

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5568

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: <div style="text-align: center; font-size: 2em;">8</div>			
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
		Maria L. Canchola		Date Received 2003 JAN 15 PM 4: 22 TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS RECORDED		
4 CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX:	APT / SUITE #:			CITY:
		1900 East Side Dr. Austin, Texas 78704				
		<input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt # HD / PM Amount Date Processed Date Imaged		
	NICKNAME	LAST	SUFFIX			
		Anne McAfee				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
		4831 Timberline Dr. Austin, Texas 78746				
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION		
		(512) 327-0854				
8 REPORT TYPE		<input checked="" 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 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 07 / 01 / 2003		THROUGH	Month Day Year 12 / 31 / 2003	
10 ELECTION		ELECTION DATE Month Day Year 03 / 09 / 2004		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE		OFFICE HELD (if any) Travis County Constable, Pet 4		12 OFFICE SCUGHT (if known) OFFICE IS ANNUAL		
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				

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 Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/16/03

5 Full name of contributor out of state PAC

Joe + Patricia Hardin

6 Contributor address: City: State: Zip Code

*P.O. Box 145
Del Valle, Texas 78617*

7 Amount of contribution (\$) *\$200.00*

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date
11/7/03

Full name of contributor out of state PAC

Call Vending Company

Contributor address: City: State: Zip Code

*905 E. 7th St.
Austin Texas 78702*

Amount of contribution (\$) *\$250.00*

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date
11/7/03

Full name of contributor out of state PAC

Frances Beauty Salon

Contributor address: City: State: Zip Code

*911 E. 1st Cesar Chavez
Austin, Texas 78702*

Amount of contribution (\$) *\$100.00*

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date
11/7/03

Full name of contributor out of state PAC

Linda + Kenneth Nates

Contributor address: City: State: Zip Code

*7605 Ponomo Trl.
Austin, Texas 78749*

Amount of contribution (\$) *\$100.00*

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date
11/7/03

Full name of contributor out of state PAC

Rosa E. Sosa dba Little Mexico

Contributor address: City: State: Zip Code

*2304 S. First
Austin Texas 78704*

Amount of contribution (\$) *\$100.00*

In-kind contribution description (if applicable)

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.

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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:	
2 FILER NAME <i>Maria Canchola</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/7/03</i>	5 Full name of contributor <i>Vance and Donna Brown</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <i>6403 Lakewood Dr. Austin, Texas 78731</i>					
9 Principal occupation			10 Employer (optional)		
Date <i>11/7/03</i>	Full name of contributor <i>Alicia Del Rio</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>7400 Ladle Ln. Austin, Texas 78749</i>					
Principal occupation			Employer (optional)		
Date <i>11/8/03</i>	Full name of contributor <i>Maria G. Kennedy</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>1912 Crooked Lane Austin, Texas 78741</i>					
Principal occupation			Employer (optional)		
Date <i>11/7/03</i>	Full name of contributor <i>Teo Ruedas</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$220.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>1900 East Side Dr. Austin, Texas 78704</i>					
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: 1	
2 FILER NAME <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan <i>10-15-03</i>	7 Name of lender <i>Maria L. Canchola</i> <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) <i>\$3,000.00</i>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code <i>1900 East Side Dr. Austin, Texas 78704</i>	10 Interest rate <i>0%</i>	
		11 Maturity date <i>N/A</i>	
12 Description of Collateral <input checked="" type="checkbox"/> none			
13 GUARANTOR INFORMATION <input checked="" 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>12-5-03</i>	Name of lender <i>Maria L. Canchola</i> <input type="checkbox"/> out of state PAC	Loan Amount (\$) <i>\$1,000.00</i>	
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address: City: State: Zip Code <i>1900 East Side Dr. Austin, Texas 78704</i>	Interest rate <i>0%</i>	
		Maturity date <i>N/A</i>	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" 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: 3
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FILER NAME <i>Maria L. Canchola</i>	3 ACCOUNT # (Ethics Commission filers)
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Date <i>8/18/03</i>	5 Payee name <i>San Francisco Church</i>	7 Amount (\$) <i>\$50.00</i>
6 Payee address; City: State: Zip Code <i>9110 U.S. Hwy 183 South Austin, Texas 78747</i>		

Purpose of expenditure <i>Advertisement</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>10/13/03</i>	Payee name <i>Texas Printing Co.</i>	Amount (\$) <i>\$74.69</i>
Payee address; City: State: Zip Code <i>1209 E. Cesar Chavez Austin, Texas 78702</i>		

Purpose of expenditure <i>Tickets for fundraiser</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>10/13/03</i>	Payee name <i>Travis County Democratic Party</i>	Amount (\$) <i>\$50.00</i>
Payee address; City: State: Zip Code <i>706 W. MLK Ste 8 Austin, Texas 78701</i>		

Purpose of expenditure <i>Sponsorship Party</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>0/15/03</i>	Payee name <i>Allison PTA</i>	Amount (\$) <i>\$200.00</i>
Payee address; City: State: Zip Code <i>514 Vargas Rd Austin, Texas 78741</i>		

Purpose of expenditure <i>Donation</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
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FILER NAME <i>Maria L. Canchola</i>	3 ACCOUNT # (Ethics Commission filers)
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Date <i>11/12/03</i>	5 Payee name <i>Eddie Guerra</i>	7 Amount (\$) <i>\$600.00</i>
	6 Payee address; City; State; Zip Code <i>1718 E. 38th St. Austin, Texas 78722</i>	

Purpose of expenditure <i>Reimbursement for supplies for fundraiser</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>11/18/03</i>	Payee name <i>La Prensa</i>	Amount (\$) <i>\$100.00</i>
	Payee address; City; State; Zip Code <i>1704 E. 5th St. Austin, Texas 78702</i>	

Purpose of expenditure <i>Advertisement</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>11/18/03</i>	Payee name <i>Allgo</i>	Amount (\$) <i>\$50.00</i>
	Payee address; City; State; Zip Code <i>701 Tillery St. Austin, Texas 78702</i>	

Purpose of expenditure <i>Sponsor - fundraiser</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>11/25/03</i>	Payee name <i>Checkmark</i>	Amount (\$) <i>\$2749.70</i>
	Payee address; City; State; Zip Code <i>3217 N. IH 35 Austin, Texas 78722</i>	

Purpose of expenditure <i>Campaign Signs</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
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FILER NAME <i>Maria L. Canchola</i>	3 ACCOUNT # (Ethics Commission filers)
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Date <i>12/1/03</i>	5 Payee name <i>Lowe's</i>	7 Amount (\$) <i>\$185.71</i>
	6 Payee address; City; State; Zip Code <i>5510 S. IH 35 Austin, Texas 78745</i>	

Purpose of expenditure <i>Lumber for signs</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>12/5/03</i>	Payee name <i>Travis County Democratic Party</i>	Amount (\$) <i>\$1,000.00</i>
	Payee address; City; State; Zip Code <i>706 W. MLK Ste 8 Austin, Texas 78701</i>	

Purpose of expenditure <i>Filing fee</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <i>11/7/03</i>	Payee name <i>Johnny Degollado</i>	Amount (\$) <i>\$220.00</i>
	Payee address; City; State; Zip Code <i>609 Montopolis Austin, Texas 78741</i>	

Purpose of expenditure <i>music at Fundraiser</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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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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