



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME MARIA L. CANCHO LA 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.

<input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 431.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 250.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,764.68

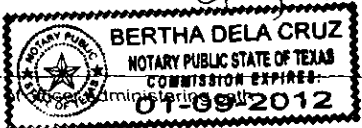
19 AFFIDAVIT

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. Cancho La  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria Luisa Cancho La, this the 15th day of July, 2010, to certify which, witness my hand and seal of office



Signature of officer administering oath Bertha Dela Cruz 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: /	
2 FILER NAME <i>MARIA L. CANCHULA</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/26/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>BERTHA DE LA CRUZ</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>108 BOBBIN COVE KYLE, TX 78640-8011</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>THOMAS ESPARZA</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1811 So. 1st Street AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JOHN LIPSCOMB</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6600 MESA AUSTIN, TX 78731</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 SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F <b>3</b>		2 FILER NAME <b>MARIA CANCHO LA</b>		3 ACCOUNT # (Ethics Commission Files)	
4 Date <b>1/23/10</b>		5 Payee name <b>Office DEPOT</b>			
6 Amount (\$) <b>29.21</b>		7 Payee address; City; State; Zip Code <b>2101 So. LAMAR AUSTIN, TX 78704</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Office Supplies</b>		(b) Description (If travel outside of Texas, complete Schedule F) <b>PRINTER INK</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>1/28/10</b>		Payee name <b>SAN FRANCISCO CHURCH</b>			
Amount (\$) <b>25.00</b>		Payee address; City; State; Zip Code <b>9110 HWY 183 SOUTH ART DEL VALLE, TX 78747</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CHURCH FUNDRAISE-OTHER</b>		Description (If travel outside of Texas, complete Schedule F) <b>FLOWERS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/2/10</b>		Payee name <b>LULUAC Council #650</b>			
Amount (\$) <b>25.00</b>		Payee address; City; State; Zip Code <b>909 TACOMA AVE AUSTIN, TX 78703</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OTHER</b>		Description (If travel outside of Texas, complete Schedule F) <b>MEMBERSHIP</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/23/10</b>		Payee name <b>REBECCA BELL-METCALFE</b>			
Amount (\$) <b>25.00</b>		Payee address; City; State; Zip Code <b>129 KATHRYN CV. SAN MARCOS, TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule F)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F <b>3</b>		2 FILER NAME <b>MARIA L. CANCELA</b>		3 ACCOUNT # (Ethics Commission Files)	
4 Date <b>2/24/10</b>		5 Payee name <b>TRINITY PUBLICATIONS DOLORES CANCELA</b>			
6 Amount (\$) <b>\$100.00</b>		7 Payee address: City: State: Zip Code <b>P.O. Box 140285 AUSTIN, TX 78714-0285</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description (if travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-18-10</b>		Payee name <b>OFFICE DEPOT</b>			
Amount (\$) <b>\$47.61</b>		Payee address: City: State: Zip Code <b>2101 SO. LAMAR AUSTIN, TX 78704</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OFFICE SUPPLIES</b>		Description (if travel outside of Texas, complete Schedule T) <b>PRINTER INK</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-18-10</b>		Payee name <b>TRINITY PUBLICATIONS</b>			
Amount (\$) <b>\$40.00</b>		Payee address: City: State: Zip Code <b>P.O. Box 140285 AUSTIN, TX 78714-0285</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (if travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/6/10</b>		Payee name <b>GUADALUPE SOSA CAMPAIGN</b>			
Amount (\$) <b>25.00</b>		Payee address: City: State: Zip Code <b>4414 Mt. Vernon Dr. AUSTIN, TX 78745</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (if travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel in District               | Contributions/Donations Made By            |
| Event Expense       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F <b>3</b>		<b>2</b> FILER NAME <b>MARIA L. CARCHONA</b>		<b>3</b> ACCOUNT # (Ethics Commission Filer)	
<b>4</b> Date <b>6/2/10</b>		<b>5</b> Payee name <b>TRINITY PUBLICATIONS</b>			
<b>6</b> Amount (\$) <b>40.00</b>		<b>7</b> Payee address: City: State: Zip Code <b>P.O. BOX 140285 AUSTIN, TX 78714-0285</b>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule F)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b> <b>6/2/10</b>		<b>Payee name</b> <b>TRAVIS COUNTY JUVENILE COMMITTEE</b>			
<b>Amount (\$)</b> <b>\$ 25.00</b>		<b>Payee address: City: State: Zip Code</b> <b>314 W. 11TH ST. Rm 510 AUSTIN, TX 78701</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> <b>DONATION</b>		<b>Description (If travel outside of Texas, complete Schedule F)</b>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b> <b>6/5/10</b>		<b>Payee name</b> <b>KARIN KRUMP CAMPAIGN</b>			
<b>Amount (\$)</b> <b>\$ 50.00</b>		<b>Payee address: City: State: Zip Code</b> <b>10601 FM 2222, STE R160 AUSTIN, TX 78730</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> <b>DONATION</b>		<b>Description (If travel outside of Texas, complete Schedule F)</b>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address: City: State: Zip Code</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b>		<b>Description (If travel outside of Texas, complete Schedule F)</b>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought      Office held	

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