

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4870

## 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:  <b>4</b>		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Constable</i>	FIRST <i>Marie</i>	MI <i>L.</i>	OFFICE USE ONLY			
	NICKNAME <i>Canchola</i>	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	Date Received <b>01 JUL 16 AM 10:53</b> DATA DEPARTMENT COUNTY CLERK TRAVIS COUNTY TEXAS <b>FILLED</b>	
	<i>1900 East Side Dr. Austin, Texas 78704</i>						
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #			
	NICKNAME	LAST	SUFFIX	HD / 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	
7 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<i>1</i>	<i>1</i>	<i>01</i>		<i>6</i>	<i>30</i>	<i>01</i>
10 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE				
	<i>1</i>	<i>1</i>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>Travis County Constable Pet 4</i>			12 OFFICE SOUGHT (if known)			
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						
<input type="checkbox"/> additional pages							

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Maria L. Canchola*

15 ACCOUNT # (Ethics Commission files)

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

FILED  
JUL 16 AM 10:51  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

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) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 146.18

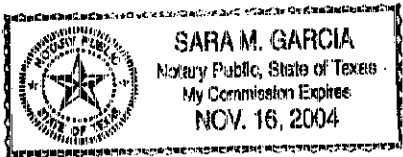
4. TOTAL POLITICAL EXPENDITURES \$ 2122.14

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 6,493.63

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 13<sup>th</sup> day of July, 2001, to certify which, witness my hand and seal of office.

*Sara M. Garcia*  
Signature of officer administering oath

Sara M. Garcia  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/1/01

5 Payee name

Joe Lopez

6 Payee address; City; State; Zip Code

208 Ainsworth  
Austin, Texas 78745

7 Amount (\$)

\$375.00

8 Purpose of expenditure

marachi band for  
swearing in

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

Office sought / held

Date

11/1/01

Payee name

Guadalupe Moran

Payee address; City; State; Zip Code

2305 E. 7th st.  
Austin, Texas 78702

Amount (\$)

\$150.00

Purpose of expenditure

Food for Swearing in

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

Office sought / held

Date

11/1/01

Payee name

Joe's Bakery

Payee address; City; State; Zip Code

2305 E 7th st.  
Austin, Texas 78702

Amount (\$)

\$560.49

Purpose of expenditure

Food for Swearing in

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

Office sought / held

Date

11/1/01

Payee name

Maria L. Canchola

Payee address; City; State; Zip Code

1900 East Side Dr.  
Austin, Texas 78704

Amount (\$)

\$140.00

Purpose of expenditure

Reimbursement for waiters tips  
for Swearing in

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(1)

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

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

\$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

Y      N

8 Lender address;      City;      State;      Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address;      City;      State;      Zip Code

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

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: 2
2 FILER NAME <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission fees)
4 Date	5 Payee name <i>Travis High School</i>	7 Amount (\$) <i>\$200.00</i>
6 Payee address; City; State; Zip Code <i>1211 E. Oltorf Austin, Texas 78704</i>		
8 Purpose of expenditure <i>Malone Scholarship</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/8/01</i>	Payee name <i>Worley Printing</i>	Amount (\$) <i>\$150.47</i>
Payee address; City; State; Zip Code <i>3217 N IH 35 Austin, Texas 78722</i>		
Purpose of expenditure <i>Invitations for Swearing in Ceremony</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/23/01</i>	Payee name <i>Maria L. Canchola</i>	Amount (\$) <i>\$400.00</i>
Payee address; City; State; Zip Code <i>1900 East Side Dr. Austin, Texas 78704</i>		
Purpose of expenditure <i>repayment for personal loan to campaign</i>		-- 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

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# LOANS

# SCHEDULE E

The instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial institution? Y      N	8 Lender address:      City:      State:      Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> 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	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address:      City:      State:      Zip Code		
Principal Occupation		Employer

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