

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4989

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:

5

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Maria L.
NICKNAME LAST SUFFIX
Canchola

OFFICE USE ONLY

Date Received

02 JAN 15 AM 11:50

FILED

DANA DEBEAUVOIR
COUNTY CLERK
RAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

*1900 East Side Dr.
Austin, Texas 78704*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX

Receipt #

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

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
07 / 01 / 2001 THROUGH 12 / 31 / 2001

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

Constable Pct 4

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Maria L. Canchola</i>	15 ACCOUNT # (Ethics Commission Mers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>** 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. **</p> <table border="1"> <tr> <td data-bbox="259 462 467 756"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td data-bbox="467 462 1494 556">COMMITTEE NAME</td> </tr> <tr> <td colspan="2" data-bbox="467 556 1494 661">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="2" data-bbox="467 661 1494 756">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2" data-bbox="467 756 1494 856">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME								
COMMITTEE ADDRESS									
COMMITTEE CAMPAIGN TREASURER NAME									
COMMITTEE CAMPAIGN TREASURER ADDRESS									

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 624.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1474.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 332.54
	4. TOTAL POLITICAL EXPENDITURES	\$ 505.53
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

worn to and subscribed before me, by the said Maria L. Canchola this the 14th day of January 2002, to certify which, witness my hand and seal of office.

Diana R. Cantu

DIANA R. CANTU

Notary Public

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 Maria L. Canchola		3 ACCOUNT # (Ethics Commission form)	
4 Date 10/25/01	5 Full name of contributor <input type="checkbox"/> out of state PAC Mission Resources	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 914 Congress Ave. Austin, Texas 78701			
9 Principal occupation		10 Employer (optional)	
Date 10/30/01	Full name of contributor <input type="checkbox"/> out of state PAC Law Office of Mack Ray Hernandez	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 524 N. Lamar Ste 202 Austin, Texas 78703 78703			
Principal occupation		Employer (optional)	
Date 10/30/01	Full name of contributor <input type="checkbox"/> out of state PAC Gonzalo Barrientos Campaign	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 12246 Austin, Texas 78711			
Principal occupation		Employer (optional)	
Date 10/30/01	Full name of contributor <input type="checkbox"/> out of state PAC Paul M. Saldana	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2841 Southhampton Way Round Rock, Texas 78664			
Principal occupation		Employer (optional)	
Date 12/30/01	Full name of contributor <input type="checkbox"/> out of state PAC Estrada Cleaners	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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. **(1)**

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> 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)
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Date	Full name of pledgor <input type="checkbox"/> 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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Date	Full name of pledgor <input type="checkbox"/> 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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Date	Full name of pledgor <input type="checkbox"/> 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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Date	Full name of pledgor <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out of state PAC please

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

Maria L. Canchola

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/29/01

Maria Luisa Flores

6 Contributor address; City; State; Zip Code

1300 Alta Vista Ave
Austin, Texas 78704

\$50.00

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/30/01

Rafael Quintanilla

Contributor address; City; State; Zip Code

2804 Rock Terrace Dr.
Austin, Texas 78704

\$50.00

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/30/01

Steve J. Sylvia Brittain

Contributor address; City; State; Zip Code

12904 Wells Fargo
Austin, Texas 78737

\$50.00

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

01/30/01

Helen M. Greene

Contributor address; City; State; Zip Code

312 Le Grande Ave
Austin, Texas 78704

\$50.00

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/30/01

El Sol y La Luna

Contributor address; City; State; Zip Code

\$300.00

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.

2

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

Date

5. Payee name

7 Amount (\$)

8/23/01

Quik Print

\$ 5.99

6 Payee address: City: State: Zip Code

2301 S. Congress
Austin, Texas 78704

Purpose of expenditure

poster board

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10/19/01

U.S. Postal Service

\$ 34.00

Payee address: City: State: Zip Code

South Austin Finance Unit
Austin, Texas 78764

Purpose of expenditure

Stamps

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/19/01

AWPC

\$ 65.00

Payee address: City: State: Zip Code

Purpose of expenditure

membership dues

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/21/01

U.S. Postal Service

\$ 68.00

Payee address: City: State: Zip Code

South Austin Finance Unit
Austin, Texas 78764

Purpose of expenditure

Stamps

.. 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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?

8 Lender address: City: State: Zip Code

10 Interest rate

Y N

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?

Lender address: City: State: Zip Code

Interest rate

Y N

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.