Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6535

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: 12

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Images

FILED FOR RECORD
JUL 13 AM 10:47
COUNTY CLERK
TRAVIS COUNTY TEXAS

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Maria | MI: L.

NICKNAME | LAST: Canchola | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1900 East Side Dr. | APT / SUITE #. | CITY: Austin, | STATE: Texas | ZIP CODE: 78704

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) | PHONE NUMBER: 443 - 7400 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Anne | MI

NICKNAME | LAST: McAfee | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 4831 Timberline Dr. | APT / SUITE # | CITY: Austin, | STATE: Texas | ZIP CODE: 78746

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 327- 0854 | EXTENSION

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Final report (Attach C/OH - FR) ☐ Exceeded $500 limit

☒ July 15 ☐ 8th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year: 01 / 01 / 2007 THROUGH Month Day Year: 06 / 30 / 2007

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: ☐ 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

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 **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 1,665.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,575.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 182.44
	4. **TOTAL POLITICAL EXPENDITURES**	$ 1,550.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,167.96
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.

BERTHA De La CRUZ
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES:
JANUARY 9, 2008

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 10th day of July, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Bertha DeLaCruz, Printed name of officer administering oath — Title of officer administering oath

BERTHA De La CRUZ
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES:
JANUARY 9, 2008

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 6

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/22/07	Joe's Bakery 2205 E. 7th St. Austin, Texas 78702	$325.00	food for fundraiser

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/07	Cynthia Valadez Mata 815A Brazos #527 Austin, Texas 78701	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/07	Chris Elliott 3105 Pleasant Run Place Austin, Texas 78703	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/07	Blanca Zamora-Garcia 1715 S. 1st St. Austin, Texas 78704	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/07	Benjamin Moreno 3521 Grimes Ranch Rd. Austin, Texas 78732	$75.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional 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 6

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC's ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/26/07	Maria Luisa Flores 1300 Alta Vista Ave Austin, Texas 78704	$ 50.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC's ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/07	Carlos + Jennifer Lopez 9817 Briar Ridge Dr. Austin, Texas 78748	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC's ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/07	Robert C. Stewart 2616 Carnarvon Ln. Austin, Texas 78704	$ 50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC's ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/07	Doris Limon PO Box 684502 Austin, Texas 78768	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC's ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/07	Jorge D. Guerra 900 Linden St. Austin, Texas 78702	$50.00	(If travel outside of Texas, complete Schedule T)

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 6

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/26/07	Lonnie Limon 12919 On The Lake Rd Austin, Texas 78732	$50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/9/07	Celia Israel 3604 Carla Dr. Austin, Texas 78754	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Sr. Dora + Leticia Vasquez El Borego de Oro #2 3900 S. Congress Austin, Texas 78704	$45.00	Rice + Hot sause for fundraiser

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Martin Vega + Esmeralda Alvarez Los Vega Restaurante 721 N. Old Hwy 81 Kyle, Texas 78640	$60.00	Rice for fundraiser

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Paul + Mary Olgine 1301 E. 3rd St. Austin, Texas 78702	$40.00	Beans for fundraiser

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 6

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/07	Sylvia Rodriguez 1601 E. Slaughter Ln. #325 Austin, Texas 78747	$40.00	Rice for fundraiser

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Casa Moreno's 4606 Burleson Rd. Ste C Austin, Texas 78744	$60.00	Beans for fundraiser

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Rosa Elia Sosa Little Mexico Restaurant 2304 S. 1st St. Austin, Texas 78704	$50.00	Chafing dishes and beans for fundraiser

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Rose Maciel Joe's Bakery 2305 E. 7th St. Austin, Texas 78702	$75.00	Beans & Rice for fundraiser

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Bob Quiroz 2000 E. Cesar Chavez Austin, Texas 78702	$50.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional 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: 5 of 6

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/07	Raul Aguilar 8718 Birmingham Austin, Texas 78748	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Bertha De La Cruz 108 Bobbin Cove Kyle, Texas 78640	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Benjamin + Maria Moreno 3521 Grimes Ranch Rd. Austin, Texas 78732	$75.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Sophia and Kenneth Nates 7605 Panoma Trl. Austin, Texas 78749	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Yolanda Velasquez 2311 Willow St. Austin, Texas 78702	$20.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6 of 6

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor (out-of-state PAC ID#) / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/2/07	David and Bertha De La Cruz 108 Bobbin Cove Kyle, Texas 78640	$ 20.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Domingo Rodriguez 14300B Plover Place Del Valle, Texas 78617	$25.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/2/07	Robert Machado 5503 Shreveport Austin, Texas 78727	$100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 4

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
1/9/07	Nelda Wells Spears, Tax Assessor-Collector 5501 Airport Blvd Austin, Texas 78751	$102.50

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
1/22/07	Guadalupe Moran 6208 Hogan Austin, Texas 78741	$192.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
1/22/07	Johnny Gonzales 2000-B Kenneth Ave Austin, Texas 78741	$75.00

Purpose of payment (See instructions regarding type of information required.): music for fundraiser

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
1/26/07	Miller Blueprint 501 W. 6th St. Austin, Texas 78701	$65.22

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

(If travel outside of Texas, complete Schedule T)

•• 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 4

2 FILER NAME: Maria L. Cancholo

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
2/5/07	Joe's Bakery 2305 E. 7th St. Austin, Texas 78702	$ 324.75

8 Purpose of payment (See instructions regarding type of information required.): Food for Fundraiser

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
3/9/07	Opinion Analysts, Inc. 906 Rio Grande Austin, Texas 78701	$ 27.06

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
3/13/07	Miller Blueprint Co. 501 W. 6th St. Austin, Texas 78701	$32.09

Purpose of payment (See instructions regarding type of information required.): Copies of walk list

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
3/29/07	Opinion Analysts, Inc. 906 Rio Grande Austin, Texas 78701	$ 27.06

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

(If travel outside of Texas, complete Schedule T)

•• 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: 3 of 4

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
4/13/07	Opinion Analysts, Inc. 906 Rio Grande Austin, Texas 78701	$ 42.09

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
6/1/07	Smokey Denmark Sausage Co. 3505 E. 5th St. Austin, Texas 78702	$126.00

Purpose of payment (See instructions regarding type of information required.): Sausage for fundraiser

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
6/1/07	Sam's Club 5107 S. IH 35 Austin, Texas 78744	$ 37.83

Purpose of payment (See instructions regarding type of information required.): Items for fundraiser

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
6/1/07	Sam's Club 5107 S. IH 35 Austin, Texas 78744	$26.68

Purpose of payment (See instructions regarding type of information required.): Items for fundraiser

(If travel outside of Texas, complete Schedule T)

•• 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: 4 of 4

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
6/1/07	Texas Printing Company PO Box 6280 Austin, Texas 78762	$ 225.16

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
6/7/07	NWPC P.O. Box 163 Austin, Texas 78767	$ 65.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)

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

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED