

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7215

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: MARIA NICKNAME: LAST: CANCHOLA MI: L. SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1900 EAST SIDE DR. AUSTIN, TX 78704 DANA DEBBE AUVOIR TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS	Date Received: 10 JUN 5 2009 Date Hand delivered or Date Postmarked: Receipt # 904 Date Processed: Date Imaged:	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 940-2210		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: ANNE NICKNAME: LAST: McAFEE MI: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 4831 TIMBERLINE DR. AUSTIN TX 78746		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (512) 327-0854		
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 07 / 01 / 2009 12 / 31 / 2009		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) TRAVIS COUNTY CONSTABLE PET 4	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:		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

MARIA L. CANSECO

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. --

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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

\$ *458.41*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *0*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *129.64*

4. TOTAL POLITICAL EXPENDITURES

\$ *780.27*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *485.41*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *23,764.68*

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. Canseco
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Maria L. Canseco*, this the *14th* day of *January*, 20*10*, to certify which, witness my hand and seal of office.

Bertha DeLa Cruz
Signature of officer administering oath

Printed name of officer



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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>MARIA L. CANCHOLA</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>7/5/09</u>	5 Payee name <u>LITERACY COALITION OF CENTRAL TEXAS</u> 6 Payee address; City, State; Zip Code <u>P.O. Box 41567 AUSTIN, TX 78704-1567</u>	7 Amount (\$) <u>500.00</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>COMMUNITY DIRECTORY</u> (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 <u>9/12/09</u>	Payee name <u>UNITED EAST AUSTIN COALITION</u> Payee address; City, State; Zip Code <u>1511 HASKELL ST. AUSTIN, TX 78702</u>	Amount (\$) <u>\$35.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>DONATION DIA DE LA RAZA</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>12/17/09</u>	Payee name <u>HOLLAND PHOTO IMAGING</u> Payee address; City, State; Zip Code <u>1700 So. LAMAR BLVD. AUSTIN, TX 78704</u>	Amount (\$) <u>82.77</u>
Purpose of payment (See instructions regarding type of information required.) <u>PICTURES OF CAMPAIGN</u> (If travel outside of Texas, complete Schedule T) <u>SEALING IN</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>12/24/09</u>	Payee name <u>TEJANO DEMOCRATS</u> Payee address; City, State; Zip Code <u>2544 STOUTWOOD CIRCLE AUSTIN, TX 78745</u>	Amount (\$) <u>162.50</u>
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		