

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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 1729.73
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3044.73
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 725.74
	4. TOTAL POLITICAL EXPENDITURES	\$ 3857.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1909.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,764.58

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 L. Canchola, this the 11th day

of July 20, 2011, to certify which, witness my hand and seal of office.

Grace L. Soliz
Signature of officer administering oath

Grace L. Soliz
Printed name of officer administering oath

Notary
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 4

2 FILER NAME

Maria L. Cauchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/23/08

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

Cande Mejia

6 Contributor address; City; State; Zip Code

4411 Dove Springs Dr.
Austin, TX 78744

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

Autograph
UT Football
and Baseball

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/23/08

Full name of contributor out-of-state PAC (ID#:

Bertha De la Cruz

Contributor address; City; State; Zip Code

108 Bobbin Cove
Kyle, Texas 78640

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

movie
Basket

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/08

Full name of contributor out-of-state PAC (ID#:

EMMA BARRIENTAS

Contributor address; City; State; Zip Code

2906 Gem Circle
Austin, Texas 78704

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Cheese & wine
Basket

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

~~2/23/08~~

Full name of contributor out-of-state PAC (ID#:

~~Johnny Gonzalez~~

Contributor address; City; State; Zip Code

~~2000 Kenneth Ave
Austin, Texas 78791~~

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/08

Full name of contributor out-of-state PAC (ID#:

Dale Malter

Contributor address; City; State; Zip Code

2008 Mandy Ln.
Red Rock, Texas 78662

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Wood for
fund raised

(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 4

2 FILER NAME

Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/11/08

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

Ben Aleman

6 Contributor address; City; State; Zip Code

*417 Clarke St.
Austin, Texas 78745*

7 Amount of contribution (\$)

\$50.00

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

3/11/08

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

Vance Brown

Contributor address; City; State; Zip Code

*6403 Lakewood Dr.
Austin, Texas 78731*

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/08

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

Dale Muller

Contributor address; City; State; Zip Code

*2008 Mandy Ln.
Red Rock, Texas 78662*

Amount of contribution (\$)

\$60.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/08

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

Bruce Elfant

Contributor address; City; State; Zip Code

*4522 Avenue F
Austin, Texas 78751*

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

3/11/08

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

Sarah Campbell

Contributor address; City; State; Zip Code

*1201 Woodland Ave
Austin, Texas 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)

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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 4

2 FILER NAME

Marra L. Caachola

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/11/08

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

Robert Lippincott

6 Contributor address; City; State; Zip Code

2322 Townes Ln,
Austin, Texas 78703

7 Amount of contribution (\$)

\$100.00

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

3/11/08

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

Lynn Whitten

Contributor address; City; State; Zip Code

1517 Alameda
Austin, Texas 78704

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)

Date

3/11/08

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

Rosa Sosa

Contributor address; City; State; Zip Code

2304 S. 1st St.
Austin, Texas 78704

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)

Date

3/11/08

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

John Ponisi

Contributor address; City; State; Zip Code

1316 Kenwood Ave
Austin, Texas 78704

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

3/11/08

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

Estrada Cleaners

Contributor address; City; State; Zip Code

2618 E. 7th St.
Austin, Texas 78702

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:
4 of 4

2 FILER NAME

María L. Cuachala

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/08

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

Yolanda Velasquez

6 Contributor address; City; State; Zip Code

*2311 Willow St.
Austin, Texas 78702*

7 Amount of contribution (\$)

\$50.00

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

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)

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 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

Marisa L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/29/08

5 Payee name

Victor Serna

7 Amount (\$)

\$240.00

6 Payee address; City; State; Zip Code

10807 THAYTON Rd.
AUSTIN, TX 78747

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

Early voting help

(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

2/29/08

Payee name

Adam Hernandez

Amount (\$)

\$180.00

Payee address; City; State; Zip Code

10807 THAYTON Rd.
AUSTIN, TX 78747

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

Early voting help

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/29/08

Payee name

Ignite Consulting

Amount (\$)

\$362.70

Payee address; City; State; Zip Code

4032 South Lamar Ste 500
Austin, Texas 78704

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

Robo calls

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

3/3/08

Payee name

Sam's Club

Amount (\$)

\$162.96

Payee address; City; State; Zip Code

5107 S IH 35
Austin, Texas 78744

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

Food for election night

(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 *Maria L. Candola* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>3/19/08</i>	5 Payee name <i>Sprint</i>	7 Amount (\$) <i>\$179.97</i>
6 Payee address; City; State; Zip Code <i>PO Box 8077 London KY 40742</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Cell phone charges</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>3/19/08</i>	Payee name <i>AWPC</i>	Amount (\$) <i>\$500.00</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.) <i>For mailer</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>4/10/08</i>	Payee name <i>Sam's Club</i>	Amount (\$) <i>\$49.76</i>
Payee address; City; State; Zip Code <i>5107 S. IH 35 Austin, Texas 78744</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Food for Victory Party</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>4/11/08</i>	Payee name <i>Sam's Club</i>	Amount (\$) <i>\$41.33</i>
Payee address; City; State; Zip Code <i>5107 S. IH 35 Austin, Texas 78744</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Food for Victory Party</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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

4/11/08

5 Payee name

L. East Poultry Co.

7 Amount (\$)

\$97.79

6 Payee address; City; State; Zip Code

PO Box 6499
Austin, Texas 78762

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

Food for Victory Party
(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

4/12/08

Payee name

Sam's Club

Amount (\$)

\$67.73

Payee address; City; State; Zip Code

5107 S. IH 35
Austin, Texas 78744

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

Food for Victory Party
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

4/12/08

Payee name

Johnny Gonzales

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

2000 Kenneth Ave
Austin, Texas 78741

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

Music for Party
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

5/9/08

Payee name

Doroteo Ruedas

Amount (\$)

\$1000.00

Payee address; City; State; Zip Code

1900 East Side Dr.
Austin, Texas 78704

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

payment on loan
(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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