-00	H.E.B FOOD STORES 2701 E 7TH ST. AUSTIN TX 78702	130.86

Purpose of expenditure: FOOD, ETC

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-20-00	HEB FOOD STORES 2701 E 7TH ST AUSTIN TX 78702	48.93

Purpose of expenditure: FOOD, ETC.

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / 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 FILER NAME MARIA L. CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-13-00	MCCOY'S BUILDING SUPPLY 14009 RESEARCH BLVD AUSTIN TX 78717	90.87

Purpose of expenditure: 1x2x36 STAKES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-7-00	HOME DEPOT 5400 BROWIE LN SUNSET VALLEY TX 78745	7.54

Purpose of expenditure: 1x2x36 STAKES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-8-00	HOME DEPOT 10107 RESEARCH BLVD. AUSTIN TX 78759	32.31

Purpose of expenditure: 1x2x36 STAKES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-21-00	HOME DEPOT 7211 N. IH35 AUSTIN TX 78752	115.70

Purpose of expenditure: 4'x8' SIGN WOOD and STAKES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Office sought / 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 FILER NAME

3 ACCOUNT # (Ethics Commission fuers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-7-00	ACE PRINTING P.O. BOX 13522 AUSTIN TX 78711	2,543.88

Purpose of expenditure: 4'x8' SIGNS 14"x 22" SIGNS

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-18-00	NICOLAS JOHNSON 2107 B EVA ST AUSTIN TX 78704	30.00

Purpose of expenditure: CLERICAL SERVICES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-24-00	NICOLAS JOHNSON 2107 B EVA ST. AUSTIN TX 78704	20.00

Purpose of expenditure: CLERICAL SERVICES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-3-00	NICOLAS JOHNSON 2107 B EVA ST AUSTIN TX 78704	20.00

Purpose of expenditure: CLERICAL SERVICES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / 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 FILER NAME
MARIA L CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-12-00	WORLEY PRINTING CO 3217 N. IH 35 AUSTIN TX 78722	94.18

8 Purpose of expenditure: PRINTING

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-18-00	WORLEY PRINTING CO. 3217 N. IH 35 AUSTIN TX 78722	5.41

Purpose of expenditure: PRINTING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-27-00	WORLEY PRINTING CO. 3217 N. IH 35 AUSTIN TX 78722	164.54

Purpose of expenditure: PRINTING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-22-00	LATIN MOBIL EXPRESS 504 COMAL AUSTIN TX 78702	100.00

Purpose of expenditure: D.J. MUSIC

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED