

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5934

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission #)ers)

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

María

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

07 / 01 / 2004

12 / 31 / 2004

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

/ /

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Travis County

Constable, Prec. 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: JAN 19 11 21 18  
 Date Hand-dated or Date Postmarked: TEXAS  
 RECEIVED

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Maria L. Canchola*

16 ACCOUNT # (Ethics Commission file)

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

additional pages

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

\$ 0.00

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

\$ 700.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,237.00

CONTRIBUTION BALANCE

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

\$ 713.44

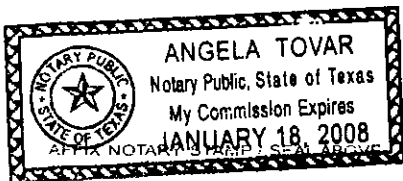
OUTSTANDING LOAN TOTALS

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

\$ 15,764.58

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

Sworn to and subscribed before me, by the said Maria L. Canchola, this the 18 day of January, 2008, to certify which, witness my hand and seal of office.

*Angela Tovar*  
Signature of officer administering oath

*Angela Tovar*  
Printed name of officer administering oath

*Notary*  
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  
*Maria L. Canchola*

3 ACCOUNT # (Ethics Commission files)

4 Date  
*12/13/04*

5 Full name of contributor  out-of-state PAC (ID#)  
*City of Austin*

7 Amount of contribution (\$)  
*\$700.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City: State: Zip Code  
*Refund of Deposit for Fiesta Gardens*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  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)

Date

Full name of contributor  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)

Date

Full name of contributor  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)

Date

Full name of contributor  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)

**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: <div style="text-align: center; font-size: 2em;">1</div>
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Maria L. Canchola</div>		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS:    ⇄   ⇄   ⇄   ⇄   ⇄   ⇄		\$
5 Date of loan <div style="text-align: center; font-size: 1.2em;">8-5-04</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Maria L. Canchola</div>	9 Loan Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$500.00</div>
6 Is lender a financial institution? <div style="text-align: center;">Y      <input checked="" type="radio"/> N</div>	8 Lender address;      City:      State:      Zip Code <div style="text-align: center; font-size: 1.2em;">1900 East Side Dr. Austin, Texas 78704</div>	10 Interest rate <div style="text-align: center; font-size: 1.2em;">0% 11 Maturity date <div style="text-align: center; font-size: 1.2em;">N/A</div></div>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address;      City:      State:      Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan <div style="text-align: center; font-size: 1.2em;">10-8-04</div>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center; font-size: 1.2em;">Maria L. Canchola</div>	Loan Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$700.00</div>
Is lender a financial institution? <div style="text-align: center;">Y      <input checked="" type="radio"/> N</div>	Lender address;      City:      State:      Zip Code <div style="text-align: center; font-size: 1.2em;">1900 East Side Dr. Austin, Texas 78704</div>	Interest rate <div style="text-align: center; font-size: 1.2em;">0% Maturity date <div style="text-align: center; font-size: 1.2em;">N/A</div></div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral: <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;      City:      State:      Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

*Maria L. Canchola*

3 ACCOUNT # (Ethics Commission file)

4 Date

*8-5-04*

5 Payee name

*Alicia Del Rio*

7 Amount (\$)

*\$ 500.00*

6 Payee address; City; State; Zip Code

*7400 Ladle Lane  
Austin, Texas 78704*

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

*Consultant Fees*

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

Candidate / Officeholder name Office sought Office held

Date

*10-4-04*

Payee name

*U.S. Postal Service*

Amount (\$)

*\$ 37.00*

Payee address; City; State; Zip Code

*Southeast Station  
Austin, Texas 78744*

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

*Stamps*

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

Candidate / Officeholder name Office sought Office held

Date

*10/17/04*

Payee name

*City of Austin*

Amount (\$)

*\$ 700.00*

Payee address; City; State; Zip Code

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

*Deposit for rental of  
Fiesta Gardens facilities*

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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**