

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6319

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission #)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">6</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: FIRST: MI: NICKNAME: LAST: SUFFIX: <div style="text-align: center; font-size: 1.2em;"> Maria Canchola </div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received: <div style="text-align: center; font-size: 1.5em;"> JUN 11 2006 </div> <hr/> Date Hand-delivered or Date Re-marked: <div style="text-align: center; font-size: 1.5em;"> JUN 11 2006 </div> <hr/> Receipt # Amount: <div style="text-align: center; font-size: 1.5em;"> 6319 </div> <hr/> Date Processed: <div style="text-align: center; font-size: 1.5em;"> JUN 11 2006 </div> <hr/> Date Imaged:									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS: PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE: <div style="text-align: center; font-size: 1.2em;"> 1400 East Side Dr Austin, Texas 78704 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <div style="text-align: center; font-size: 1.2em;"> (512) 443-7400 </div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: FIRST: MI: NICKNAME: LAST: SUFFIX: <div style="text-align: center; font-size: 1.2em;"> Anne McFlee </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE: <div style="text-align: center; font-size: 1.2em;"> 4331 Timberline Dr Austin, Texas 78746 </div>	8 CAMPAIGN TREASURER PHONE AREA CODE: PHONE NUMBER: EXTENSION: <div style="text-align: center; font-size: 1.2em;"> (512) 327-0854 </div>									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" 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)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input checked="" 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)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;"> 01 / 01 / 2006 06 / 30 / 2006 </div>										
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black;"> ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;"> / / </div> </td> <td style="border: 1px solid black;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;"> / / </div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;"> / / </div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any): <div style="text-align: center; font-size: 1.2em;"> Travis County Constable, Prec 4 </div>	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: _____ <input type="checkbox"/> 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 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 <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

\$ 1135.00

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

\$ 1748.80

EXPENDITURE TOTALS

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

\$ 114.67

4. TOTAL POLITICAL EXPENDITURES

\$ 897.97

CONTRIBUTION BALANCE

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

\$ 1,646.55

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 14 day of July, 2006, to certify which, witness my hand and seal of office.

Melissa Martinez
Signature of officer administering oath

Melissa Martinez
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:
1 of 2

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission files)

4 Date

1/26/06

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

Shudde Fath

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

1005 Bluebonnet Ln.
Austin, Texas 78704

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/26/06

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

Guadalupe Rosa

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

905 Shady Lane
Austin, Texas 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/06

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

Elliot Na:shat's Campaign

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6401 Wilbur Dr.
Austin, Texas 78757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/06

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

Sarah Eckhardt

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1001 Lorraine St.
Austin, Texas 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/06

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

Amelia M. Blomquist

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3835 Lologac Ln.
Austin, Texas 78727

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 of 2

2 FILER NAME

Marin L. Canchola

3 ACCOUNT # (Ethics Commission file)

4 Date

11/26/06

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

Joe's Bakery

6 Contributor address: City: State: Zip Code

*2305 E 7th St.
Austin, Texas 78702*

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$263.80

Food for homeless

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

Marcia L. Conchola

3 ACCOUNT # (Ethics Commission file#)

4 Date

1/21/06

5 Payee name

Texas Printing Co.

7 Amount (\$)

\$ 148.30

6 Payee address: City: State: Zip Code

P.O. Box 6280
Austin, Texas 78762

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

Fundraiser Tickets

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

Candidate / Officeholder name Office sought Office held

Date

1/20/06

Payee name

Travis County Democratic Party

Amount (\$)

\$ 70.00

Payee address: City: State: Zip Code

1311 E. 6th St.
Austin, Texas 78702

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

Filing Day Dinner

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

Candidate / Officeholder name Office sought Office held

Date

1/25/06

Payee name

Jac's Bakery

Amount (\$)

\$ 350.00

Payee address: City: State: Zip Code

2305 E. 7th St.
Austin, Texas 78702

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

Fundraiser

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

Candidate / Officeholder name Office sought Office held

Date

1/25/06

Payee name

San Juan Diego Catholic High School

Amount (\$)

\$ 50.00

Payee address: City: State: Zip Code

800 Herndon Ln.
Austin, Texas 78704

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

Donation

** 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 2

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission files)

4 Date

2/12/06

5 Payee name

AWPC

7 Amount (\$)

\$65.00

6 Payee address: City, State, Zip Code

P.O. Box 12383

Austin Texas 78711

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

DUES

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

Candidate / Officeholder name

Office sought

Office held

Date

5/22/06

Payee name

Glen Mancy Campaign

Amount (\$)

\$50.00

Payee address: City, State, Zip Code

P.O. Box 2505

Austin, Texas 78768

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

Donation

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

Candidate / Officeholder name

Office sought

Office held

Date

6/12/06

Payee name

San Francisco Church

Amount (\$)

\$50.00

Payee address: City, State, Zip Code

910 W 5 Hwy 1835

Austin, Texas 78747

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

Ad

** 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