

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5670

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Maria

L.

NICKNAME

LAST

SUFFIX

Canchola

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1900 East Side Dr.

Austin, Texas 78704

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

443-7400

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Anne

NICKNAME

LAST

SUFFIX

McAfee

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4831 Timberline Dr.

Austin, Texas 78746

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

327-0854

9 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)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month:

Day

Year

01 / 30 / 2004

02 / 28 / 2004

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

03 / 09 / 2004

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Travis County

Constable, Pct. 4

13 OFFICE SOUGHT (if known)

14 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

**OFFICE USE ONLY**

Date Received: 2004 MAR 11 AM 10:38

Date Hand-delivered or Date Postmarked: AM 10:38

Receipt #: Amount

Date Processed

Date Imaged

CLERK TRAVIS COUNTY TEXAS

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

**15 C/OH NAME** Maria L. Canchola **16 ACCOUNT # (Ethics Commission filers)**

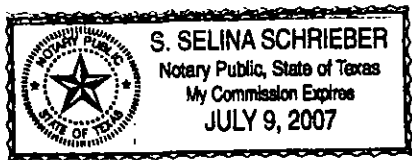
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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. \*\*

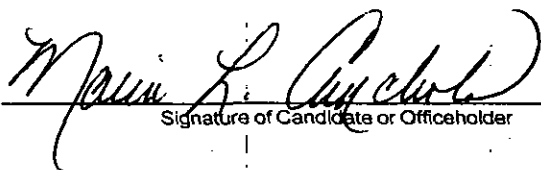
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 325.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,773.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 36.59
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,659.08
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,108.33
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,893.63

**19 AFFIDAVIT**

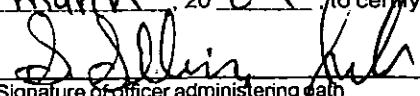


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Maria L. Canchola this the 1 day of March 20 04 to certify which, witness my hand and seal of office.


 Signature of officer administering oath
 
 Printed name of officer administering oath S. Selina Schrieber

 Title of officer administering oath 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: <b>2</b>	
2 FILER NAME <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/19/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>F. P. Chavez</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>5400 Jeffburn Cove Austin, Texas 78745</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/19/04</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>2/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James Jeffrey Jack</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2008 Rabb Glen #B Austin, Texas 78704</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lynn Whitten</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1517 Alameda Austin, Texas 78704</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jane Downer</i>	Amount of contribution (\$) <i>\$65.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>517 E. Mary St. Austin, Texas 78704</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.

**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 L. Canchola</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/19/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Shudde Fath</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>1005 Bluebonnet Ln. Austin, Texas 78704</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Maria Luisa Flores</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1300 Alta Vista Ave Austin, Texas 78704</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/19/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Barbara Cillee</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1417 Travis Heights Blvd. Austin, Texas 78704</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/28/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joe's Bakery</i>	Amount of contribution (\$) <i>\$450.00</i>	In-kind contribution description (if applicable) <i>Food for fundraiser</i>
Contributor address: City: State: Zip Code <i>2305 E. 7th St. Austin, Texas 78702</i>			
Principal occupation / Job title (See Instructions) <i>Baker</i>		Employer (See Instructions)	
Date <i>2/28/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joe Hardin</i>	Amount of contribution (\$) <i>\$333.00</i>	In-kind contribution description (if applicable) <i>T-shirts</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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

2-27-04

7 Name of lender

Teo Ruedas

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

\$1,000.00

6 Is lender a financial institution?

Y  N

8 Lender address: City: State: Zip Code

1900 East Side Dr.  
Austin, Texas 78704

10 Interest rate

0.9%

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address: City: State: Zip Code

19 Principal Occupation

20 Employer

Date of loan

2-27-04

Name of lender

Maria L. Canchola

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

\$600.00

Is lender a financial institution?

Y  N

Lender address: City: State: Zip Code

1900 East Side Dr.  
Austin, Texas 78704

Interest rate

0.9%

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

<b>POLITICAL EXPENDITURES</b>				<b>SCHEDULE F</b>	
The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule F: <b>2</b>	
2 FILER NAME <i>Maria L. Canchola</i>			3 ACCOUNT # (Ethics Commission filers)		
4 Date <i>2/3/04</i>	5 Payee name <i>Texas Printing Co.</i>		7 Amount (\$) <i>\$134.23</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>Printing Charges for Push Cards</i>			9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held		
Date <i>2/3/04</i>	Payee name <i>Austin Prints for Publication</i>		Amount (\$) <i>\$168.49</i>		
Payee address; City; State; Zip Code <i>1700 S. Lamar Austin, TEXAS 78704</i>					
Purpose of payment (See instructions regarding type of information required.) <i>Photographs</i>			<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held		
Date <i>2/21/04</i>	Payee name <i>CheckMark Typesetting</i>		Amount (\$) <i>\$286.86</i>		
Payee address; City; State; Zip Code <i>3217 N. E H 35 Austin, Texas 78722</i>					
Purpose of payment (See instructions regarding type of information required.) <i>Bumper Stickers</i>			<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held		
Date <i>2/23/04</i>	Payee name <i>Austin Woman Political Caucus</i>		Amount (\$) <i>\$250.00</i>		
Payee address; City; State; Zip Code					
Purpose of payment (See instructions regarding type of information required.) <i>mailer</i>			<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>					

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>	
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>2/24/04</i>	5 Payee name <i>Texas Printing Co.</i>	7 Amount (\$) <i>\$1,378.02</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>Brochures</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>2/24/04</i>	Payee name <i>Alicia Del Rio</i>	Amount (\$) <i>\$83.47</i>	
Payee address: City: State: Zip Code <i>7403 Ladle Ln Austin, Texas 78748</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for printing</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>2/27/04</i>	Payee name <i>US Post Master</i>	Amount (\$) <i>\$1,236.00</i>	
Payee address: City: State: Zip Code			
Purpose of payment (See instructions regarding type of information required.) <i>mail outs</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>2/27/04</i>	Payee name <i>HEB</i>	Amount (\$) <i>\$85.42</i>	
Payee address: City: State: Zip Code <i>2400 S. Congress Austin, Texas 78704</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Supplies for Walk day BBQ</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>			