

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

5997

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Maria

L.

NICKNAME

LAST

SUFFIX

Canchala

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

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 / 01 / 2005

06 / 30 / 2005

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Texas County

Constable, Pat 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

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. ..

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$ 1,054.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,149.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 86.25
4. TOTAL POLITICAL EXPENDITURES	\$ 3,135.92
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 751.52
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 8th day of July, 2005, to certify which, witness my hand and seal of office.

Rebecca M. Flores
Signature of officer administering oath

Rebecca M. Flores
Printed name of officer administering oath

Notary Public
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: <i>1 of 5</i>	
2 FILER NAME <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>1/11/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Morris E. Koch</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7002 Chuck wagon Trail Austin, Texas 78749</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/20/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Nethaway</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>207 Pin oak Dr. Mountain City, Texas 78610</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/20/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe R. Long</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>300 W. 6th St. #1950 Austin, Texas 78701</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/20/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eddie Guerra</i>	Amount of contribution (\$) <i>\$80.00</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>1/18/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John R. Vasquez</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5631 Wagon Train Austin, Texas 78749</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.

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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 of 5	
2 FILER NAME Maria L. Canchola				3 ACCOUNT # (Ethics Commission files)	
4 Date 1/20/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brace W. Barrick	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 1513 Betty Jo Dr. Ste B Austin, Texas 78704					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 1/18/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elena Diaz	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2928 Wickersham Ln. Austin, Texas 78741					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 1/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Acciola	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code PO Box 1027 Austin, Texas 78767					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 1/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gonzalo Barrantes Campaign	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code PO Box 12246 Austin, Texas 78711					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 1/26/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosalia V. Castaneda	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 3505 Kellywood Dr. Austin, Texas 78739					
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: 3 of 5	
2 FILER NAME Maria La Canchola		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/26/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertha De La Cruz	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 W Stassney #239 Austin, Texas 78745			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shudde Fath	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1005 Blackburn Ln. Austin, Texas 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/26/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanca Zamora-Garcia	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1715 S. 1st St. Austin, Texas 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/26/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA L. Jimenez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7400 Laake Ln. Austin, Texas 78744			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/26/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Versil Maples	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2455 Hwy FM 2001 Buda, Texas 78610			
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:

4 of 5

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission files)

4 Date

1/26/05

5 Full name of contributor out-of-state PAC (ID# _____)

Moses T. Ruiz

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 1991
Austin, Texas 78767

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/24/05

Full name of contributor out-of-state PAC (ID# _____)

Lyna Whitten

Amount of contribution (\$)

\$100.00

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

1/27/05

Full name of contributor out-of-state PAC (ID# _____)

Ruben Serrera

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

606 W. Oltorf St.
Austin, Texas 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/05

Full name of contributor out-of-state PAC (ID# _____)

Darlene Byrne

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

36 Shadow Pkwy
Austin, Texas 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/05

Full name of contributor out-of-state PAC (ID# _____)

Jacqueline Soliz-Chapa

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1109 E. Riverside Dr.
Austin, Texas 78704

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: 5 of 5	
2 FILER NAME Maria L. Canchola		3 ACCOUNT # (Ethics Commission file#)	
4 Date 1/31/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Elliott	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State; Zip Code 2405 Westover Rd Austin, Texas 78703			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/4/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amelia Blomquist	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 3835 Cologne Ln. Austin, Texas 78727			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/4/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Greene	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 312 Le Grand Ave Austin, Texas 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn + Betty Copeland	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code PO Box 1586 Pflugerville, Texas 78671			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/26/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse M. Torres	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 2301 E. Cesar Chavez Austin, Texas 78702			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>1 of 3</i>
2 FILER NAME <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission Filer)
4 Date <i>1/10/05</i>	5 Payee name <i>San Francisco Church</i>	7 Amount (\$) <i>\$50.00</i>
6 Payee address: City; State; Zip Code <i>9110 US Hwy 183 S Austin, Texas 78747</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/11/05</i>	Payee name <i>Drive Thru Postal</i>	Amount (\$) <i>\$200.00</i>
Payee address: City; State; Zip Code <i>1712 E. Riverside Austin, Texas 78741</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>1/27/05</i>	Payee name <i>El Gallo Restaurant</i>	Amount (\$) <i>\$339.80</i>
Payee address: City; State; Zip Code <i>2910 S. Congress Austin, Texas 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Fundraiser</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/28/05</i>	Payee name <i>Texas Printing Co.</i>	Amount (\$) <i>\$189.87</i>
Payee address: City; State; Zip Code <i>PO Box 6250 Austin, Texas 78762</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Flyers for Fundraiser</i>		** 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 of 3

2 FILER NAME *Maria L. Canchola* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/31/05</i>	5 Payee name <i>Alicia Del Rio</i>	7 Amount (\$) <i>\$1550.00</i>
6 Payee address: City: State: Zip Code <i>7400 Ledge Lane Austin, Texas 78704</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Contract Labor</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>2/9/05</i>	Payee name <i>Alicia Del Rio</i>	Amount (\$) <i>\$600.00</i>
Payee address: City: State: Zip Code <i>7400 Ledge Lane Austin, Texas 78704</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Contract Labor</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>2/24/05</i>	Payee name <i>Austin Women's Political Caucus</i>	Amount (\$) <i>\$165.00</i>
Payee address: City: State: Zip Code <i>P.O. Box 12383 Austin, Texas 78711</i>		

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
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Date <i>4/18/05</i>	Payee name <i>Young Men's Business League</i>	Amount (\$) <i>\$19.00</i>
Payee address: City: State: Zip Code <i>P.O. Box 684073 Austin, Texas 78768</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Sponsor Runner at Bull Run</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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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:
3 of 3

2 FILER NAME *Maria L. Canchola* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/18/05</i>	5 Payee name <i>Young Men's Business League</i>	7 Amount (\$) <i>\$18.00</i>
6 Payee address: City: State: Zip Code <i>PO Box 684073 Austin, Texas 78768</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Sponsor Runner at Bush Race</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>4/18/05</i>	Payee name <i>Young Men's Business League</i>	Amount (\$) <i>\$18.00</i>
Payee address: City: State: Zip Code <i>PO Box 684073 Austin, TX 78768</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Sponsor Runner at Bush Race</i>	** 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
---	---

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
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