

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6721

**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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Maria L.</i> NICKNAME LAST SUFFIX <i>Canchola</i>	OFFICE USE ONLY FILED FOR RECORD 2008 FEB - 1 P 12:16 CLERK OF COURTS TRAVIS COUNTY TEXAS 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 <i>1900 East Side Dr. Austin, Texas 78704</i>		
6 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 443-7400</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Anne</i> NICKNAME LAST SUFFIX <i>McAfee</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4831 Timberline Dr. Austin, Texas 78746</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 327-0854</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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 <i>01 / 01 / 2008 01 / 24 / 2008</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 2008</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Travis County Constable, Pet. 4</i>	13 OFFICE SOUGHT (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

**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

1/8/08

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

Ruben Bonilla

6 Contributor address; City; State; Zip Code

2727 Morgan Ave.
Corpus Christi, Texas 78405

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/8/08

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

ESTELA Chapa

Contributor address; City; State; Zip Code

2516 Mountain View Dr
Austin, TX 78704

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/08

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

Donna Beth McCormick

Contributor address; City; State; Zip Code

5703 Shoalwood
Austin, Texas 78756

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Filing Day
Dinner Ticket

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/08

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

Janis Pinnell

Contributor address; City; State; Zip Code

P.O. Box 50038
Austin, Texas 78763

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/08

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

Esmerald Ocana

Contributor address; City; State; Zip Code

534 Old San Antonio Rd
Dale, Texas 78616

Amount of contribution (\$)

\$100.00

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 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 *Maria L. Canchola* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>1/22/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Daniel Byrne</i>	7 Amount of contribution (\$) <i>950.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>36 Sundown Parkway Austin, Texas 78701</i>		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 FORMAS 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 3

2 FILER NAME

Marie L. Candhola

3 ACCOUNT # (Ethics Commission files)

4 Date

11/1/08

5 Payee name

NLP OA Central Texas Chapter

7 Amount (\$)

\$75.00

6 Payee address; City; State; Zip Code

P.O. Box 685153
Austin, Texas 78768

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

membership Dues
(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

1/3/08

Payee name

Bridge Farmers Custom Trophy

Amount (\$)

\$91.80

Payee address; City; State; Zip Code

816 W. Yager Ln.
Austin, Texas 78753

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

T-shirts
(If travel outside of Texas, complete Schedule T)

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

Date

1/6/08

Payee name

Home Depot

Amount (\$)

\$177.64

Payee address; City; State; Zip Code

3600 S. IH 35
Austin, Texas 78704

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

T-post + Supplies for signs
(If travel outside of Texas, complete Schedule T)

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

Date

1/7/08

Payee name

Office Depot

Amount (\$)

\$34.93

Payee address; City; State; Zip Code

2101 S. Lamar
Austin, Texas 78704

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

office Supplies
(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 3

2 FILER NAME
Marie L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/11/08

5 Payee name
Courtney Enriquez

7 Amount (\$)
\$500.00

6 Payee address; City; State; Zip Code
306 Tillery St.
Austin, Texas 78702

8 Purpose of payment (See instructions regarding type of information required.)
For office work
(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
11/11/08

Payee name
U.S. Postmaster

Amount (\$)
\$246.00

Payee address; City; State; Zip Code
Downtown Station
Austin, Texas 78701

Purpose of payment (See instructions regarding type of information required.)
Stamps
(If travel outside of Texas, complete Schedule T)

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

Date
11/12/08

Payee name
FEDEX Kinko's

Amount (\$)
\$83.35

Payee address; City; State; Zip Code
327 Congress Ave.
Austin, Texas 78701

Purpose of payment (See instructions regarding type of information required.)
Copy Services
(If travel outside of Texas, complete Schedule T)

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

Date
11/18/08

Payee name
office Depot

Amount (\$)
\$49.76

Payee address; City; State; Zip Code
2101 S. Lamar
Austin, Texas 78704

Purpose of payment (See instructions regarding type of information required.)
office Supplies
(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 3

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/19/08

5 Payee name

Austin Tejano Democrats

6 Payee address; City; State; Zip Code

2544 Stoutwood Cir.

Austin, Texas 78745

7 Amount (\$)

\$75.00

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

Ad

(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

1/23/08

Payee name

Gary Cobb Campaign

Payee address; City; State; Zip Code

P.O. Box 92341

Austin, Texas 78709

Amount (\$)

\$25.00

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

Donation

(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

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