

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5174

## 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:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX  
Maria L.  
Canchola

### OFFICE USE ONLY

Date Received: 02 JUL 15 PM 12:11  
Date Hand-delivered or Date Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

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

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  
01/01/2002 THROUGH 06/30/2002

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 NOTICE OF 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 EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME:

maria L. Canchela

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/9/02

5 Payee name

South Austin Democrats

7 Amount (\$)

25.00

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

Donation

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

Date

2/1/02

Payee name

Travis County Democratic Party

Amount (\$)

200.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Donation

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

Date

4/5/02

Payee name

Quik Print

Amount (\$)

16.24

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Flyer

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

Date

4/17/02

Payee name

Travis H.S. Student Safety Forum

Amount (\$)

25.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Donation

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

*5/15/02*

5 Payee name

*Greater Southwest Optimist Club*

6 Payee address; City; State; Zip Code

7 Amount (\$)

*50.00*

8 Purpose of payment (See instructions regarding type of information required.)

*Donation*

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

Candidate / Officeholder name Office sought Office held

Date

*6/27/02*

Payee name

*Juan Vasquez Campaign*

Payee address; City; State; Zip Code

Amount (\$)

*30.00*

Purpose of payment (See instructions regarding type of information required.)

*Donation*

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

Candidate / Officeholder name Office sought Office held

Date

*5/24/02*

Payee name

*Travis High School*

Payee address; City; State; Zip Code

Amount (\$)

*61.00*

Purpose of payment (See instructions regarding type of information required.)

*Donation for Galveston Mentor Trip*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED