



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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	\$ 265.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2815.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1708.85
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6793.63

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.



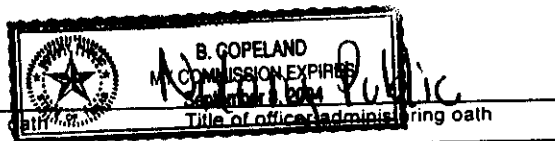
Maria L. Canchola  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria L. Canchola this the 16th day of Jan 2001, to certify which, witness my hand and seal of office.

B. Copeland  
 Signature of officer administering oath

B. Copeland  
 Print name of officer administering oath



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on C/OH page 1 is marked "Final Report" \*\*

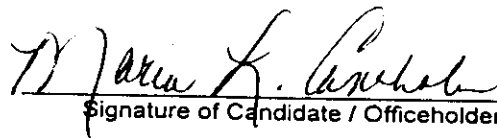
1 C/OH NAME

Maria L. Canchola

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are a candidate \*\*

### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
 Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
 Signature of Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-9-00

5 Full name of contributor

Gopal Guthikun

out of state PAC

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

PO Box 684942  
Austin, Texas 78768

9 Principal occupation

10 Employer (optional)

Date

9-20-00

Full name of contributor

Ruben F. Barrera

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

608 W. Oltorf  
Austin, Texas 78704

Principal occupation

Employer (optional)

Date

10-6-00

Full name of contributor

Bruce Elfant

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1205 Fairwood  
Austin, Texas 78722

Principal occupation

Employer (optional)

Date

10-16-00

Full name of contributor

Lynn Whitten + Jim Butler

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1517 Alameda  
Austin, Texas 78704

Principal occupation

Employer (optional)

Date

10-24-00

Full name of contributor

Jan Breland

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8236 Summer side  
Austin, Texas 78759

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:

5

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-24-00

5 Full name of contributor

Elizabeth M. Baird

out of state PAC

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3401 Aldoyche Dr.  
Austin, Texas 78704

9 Principal occupation

10 Employer (optional)

Date

10-24-00

Full name of contributor

Robert & Connie Eller

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8204 Williamson Creek Dr.  
Austin, Texas 78736

Principal occupation

Employer (optional)

Date

10-24-00

Full name of contributor

Helen Greene

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

312 LeGrande  
Austin, Texas 78704

Principal occupation

Employer (optional)

Date

10-24-00

Full name of contributor

Fidel Estrada

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2618 E. 7th St.  
Austin, Texas 78702

Principal occupation

Employer (optional)

Date

10-24-00

Full name of contributor

Ken & Linda Nates

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7605 Ponomo Trail  
Austin, Texas 78749

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: <b>5</b>	
2 FILER NAME <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-24-00</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Maria Luisa Flores</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation		10 Employer (optional)	
Date <i>10-24-00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Gus Garcia Jr.</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5905 Cannon Mountain Dr. Austin, Texas 78749</i>			
Principal occupation		Employer (optional)	
Date <i>10-24-00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Rafael Quintanilla</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2804 Rock Terrace Austin, Texas 78704</i>			
Principal occupation		Employer (optional)	
Date <i>10-24-00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Stan Johnson</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date <i>10-24-00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Sylvia Brittain</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12904 Wells Fargo Austin, Texas 78737</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: <b>5</b>
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2 FILER NAME <i>Maria L. Canchola</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>10-24-00</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Manuel Zuniga</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1726 Glencliff Austin, Texas 78704</i>			

9 Principal occupation	10 Employer (optional)
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Date <i>10-24-00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Richard A. Moya</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3801 Frito Cove Austin, Texas 78739</i>			

Principal occupation	Employer (optional)
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Date <i>10-24-00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Ned Granger</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>605 W. 10th St. Austin, Texas 78701</i>			

Principal occupation	Employer (optional)
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Date <i>10-24-00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Nilda De La Lata</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable) <i>(Food)</i>
Contributor address; City; State; Zip Code <i>41.561.4 La Luna Restaurant 1224 S. Congress Ave. Austin, Texas 78704</i>			

Principal occupation	Employer (optional)
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Date <i>10-28-00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Andy Ramirez</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>40 N. IH 35 Austin, Texas 78701</i>			

Principal occupation	Employer (optional)
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**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: <b>5</b>
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2 FILER NAME <i>Maria L. Canchola</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>10-6-00</i>	5 Full name of contributor <i>AFL-CIO</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code			

9 Principal occupation	10 Employer (optional)
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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)
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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)
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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)
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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)
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**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:

3

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-8-00

5 Payee name

YWCA

7 Amount (\$)

\$45.00

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

"Woman of the Year" Ad

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

8-15-00

Payee name

GTE

Amount (\$)

\$397.95

Payee address; City; State; Zip Code

P.O. Box 630023  
Dallas, Texas 75263

Purpose of expenditure

Cell phone charges

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

8-11-00

Payee name

AFLCIO

Amount (\$)

\$45.00

Payee address; City; State; Zip Code

P.O. Box 684644  
Austin, Texas 78768

Purpose of expenditure

Labor Day Ad

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

9-14-00

Payee name

Travis County Democratic Party

Amount (\$)

\$500.00

Payee address; City; State; Zip Code

Purpose of expenditure

Contribution

\*\* 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:

3

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-16-00

5 Payee name

Office Depot

7 Amount (\$)

\$ 30.30

6 Payee address; City; State; Zip Code

816 Tirado St.  
Austin, Texas 78752

8 Purpose of expenditure

Folding Table

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

10-11-00

Payee name

U.S. Postal Store

Amount (\$)

\$ 264.00

Payee address; City; State; Zip Code

510 Guadalupe St.  
Austin, Texas 78701

Purpose of expenditure

Stamps

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

10-28-00

Payee name

Richard Moya

Amount (\$)

\$ 181.81

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement for printing charges  
for "Tall Tales y Cuentos" Fund Raiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

12-5-00

Payee name

Maria L. Canchola

Amount (\$)

\$ 138.55

Payee address; City; State; Zip Code

1900 East Side Dr.  
Austin, Texas 78704

Purpose of expenditure

Reimbursement for Christmas cards  
sent to supporters

-- 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:

3

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12-15-00

U.S. Postal Store

6 Payee address; City; State; Zip Code

510 Guadalupe  
Austin, Texas 78701

\$66.00

8 Purpose of expenditure

Stamps

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

Office sought / held

Date

Payee name

Amount (\$)

12-27-00

HEB Central Market

Payee address; City; State; Zip Code

\$40.24

Purpose of expenditure

Film & Film Development

\*\* 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

# LOANS

# SCHEDULE E

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

5 Date of loan <b>7-18-00</b>	7 Name of lender <input type="checkbox"/> out of state PAC <b>Maria L. Canchola</b>	9 Loan Amount (\$) <b>\$250.00</b>
----------------------------------	--	---------------------------------------

6 Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> <b>(N)</b>	8 Lender address;      City;      State;      Zip Code <b>1900 East Side Dr. Austin, Texas 78704</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>N/A</b>

12 Description of Collateral  
 none

13 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	14 Name of guarantor <del>Patricia E. Canchola</del>  15 Guarantor address;      City;      State;      Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation	18 Employer
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Date of loan <b>8-21-00</b>	Name of lender <input type="checkbox"/> out of state PAC <b>Maria L. Canchola</b>	Loan Amount (\$) <b>\$100.00</b>
Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> <b>(N)</b>	Lender address;      City;      State;      Zip Code <b>1900 Eastside Dr. Austin, Texas 78704</b>	Interest rate <b>0</b>
		Maturity date <b>N/A</b>

Description of Collateral  
 none

GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address;      City;      State;      Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# 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 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
--------------------------	--

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

Purpose of expenditure	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
------------------------	--

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

Purpose of expenditure	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
------------------------	--

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

Purpose of expenditure	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
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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: <p style="text-align:center">2</p>
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2 FILER NAME <p style="text-align:center"><i>Maria L. Canchola</i></p>	3 ACCOUNT # (Ethics Commission filers)
---	--

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

5 Date of loan <p style="text-align:center"><i>9-13-00</i></p>	7 Name of lender <input type="checkbox"/> out of state PAC <p style="text-align:center"><i>Maria L. Canchola</i></p>	9 Loan Amount (\$) <p style="text-align:center"><i>\$ 500.00</i></p>
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6 Is lender a financial Institution? <p style="text-align:center">Y      <input checked="" type="radio"/> N</p>	8 Lender address;    City;    State;    Zip Code <p style="text-align:center"><i>1900 East Side Dr. Austin, Texas 78704</i></p>	10 Interest rate <p style="text-align:center"><i>0</i></p>
		11 Maturity date <p style="text-align:center"><i>N/A</i></p>

12 Description of Collateral <input checked="" type="checkbox"/> none
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13 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	14 Name of guarantor  ..... 15 Guarantor address;    City;    State;    Zip Code	16 Amount Guaranteed (\$)
--	---	---------------------------

17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial Institution? <p style="text-align:center">Y      N</p>	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date

Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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**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**