

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7165

## 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: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS / MR <b>MRS</b>	FIRST <b>MARIA</b>	MI <b>L.</b>
	NICKNAME	LAST <b>CANABOLA</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>1900 EAST SIDE DR.</b>	APT / SUITE #: <b>AUSTIN, TX</b>	CITY: STATE: ZIP CODE <b>78704</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>940-2210</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS MRS / MR <b>MRS</b>	FIRST <b>ANNE</b>	MI
	NICKNAME	LAST <b>McAFEE</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE <b>4831 TIMBERLINE DR. AUSTIN, TEXAS 78746</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>327-0854</b>	EXTENSION
9 REPORT TYPE	<input 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 checked="" 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 <b>01 / 01 / 2009    06 / 30 / 2009</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>/ /</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>TRAVIS COUNTY CONSTABLE Pct 4</b>	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		

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #    Amount

Date Processed

Date Imaged

GO TO PAGE 2

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME MARIA L. CANCHOLA 16 ACCOUNT # (Ethics Commission Files)

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. \*\*

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 781.05
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 881.05
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 403.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1086.91
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 15<sup>th</sup> day of July, 2009, to certify which, witness my hand and

[Signature]  
Signature of officer administering oath



Printed name of officer administering oath: Bertha Dela Cruz

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME <i>MARIA L. CANCHOLA</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/24/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>BERTHA DELA BLAZ</i>	7 Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>108 BOBBIN COVE KYLE, TX 77864</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)
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)
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)
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)
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.

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME **MARIA L. CANCHELA**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1/3/09**

5 Payee name  
**HEB**

7 Amount (\$)

**67.84**

6 Payee address: City, State, Zip Code  
**2400 So. Congress  
AUSTIN, TX 78704**

8 Purpose of payment (See instructions regarding type of information required.)  
**FOOD FOR SWEARING IN CEREMONY**  
(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  
**1/4/09**

Payee name  
**HEB**

Amount (\$)

**63.39**

Payee address: City, State, Zip Code  
**2400 So Congress  
AUSTIN, TX 78704**

Purpose of payment (See instructions regarding type of information required.)  
**FOOD FOR SWEARING IN CEREMONY**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**3/3/09**

Payee name  
**LA VOZ NEWSPAPERS**

Amount (\$)

**100.00**

Payee address: City, State, Zip Code  
**P.O. Box 19457  
AUSTIN, TX 78760**

Purpose of payment (See instructions regarding type of information required.)  
**AD HISPANIC ALMANAC OF HISPANIC OFFICIALS**  
(If travel outside of Texas, complete Schedule T)

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

Date  
**4-17-09**

Payee name  
**UNIVERSITY DEMOCRATS**

Amount (\$)

**25.00**

Payee address: City, State, Zip Code  
**100-C WEST DENNICE ETON  
AUSTIN, TX 78712**

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

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 <b>2 of 2</b>
2 FILER NAME <b>MARIA CANCIOLA</b>		3 ACCOUNT # (Ethics Commission file)
4 Date: <b>5/8/09</b>	5 Payee name <b>LAVOZ NEWSPAPER</b> 6 Payee address; City, State, Zip Code <b>PO Box 19457 AUSTIN, TX 78760</b>	7 Amount (\$) <b>127.25</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>FINAL PAYMENT ON AD</b> (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 <b>6/19/09</b>	Payee name <b>BEN HUNSHINE CIRCUS</b> Payee address; City, State, Zip Code <b>P.O. Box 10125 AUSTIN, TX 78766</b>	Amount (\$) <b>20.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>DONATION - TICKETS FOR NEDDY KIDS</b> (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**



**MARIA CANCHOLA**

TRAVIS COUNTY CONSTABLE, PRECINCT FOUR  
ROBERT L. ELLER ~ CHIEF DEPUTY

Fax Message

To: Jimmy Ballard

Date: 7/15/09

Time: 4:40 PM

Fax No. 49075

From: Maria Canchola

Fax No. (512)854-4452

Telephone No. (512)854-9488

Number of pages including cover 6 ( ) Please call to confirm receipt of facsimile

Re: \_\_\_\_\_

\_\_\_\_\_  
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