

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT - 5799

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Maria MI: L. NICKNAME: _____ LAST: Canchola SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 1900 East Side Dr. Austin, Texas 78704		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ (512) 443-7400		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>(MRS)</u> _____ FIRST: Anne MI: _____ NICKNAME: _____ LAST: McAfee SUFFIX: _____	RECEIVED JUN 15 PM 1:55 TRAVIS COUNTY TEXAS CLERK	
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> R runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 3th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/04/2004 06/30/2004		
11 ELECTION	ELECTION DATE: _____ ELECTION TYPE: _____ Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): Travis County Constable, Pet. 4	13 OFFICE SUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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: _____		

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 files)

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 95.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,885.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,195.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,353.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 50.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,564.58

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

Sworn to and subscribed before me, by the said Maria L. Canchola, this the 13th day of July, 2004, to certify which, witness my hand and seal of office.

Diana R. Cantu Diana R. Cantu Notary Public
Signature of officer administering oath Printed name of officer administering oath 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: 3	
2 FILER NAME Maria L. Canchola		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-14-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Danette Chimenti	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 200 The Circle Austin, Texas 78704			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-14-04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Charlotte + William Flynn	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 7710 West Rim Pr. Austin, Texas 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-14-04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Lynn Whitten	Amount of contribution (\$) \$ 125.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1517 Alameda Austin, Texas 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-14-04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Malcolm Greenstein	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 720 Patterson Ave. Austin, Texas 78703			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-14-04	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Richard Arriola	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 1627 Austin, Texas 78767			
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.

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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 L. Canchola</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date <i>4-14-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Carlos H. Barrera</i>	6 Contributor address: City: State: Zip Code <i>1106 San Antonio Ave Austin, Texas 78701</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See instructions)			10 Employer (See instructions)		
Date <i>4-14-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Maria G. Kennedy</i>	Contributor address: City: State: Zip Code <i>1912 Crooked Lane Austin, Texas 78741</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date <i>4-14-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Timothy S. Chambers</i>	Contributor address: City: State: Zip Code <i>1122 Colorado St 320 Austin, Texas 78701</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date <i>4-14-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Schmidt Ranch</i>	Contributor address: City: State: Zip Code <i>3595 Schuelke Kyle, Texas 78640</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See instructions)			Employer (See instructions)		
Date <i>4-14-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Andrew Ramirez</i>	Contributor address: City: State: Zip Code <i>10301 River Plantation Dr. Austin, Texas 78747</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See instructions)			Employer (See instructions)		

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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 L. Canchola</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date <i>4-15-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jane Downer</i>	7 Amount of contribution (\$) <i>\$65.00</i>	8 In-kind contribution description (if applicable)		
6 Contributor address: City: State: Zip Code <i>517 E. Mary St. Austin, Texas 78704</i>					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <i>4-15-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Airport Heating & Air Conditioning</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code <i>1718 E. 38th St. Austin, Texas 78722</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4-15-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>South Austin Tejano Democrats</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code <i>8805 Mosquero Cir. Austin, Texas 78748</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>4-27-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>AWPC</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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If contributor 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**

2 FILER NAME
maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-5-04	5 Payee name Drive Thru Postal	7 Amount (\$) \$120.00
6 Payee address: City: State: Zip Code 1712 E. Riverside Dr. Austin, Texas 78741		

8 Purpose of payment (See instructions regarding type of information required.) Stamps	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
--	--

Date 4-6-04	Payee name U.S. Postal Service	Amount (\$) \$ 938.69
Payee address: City: State: Zip Code Austin, Texas 78710		

Purpose of payment (See instructions regarding type of information required.) postage for mail out	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
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Date 4-6-04	Payee name Drive Thru Postal	Amount (\$) \$400.00
Payee address: City: State: Zip Code 1712 E. Riverside Dr. Austin, Texas 78741		

Purpose of payment (See instructions regarding type of information required.) Stamps	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
--	--

Date 4-7-04	Payee name Texas Printing Co.	Amount (\$) \$1,349.76
Payee address: City: State: Zip Code P.O. Box 6280 Austin, Texas 78762		

Purpose of payment (See instructions regarding type of information required.) printing of post cards	** Complete if direct expenditure to benefit C/OH ** Candidate / Officerholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 Payee name

7 Amount (\$)

4-9-04

US Postal Service

\$111.00

6 Payee address: City: State: Zip Code

South Austin Unit
Austin, Texas 78704

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

Stamps

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

Date

Payee name

Amount (\$)

4-10-04

Texas Printing Co.

\$501.40

Payee address: City: State: Zip Code

P.O. Box 6280
Austin, Texas 78762

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

printing of post cards

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

Date

Payee name

Amount (\$)

4-13-04

Nuevo Leon

\$306.50

Payee address: City: State: Zip Code

1501 E. 6th St.
Austin, Texas 78702

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

Food for Election Night Party

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

Date

Payee name

Amount (\$)

5-11-04

Glen Maxey Consulting

\$70.00

Payee address: City: State: Zip Code

512 E. Riverside Ste 203
Austin, Texas 78704

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

Consulting work

** 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 files)
4 Date <i>5-11-04</i>	5 Payee name <i>Opinion Analysts, Inc.</i>	7 Amount (\$) <i>\$27.06</i>
6 Payee address: City: State: Zip Code <i>906 Rio Grande Austin, Texas 78701</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Walk List</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought Office held
Date <i>5-25-04</i>	Payee name <i>Cingular Wireless</i>	Amount (\$) <i>\$237.50</i>
Payee address: City: State: Zip Code <i>2321 N. University Lubbock, Texas 79415</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Cell phone charges for campaign</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought Office held
Date <i>6-10-04</i>	Payee name <i>Austin Tejano Democrat PAC</i>	Amount (\$) <i>\$50.00</i>
Payee address: City: State: Zip Code <i>4606 Tejas Trail Austin, Texas 78745</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought Office held
Date <i>4-14-04</i>	Payee name <i>Ignite Consulting</i>	Amount (\$) <i>\$1046.35</i>
Payee address: City: State: Zip Code <i>5201 Emerald Meadow Dr. Austin, Texas 78745</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Consulting work</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officerholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ◊ ◊ ◊ ◊ ◊ ◊

\$

5 Date of loan

4-21-04

7 Name of lender

Maria L. Canchola

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$670.95

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% 09%

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral:

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address: City: State: Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral:

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed (\$)

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.