

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

4643

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Maria L. Canchola

15 ACCOUNT # (Ethics Commission Use)

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

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

\$ 55.00

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

\$ 1,365.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 65.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,6063.57

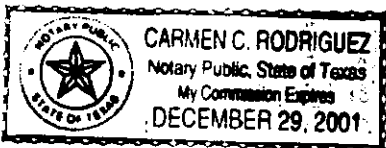
OUTSTANDING LOAN TOTALS

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

\$ 5,943.63

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.



Maria L. Canchola
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria L. Canchola this the 12 day of July 19 2000, to certify which, witness my hand and seal of office.

Carmen C. Rodriguez Notary *Carmen C. Rodriguez*
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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:

11

3 CANDIDATE / OFFICEHOLDER NAME

TITLE
FIRST *Maria* MI *L.*
NICKNAME LAST *Canchola* SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
*1900 East Side Drive
Austin, Texas 78704*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE
FIRST *Maria* MI *L.*
NICKNAME LAST *Canchola* SUFFIX

Receipt #

MD / 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
*1900 East Side Drive
Austin, Texas 78704*

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
4 / 2 / 2000 THROUGH 6 / 30 / 2000

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 7 / 2000

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Travis County Constable Pet. 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME <i>Marisa Canchola</i>		3 ACCOUNT # (Ethics Commission form)	
4 Date <i>April 7, 2000</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Austin Police Dept PAC</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>400 W. 14TH STREET, STE 230 AUSTIN, TX 78701</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>April 7, 2000</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Kathryn Parker</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>11655 OLD LOCKHART ROAD Austin, Texas 78747</i>			
Principal occupation		Employer (optional)	
Date <i>April 11, 2000</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Elena Diaz</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>2928 WICKERSHAM LANE Austin, Texas 78741</i>			
Principal occupation		Employer (optional)	
Date <i>April 7, 2000</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Vernon Nattinger</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>P.O. Box 150399 Austin, Texas 78715-0399</i>			
Principal occupation		Employer (optional)	
Date <i>April 11, 2000</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Richard & Gertie Meyer</i>	Amount of contribution (\$) <i>\$160.00</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>2211 REBEL ROAD Austin, Texas 78704</i>			
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: <div style="text-align: right; font-size: 1.2em;">2</div>	
2 FILER NAME <i>Maria Canchola</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>April 11, 2000</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Jalisco</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>\$250.00 (Food)</i>
6 Contributor address: City: State: Zip Code <i>414 Barton Springs Rd. Austin, Texas 78704</i>			
9 Principal occupation		10 Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

Maria Canchola

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

April 19, 2000

7 Name of lender

Maria L. Canchola

out of state PAC

9 Loan Amount (\$)

\$ 243.63

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

*1900 EAST SIDE DRIVE
Austin, Texas 78704*

10 Interest rate

0

11 Maturity date

N/A

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

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

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.

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 filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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:

5

2 FILER NAME

Maria Canchola

3 ACCOUNT # (Ethics Commission files)

4 Date

April
7,
2000

5 Payee name

KKLB - Club 92.5 FM

7

Amount
(\$)

\$540.00

6 Payee address:

City: State: Zip Code

P.O. Box 14647
Austin, Texas 78761

8 Purpose of expenditure

Radio Ad

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

Office sought / held

Date

April
8,
2000

Payee name

U.S. Postmaster

Amount
(\$)

\$198.00

Payee address:

City: State: Zip Code

Purpose of expenditure

mailouts/postage

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

Office sought / held

Date

April
7,
2000

Payee name

U.S. Postmaster

Amount
(\$)

\$33.00

Payee address:

City: State: Zip Code

Purpose of expenditure

Stamps

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

Office sought / held

Date

April
7,
2000

Payee name

US Postal Store

Amount
(\$)

\$264.00

Payee address:

City: State: Zip Code

Purpose of expenditure

postage for mail out

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

Office sought / held

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <i>2</i>
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2 FILER NAME <i>Maria Canchola</i>	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan <i>May 11, 2000</i>	7 Name of lender <input type="checkbox"/> out of state PAC <i>Maria L. Canchola</i>	9 Loan Amount (\$) <i>\$1,000.00</i>
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address: City: State: Zip Code <i>1900 EAST SIDE DRIVE Austin, Texas 78704</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>N/A</i>

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address: City: State: Zip Code	

17 Principal Occupation 18 Employer

Date of loan <i>June 8, 2000</i>	Name of lender <input type="checkbox"/> out of state PAC <i>Maria L. Canchola</i>	Loan Amount (\$) <i>\$700.00</i>
Is lender a financial institution? <i>Y (N)</i>	Lender address: City: State: Zip Code <i>1900 EAST SIDE DRIVE Austin, Texas 787</i>	Interest rate <i>0</i>
		Maturity date <i>N/A</i>

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address: City: State: Zip Code	

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5**

2 FILER NAME **Maria Canchola**

3 ACCOUNT # (Ethics Commission fees)

4 Date April 16, 2000	5 Payee name KLKB-Club 92.5	7 Amount (\$) \$ 500.00
6 Payee address; City; State; Zip Code PO Box 14647 Austin, Texas 78761		

8 Purpose of expenditure
Radio Ad

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

4 Date April 3, 2000	5 Payee name Matt Marsh	7 Amount (\$) \$ 630.00
6 Payee address; City; State; Zip Code Austin, Texas		

8 Purpose of expenditure
Clerical work

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

4 Date April 13, 2000	5 Payee name Amy Dalgoe	7 Amount (\$) \$ 24.50
6 Payee address; City; State; Zip Code Austin, Texas		

8 Purpose of expenditure
Clerical work

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

4 Date April 10, 2000	5 Payee name Amy Dalgoe	7 Amount (\$) \$ 84.00
6 Payee address; City; State; Zip Code Austin, Texas		

8 Purpose of expenditure
Clerical work

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5**

2 FILER NAME

Maria Canchola

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

April 7, 2000

*Texas Printing Co.
1209 E. Cesar Chavez
Austin, Texas 78702*

\$686.94

6 Payee address: City: State: Zip Code

Purpose of expenditure

Envelopes + letters, flyers, post cards

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

Date

Payee name

Amount (\$)

April 7, 2000

*Wardley Printing Co.
Payee address: 3217 N. 24th St
Austin, Texas 78722*

\$ 586.56

Payee address: City: State: Zip Code

Purpose of expenditure

printing cost for tickets, post-cards and stickers

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

Date

Payee name

Amount (\$)

April 9, 2000

*Ace Printing
Payee address: 7807 Doncaster
Austin, Texas 78745*

\$ 129.90

Payee address: City: State: Zip Code

Purpose of expenditure

print yellow rider signs

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

Date

Payee name

Amount (\$)

April 10, 2000

*Blizzard, Fawal, + Assoc.
Payee address: 807 Brazos Ste 811
Austin, Texas 78701*

\$ 135.31

Payee address: City: State: Zip Code

Purpose of expenditure

Mail Design

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

Maria Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

April 19, 2000

5 Payee name

GTE

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$243.63

Purpose of expenditure

Cell phone charges

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

Office sought / held

Date

May 12, 2000

Payee name

GTE

Payee address; City; State; Zip Code

Amount (\$)

\$350.00

Purpose of expenditure

Cell phone charges

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

Office sought / held

Date

June 6, 2000

Payee name

GTE

Payee address; City; State; Zip Code

Amount (\$)

\$450.00

Purpose of expenditure

Cell phone charges

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

Office sought / held

Date

June 28, 2000

Payee name

GTE

Payee address; City; State; Zip Code

Amount (\$)

\$500.00

Purpose of expenditure

Cell phone charges

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

5

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

Maria Canchola

3 ACCOUNT # (Ethics Commission form)

4 Date

5 Payee name

6

7 Amount (\$)

April 8,

2000

U.S. Postmaster

6 Payee address; City; State; Zip Code

\$ 33.00

8 Purpose of expenditure

Stamps

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

Office sought / held

Date

Payee name

Amount (\$)

April 6,

2000

Mail Box Etc.

Payee address; City; State; Zip Code

3005 S. Lamar Blvd.

Austin, Texas 78704

\$ 10.83

Purpose of expenditure

Faxes

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

Office sought / held

Date

Payee name

Amount (\$)

April

2000

U.S. Postmaster

Payee address; City; State; Zip Code

\$ 536.50

Purpose of expenditure

Postage for mailouts

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

Office sought / held

Date

Payee name

Amount (\$)

April 17,

2000

Opinion Analysts, Inc.

Payee address; City; State; Zip Code

906 Rio Grande

Austin, Texas 78701

\$ 62.40

Purpose of expenditure

Labels

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(2)