

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7023

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: <div style="text-align: center; font-size: 2em; font-weight: bold;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <i>Maria</i> MI: <i>L.</i> NICKNAME: _____ LAST: <i>Canchola</i> SUFFIX: _____	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received: _____</p> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered: _____ Date Postmarked: _____</p> <p style="font-size: 0.8em; margin: 0;">Receipt # _____ Amount _____</p> <p style="font-size: 0.8em; margin: 0;">Date Processed _____</p> <p style="font-size: 0.8em; margin: 0;">Date Imaged _____</p> </div>	
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>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 443-7400</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <i>Anne</i> MI: _____ NICKNAME: _____ LAST: <i>McAfee</i> SUFFIX: _____		
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 checked="" 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 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>07 / 01 / 2008 THROUGH 12 / 31 / 2008</i>		
11 ELECTION	ELECTION DATE Month Day Year <i> / / </i>	ELECTION TYPE <input 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	<p>•• 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. ••</p> <p>Name _____</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code _____</p>		

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 contributions accepted or political expenditures made 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. ..

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 315.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1094.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 659.34
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 Luisa Canchola, this the 14th day of January 2009, to certify which, witness my hand and seal of office

Bertha DeLa Cruz
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: <i>1 of 1</i>	
2 FILER NAME <i>Maria L. Canchola</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7/2/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JC + Julie Callis</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7702 Palacios Dr. Austin, Texas 78749</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/2/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moses + Annie Saldana</i>	Amount of contribution (\$) <i>\$40.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8113 Appomattox Dr. Austin, Texas 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/3/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Wallen</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>905 E. 7th St. Austin, Texas 78702</i>		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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
Maria L. Canchola

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/2/08	5 Payee name Travis County Democratic Party	7 Amount (\$) 825.00
6 Payee address; City: State: Zip Code 1311 E. 8th St. Austin, Texas 78702		

8 Purpose of payment (See instructions regarding type of information required.) Donation (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 7/8/08	Payee name US Postal Service	Amount (\$) \$42.00
Payee address; City: State: Zip Code Southeast Station Austin, Texas 78744		

Purpose of payment (See instructions regarding type of information required.) Stamps (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 8/21/08	Payee name San Francisco Javier Catholic Church	Amount (\$) \$50.00
Payee address; City: State: Zip Code 9110 Hwy 183 South Austin, Texas 78747		

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
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Date 9/4/08	Payee name Travis County Democratic Party	Amount (\$) \$250.00
Payee address; City: State: Zip Code 1311 E. 8th St. Austin, Texas 78702		

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

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/25/08	5 Payee name Austin AFL-CIO Council 6 Payee address: City: State: Zip Code P.O. Box 684644 Austin, Texas 78768	7 Amount (\$) \$145.00
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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
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Date 9/2/08	Payee name South Austin Democrats Payee address: City: State: Zip Code P.O. Box 152592 Austin, Texas 78715	Amount (\$) \$25.00
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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
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Date 9/3/08	Payee name Austin Tejano Democrats Payee address: City: State: Zip Code 2544 Stoutwood Cr. Austin, Texas 78745	Amount (\$) \$20.00
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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
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Date 9/17/08	Payee name Office Depot Payee address: City: State: Zip Code 2101 S. Lamar Austin, Texas 78704	Amount (\$) \$20.56
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Purpose of payment (See instructions regarding type of information required.) Printer Ink (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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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
9/25/08

5 Payee name
United East Austin Coalition
6 Payee address; City: State: Zip Code
*1511 Haskell St.
Austin, Texas 78702*

7 Amount (\$)
\$25.00

8 Purpose of payment (See instructions regarding type of information required.)
Donation
(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:
11/4/08

Payee name
Travis County Democratic Party
Payee address; City: State: Zip Code
*1311 E. 8th St.
Austin, Texas 78702*

Amount (\$)
\$450.00

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:
12/18/08

Payee name
US Postal Service
Payee address; City: State: Zip Code
*East Austin Station
Austin, Texas 78702*

Amount (\$)
\$42.00

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

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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