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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6795

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: 10

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

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; APT / SUITE #; CITY; STATE; ZIP CODE

1900 East Side Dr.
Austin, Texas 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); APT / SUITE #; CITY; STATE; ZIP CODE

4831 Timberline Dr.
Austin, Texas 78746

8 CAMPAIGN TREASURER PHONE

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

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: 01/25/2008 THROUGH Month Day Year: 02/23/2008

11 ELECTION

ELECTION DATE Month Day Year: 03/04/2008

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	$ 50.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 17.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 6,174.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,053.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 24,764.58

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria Luisa Canchola, this the 25th day of Febry, 20 08, to certify which, witness my hand and seal of office.

BERTHA DELA CRUZ
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES:
01-09-2012

Signature of officer administering oath | Printed name of officer administering oath | 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 3

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)
2/7/08	Gretchen M. Van Nagy 6501 Shoal Creek Blvd. Austin, Texas 78757	$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)
2/7/08	Francis X. Cahill 40 E 1135 N A 541 Austin, Texas 78701	$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)
2/7/08	Danette Chimenti 200 The Circle 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)
2/15/08	South Austin Tejano Democrats 3805 Mosquiero Cir. Austin, Texas 78748	$150.00	(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)
2/15/08	Barbara Cilley 1417 Travis Heights Blvd Austin, Texas 78704	$100.00	(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 3

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission Use)

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)
2/15/08	Claudette Lowe 400 Academy Dr. Austin, Texas 78704	$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)
2/15/08	Terry Franz + Sage White 1904 Kenwood 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)
2/15/08	Austin Fire Fighter PAC 7537 Cameron Rd. Austin, Texas 78752	$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)
2/15/08	F. P. Chavez 5400 Jeffburn Cove Austin, Texas 78745	$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)
2/15/08	Jean Allen Mather 1611 Alameda Dr Austin, Texas 78704	$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.

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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 3

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/15/08	Joe + Dorothy Gunn 6 Contributor address: City; State; Zip Code 6506 Williamson Rd Creedmoor, Texas 78610	$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#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/08	Scott M. Hendler Contributor address: City; State; Zip Code 1300 Alta Vista Ave Austin, Texas 78704	$250.00 (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#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/08	Rick Walker Contributor address: City; State; Zip Code 905 E. 7th St. Austin, Texas 78702	$200.00 (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#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/08	Carlos Berrin III Contributor address; City; State; Zip Code 9500 Jollyville Rd. Apt 244 Austin, Texas 78759	$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#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/08	Elizabeth Weed Contributor address; City; State; Zip Code 2218 Alta Vista Ave Austin, Texas 78704	$100.00 (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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1 of 1

2 FILER NAME: Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 2/15/08

7 Name of lender: Teo Ruedas ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): $4,000.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: 1900 East Side Dr. Austin, Texas 78704

10 Interest rate: N/A

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions): N/A

13 Employer (See Instructions): N/A

14 Description of Collateral: ☒ none

15 GUARANTOR INFORMATION ☒ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____)

Loan Amount ($)

Is lender a financial institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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 4

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
1/25/08	Courtney Enriquez 306 Tillery Sq. Austin, Texas 78702	$500.00

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	Payee name / Payee address: City: State: Zip Code	Amount ($)
1/31/08	Opinion Analysts, Inc 906 Rio Grande Austin, Texas 78701	$27.06

Purpose of payment (See instructions regarding type of information required.)
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 ($)
2/8/08	Courtney Enriquez 306 Tillery Sq. Austin, Texas 78702	$500.00

Purpose of payment (See instructions regarding type of information required.)
For office Work
(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 ($)
2/8/08	City of Austin P.O Box 1088 Austin, Texas 78767	$35.00

Purpose of payment (See instructions regarding type of information required.)
Temporary Food Permit
(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 Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
2/11/08	American Printing 1606 Headway Cir. Austin, Texas 78754	$1216.43

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

(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 ($)
2/13/08	Capital Area Asian American Democrats P.O. Box 4560 Austin, Texas 78765	$100.00

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

(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 ($)
2/15/08	American Printing 1606 Headway Cir Austin, Texas 78754	$1216.43

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

(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 ($)
2/15/08	US Postmaster Downtown Station Austin, Texas 78701	$1505.20

Purpose of payment (See instructions regarding type of information required.): postage for mailer

(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: Marin L. Cancholo

3 ACCOUNT # (Ethics Commission files):

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
2/16/08	Opinion Analysts 906 Rio Grande Austin, Texas 78701	$ 253.63

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

(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 ($)
2/19/08	American Printing 1606 Headway Cir Austin, Texas 78754	$ 227.33

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

(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 ($)
2/19/08	US Postmaster Downtown Station Austin, Texas 78701	$ 443.49

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

(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 ($)
2/20/08	Opinion Analysts 906 Rio Grande Austin, Texas 78701	$ 74.27

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

(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 Item)

4 Date	5 Payee name / 6 Payee address: City, State: Zip Code	7 Amount ($)
2/23/08	Sam's Club 5102 S IH 35 Austin, Texas 78744	$58.48

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

(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 ($)

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

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

Contributions

< 50	> 50
20	450
30	450
[illegible]	350
	400
	1650

1650
50
1700

Expenses

< 50	> 50
17	527.06
	300.00
	1627.06
	35.00
	1062.06
	1216.43
	2278.49
	100.00
	2378.49
	1216.43
	3594.92
	1505.20
	5166.12
	953.63
	5353.75

6098.84
1700
6115.84

58.48
6174.32

5353.75
227.33
5581.08
443.49
6024.57
74.27
6098.84