

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5654

FORM C/OH
COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: 6</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: FIRST MI</p> <p style="text-align: center;"><i>Maria L.</i></p> <p>NICKNAME: LAST SUFFIX</p> <p style="text-align: center;"><i>Canchola</i></p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p style="text-align: right; font-weight: bold;">FILED FOR RECORD</p> <p>Date Received: <i>2004 FEB 24 AM 8:26</i></p> <p>Date Hand-delivered: <i>2004 FEB 24 AM 8:26</i></p> <p>Date Postmarked: <i>2004 FEB 24 AM 8:26</i></p> <p>Receipt # _____ Amount _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p> </div>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</p> <p style="text-align: center;"><i>1900 East Side Dr.</i> <i>Austin, Texas 78704</i></p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="text-align: center;"><i>(512) 443-7400</i></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS (MRS) MR: FIRST MI</p> <p style="text-align: center;"><i>Anne</i></p> <p>NICKNAME: LAST SUFFIX</p> <p style="text-align: center;"><i>McAfee</i></p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE</p> <p style="text-align: center;"><i>4831 Timberline Dr.</i> <i>Austin, Texas 78746</i></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="text-align: center;"><i>(512) 327-0854</i></p>		
<p>9 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</p> <p><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)</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p style="text-align: center;"><i>01 / 01 / 2004</i> <i>01 / 29 / 2004</i></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE: ELECTION TYPE</p> <p>Month Day Year: <i>03 / 09 / 2004</i> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) <i>Travis County Constable, Pct. 4</i></p>	<p>13 OFFICE SOUGHT (if known)</p>	
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>.. 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. ..</p> <p>Name _____</p> <p>Address / PO Box: Apt. / Suite #: City: State: Zip Code</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Maria L. Canchola

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN: TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 760.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,480.35

EXPENDITURE TOTALS

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

\$ 89.50

4. TOTAL POLITICAL EXPENDITURES

\$ 1,345.92

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

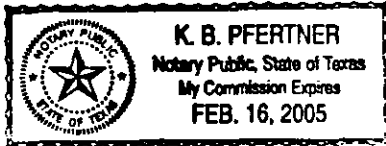
\$ 1,067.41

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 12,293.63

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said MARIA L. Canchola, this the 24TH day of Feb, 2004, to certify which, witness my hand and seal of office.

K. B. Pfertner
Signature of officer administering oath

K B PFERTNER
Printed name of officer administering oath

Notary State of Texas
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A 1	
2 FILER NAME <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/13/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Blanca Zamora-Garcia</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1715 S. 1st St. Austin, Texas 78704</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/26/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joseph & Jennifer Martinez</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>223 Greystone Ln Unit B Cedar Creek, Texas 78612</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/26/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard & Betty Copeland</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1586 Pflugerville, Texas 78691</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/26/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Elena Diaz</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2928 Wickersham Ln Austin, Texas 78741</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/26/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joe & Patricia Hardin</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>\$1,370.35 use of vehicle for 3 1/2 weeks</i>
Contributor address; City; State; Zip Code <i>P.O. Box 145 Del Valle, Texas 78617</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: 1
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2 FILER NAME <i>Maria L. Canchola</i>	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date of loan <i>1-12-04</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <i>Maria L. Canchola</i>	9 Loan Amount (\$) <i>\$1,000.00</i>
6 Is lender a financial institution? Y Ⓝ	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 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral <input checked="" type="checkbox"/> none
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15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City: State: Zip Code	

19 Principal Occupation	20 Employer
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Date of loan <i>1-12-04</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <i>Doroteo Ruedas</i>	Loan Amount (\$) <i>\$500.00</i>
Is lender a financial institution? Y Ⓝ	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>

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input checked="" 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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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 Maria L. Canchola		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/3/04	5 Payee name Quik Print	7 Amount (\$) \$30.80
6 Payee address: City: State: Zip Code 2301 S. Congress Austin, Texas 78704		
8 Purpose of payment (See instructions regarding type of information required.) Printing.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 1/4/04	Payee name Lowe's	Amount (\$) \$105.37
Payee address: City: State: Zip Code 5510 S. IH 35 Austin, Texas 78745		
Purpose of payment (See instructions regarding type of information required.) Lumber for signs	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 1/9/04	Payee name Opinion Analysts, Inc	Amount (\$) \$54.12
Payee address: City: State: Zip Code 906 Rio Grande Austin, Texas 78701		
Purpose of payment (See instructions regarding type of information required.) Walk Lists	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 1/10/04	Payee name Quik Print	Amount (\$) \$14.61
Payee address: City: State: Zip Code 2301 S. Congress Austin, Texas 78704		
Purpose of payment (See instructions regarding type of information required.) Printing	** 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 <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/12/04</i>	5 Payee name <i>Texas Printing Co.</i>	7 Amount (\$) <i>\$ 741.52</i>
6 Payee address: City: State: Zip Code <i>P.O. Box 6280 Austin, Texas 78762</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Push Cards</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/15/04</i>	Payee name <i>US Postal Service</i>	Amount (\$) <i>\$ 185.00</i>
Payee address: City: State: Zip Code <i>East Austin Station Austin, Texas 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/13/04</i>	Payee name <i>South Austin Democrats</i>	Amount (\$) <i>\$ 60.00</i>
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Contribution / membership</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/13/04</i>	Payee name <i>Austin Woman Political Caucus</i>	Amount (\$) <i>\$ 65.00</i>
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>membership</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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