Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7743

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:

OFFICE USE ONLY

Date Received: FILED FOR RECORD '12 JAN 7 PM 4:46 DANA DEBEAUVOIR TRAVIS COUNTY, TEXAS

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	~~MS~~ / MRS / ~~MR~~ FIRST: MARIA MI: L. NICKNAME: LAST: CANCHOLA SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1900 EAST SIDE DR. AUSTIN, TX 78704
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 940-2210 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (circled) FIRST: ANNE MI: NICKNAME: LAST: McAFEE 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: (512) PHONE NUMBER: 327-0854 EXTENSION:
9 REPORT TYPE	☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month / Day / Year: 07 / 01 / 2011 THROUGH Month / Day / Year: 12 / 31 / 2011
11 ELECTION	ELECTION DATE Month / Day / Year: 04 / 03 / 2012 ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any): TRAVIS COUNTY CONSTABLE, Pct 4
13 OFFICE SOUGHT (if known)	SAME

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: MARIA L. CANCHOLA

15 ACCOUNT # (Ethics Commission Filers)

16 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Itemized list attached See Schedule A
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 9,236.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ SEE SCHEDULE F+G
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9,749.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 9,017.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 23,764.68

18 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 Canchola, this the 17th day of January 20 12, to certify which, witness my hand and seal of office.

Melissa Martinez

Signature of officer administering oath

Melissa Martinez

Printed name of officer administering oath

Title of officer administering oath

MELISSA MARTINEZ
Notary Public
STATE OF TEXAS
Commission Exp. 12-14-2012

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 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 ~~In-kind contribution~~ description (if applicable)
7/11/11	NANCY WALKER 5710 ABILENE TRAIL AUSTIN, TX 78749	$100.00	

(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)
7/26/11	CHARLIE BAIRD P.O. BOX 1272 AUSTIN, TX 78767	$100.00	

(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)
7/01/11	FRANCES RAMIREZ 221 INDIAN PAINTBRUSH DR. KYLE, TX 78640	$25.00	

(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)
7/5/11	JOSEPH MARTINEC 223 GREYSTONE LN. UNIT B CEDAR CREEK, TX 78612	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions): SELF

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)
7/24/11	DANETTE CHIMENTI 200 THE CIRCLE AUSTIN, TX 78704	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): CONSULTANT

Employer (See Instructions): SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/27/11	BLANCA ALVARADO 1491 INGLEWOOD STREET AUSTIN, TX 78741	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): BUSINESS OWNER

10 Employer (See Instructions): EL SOL Y LA LUNA

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)
8/11/11	BRUCE ELFANT 4522 AVE F. AUSTIN, TX 78751	$100.00	

(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)
8/10/11	AMY MOK 6301 CAT MOUNTAIN COVE AUSTIN, TX 78731	$100.00	

(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)
8-9-11	MARJORIE & JAMES FERRELL 6407 EMERALD ST. AUSTIN, TX 78745	50.00	

(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)
8/12/11	ROBERT Q. LEDBETTER 17005 SOUTH RIDGE AUSTIN, TX 78734	119.00	

(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 foradditional 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: 3 of 19

2 FILER NAME: MARIA CAUCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/17/11	PLATE LUNCH FUNDRAISER 2304 So. 1st. AUSTIN, TX 78704	$532.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/29/11	BOBBY SCHMIDT 3595 SCHUELKE RD. KYLE, TX 78640	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/4/11	JANE DOWNER 517 E. MARY AUSTIN, TX 78704-3142	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/6/11	DR. STANLEY SEATON 10511 LA COSTA DR. AUSTIN, TX 78747	$1000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): DOCTOR

Employer (See Instructions): RETIRED

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/10/11	DONNA BETH McCORMICK 5703 SHOALWOOD AVE AUSTIN, TX 78756	$100.00	

(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 foradditional 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 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/27/11	SHUDDE FATH 1005 BLUEBONNET LN. AUSTIN, TX 78704	$200.00	

(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)
9/22/11	ELNA CHRISTOPHER 605 KENTSHIRE CIRCLE AUSTIN, TX 78704	$100.00	

(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)
9/24/11	HELEN DEY VALDEZ 312 LE GRANDE AVE AUSTIN, TX	$100.00	

(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)
9/21/11	DR. NOLA CONSTOCK 3103 LOYOLA LN. AUSTIN, TX 78723	$100.00	

(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)
10/6/11	KIMBERLY GILBERTSON 2402 MOZELLE LN. AUSTIN, TX 78744	$50.00	

(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 foradditional 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: 5 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/6/11	SANDRA JOSEPH BIERI 3712 GREEN TRAILS NORTH AUSTIN, TX 78731	$25.00	(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)
9/4/11	MARGARET BONNY GARNER 3207 KERBY LN. AUSTIN, TX 78703	$100.00	(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)
10/02/11	RICO REYES 1901 CISTERN COVE PFLUGERVILLE, TX 78660	$50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ATTORNEY
Employer (See Instructions): SELF

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)
10/17/11	KIMBERLY CULVER 421 W. 3RD STREET #604 AUSTIN, TX 78701	$100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ATTORNEY
Employer (See Instructions): BROWN & SNELL

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)
10/18/11	PAMELA MAYO CLARK 4100 BLUFF RIDGE DRIVE AUSTIN, TX 78759	$25.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PUBLIC RELATIONS + FUNDRAISING
Employer (See Instructions): SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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: 6 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/19/11	BEVERLY NATION 3120 ABOVE STRATFORD PLACE AUSTIN, TX 78746	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): RETIRED

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)
10/20/11	LARRY CONCHOLA 4703 VELASCO PLACE AUSTIN, TX 78749	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ACCOUNT MANAGER

Employer (See Instructions): AMERICAN PRINTING + MAILING

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)
9/30/11	ANGELA VALENZUELA 2653 BARTON HILLS DR. AUSTIN, TX 78704	$50.00	

(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)
9/28/11	BLANCA ALVARADO 2914-B RIO GRANDE ST. AUSTIN, TX 78705	$50.00	

(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)
10/3/11	MARJORIE + JAMES FERRELL 6407 EMERALD ST. AUSTIN, TX 78745	$50.00	

(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 foradditional 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: 7 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/3/11	BEN & EVIE MORENO 3521 OLIVES RANCH Rd. AUSTIN, TX 78732	$50.00	

(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)
10/2/11	JO REICHLER 1518 BARTON SPRINGS Rd. #10 AUSTIN, TX 78704	$36.00	

(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)
10/3/11	ROSALIA CASTANEDA 3505 KELLYWOOD DR. AUSTIN, TX 78739	$25.00	

(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)
10/3/11	DAVE SPRAUER 2008 So. CONGRESS AUSTIN, TX 78704	$100.00	

(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)
10/3/11	ROSA WALKER 1616 RIDGE HAVEN AUSTIN, TX 78723	$35.00	

(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 foradditional 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: 8 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/3/11	CAMPAIGN HEADQUARTERS OPENING MISC. CASH DONATIONS	$114.00	

(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)
10/3/11	MANUEL & ANITA MORENO 6206 WOODHUE DR. AUSTIN, TX 78743	$40.00	

(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)
10/3/11	DAVID & LILLY ALONZO 6001 WAGON BEND AUSTIN, TX 78744	$40.00	

(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)
10/1/11	HOLLY MARIA FLYNN 2425 AUGUSTA DR. UNIT 51 HOUSTON, TX 77057	$10.00	

(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)
10/1/11	MARIA PENA AUSTIN, TX 78749	$5.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): REAL ESTATE

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/1/11	JUDITH CANALES 1837 WILLOW CREEK EAGLE PASS, TX 78852	$20.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
ADMINISTRATOR	

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)
10/19/11	TRAVIS COUNTY SHERIFFS LAW ENFORCEMENT ASSOC. PAC 8600 RANCH ROAD 620 N. APT. 210 AUSTIN, TX 78726	$500.00	(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)
10/25/11	VIRGINIA GINNY AGNEW 1204 CASTLE HILL ST. AUSTIN, TX 78703	$150.00	(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)
10/24/11	MICHAEL RYNES & KENNETH HILBIG 1308 ALTA VISTA AVE AUSTIN, TX 78704	$100.00	(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)
10/16/11	DOMINGO RODRIGUEZ 14300 PROVEN PLACE DEL VALLE, TX 78617	$30.00	(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 foradditional 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: 10 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/19/11	FELICE MOEN 102 ASA DRIVE CONVERSE, TX 78109	$50.00	(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)
10/19/11	JUAN & MARTA COTERA 1502 NORRIS DR. AUSTIN, TX 78704	$100.00	(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)
10/20/11	SOPHIA & KENNETH NATES 7605 PONOMA TRAIL AUSTIN, TX 78749	$100.00	(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)
10/20/11	ROBERT & EVA FLORES 1705 BUTTERCUP Rd. PFLUGERVILLE, TX 78660	$100.00	(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)
10/20/11	JIM BUTLER + LYNN WHITTEN 1517 ALA MEDA AUSTIN, TX 78704	$100.00	(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 foradditional 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: 11 of 19

2 FILER NAME: MARIA CAVCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/11	JULIE & J.C. CALLIS 7702 PALACIOS DR. AUSTIN, TX 78749	$100.00	

(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)
10/20/11	DAVID LUNDSTEDT 1617 TAYLOR JAMES ST. AUSTIN, TX 78741	$100.00	

(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)
10/19/11	MARIA JIMENEZ 7400 LADDLE LN. AUSTIN, TX 78749	$100.00	

(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)
10/20/11	NILDA DELA LATTA 1491 INGLEWOOD STREET AUSTIN, TX 78741	$100.00	

(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)
10/20/11	MARGARET BONNY GARNER 3207 KERBY LANE AUSTIN, TX 78703	$75.00	

(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 foradditional 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: 12 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/11	ALICIA DEL RIO 7400 LADDLE LN. AUSTIN, TX 78749	$55.00 (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)
10/20/11	CARLOS & JENNIFER LOPEZ 4330 BULL CREEK RD #3123 AUSTIN, TX 78731	$50.00 (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)
10/20/11	ELLIOTT NAISHTAT 6401 WILBUR DR. AUSTIN, TX 78757	$50.00 (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)
10/20/11	SNELL LAW FIRM 818 W. 10TH STREET AUSTIN, TX 78701	$50.00 (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)
10/20/11	OLIVIA QUERLERO 2313 SO. FIRST STREET AUSTIN, TX 78704	$50.00 (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 foraddiitional 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: 13 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	CARLOS GARCIA 11306 CIRCLE DR. AUSTIN, TX 78748	$50.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): ATTORNEY

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)
10/20/11	CYNTHIA KEOHANE 5702 WYNONA AVE AUSTIN, TX 78756	$25.00	(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)
10/20/11	BEN & EVIE MORENO 3521 GRIMES RANCH RD. AUSTIN, TX 78732	$40.00	(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)
10/20/11	BILL & ANNE MCAFEE 4831 TIMBERLINE DR. AUSTIN, TX 78746	$35.00	(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)
10/20/11	BROWN & SNELL 818 W. 10TH STREET AUSTIN, TX 78701	$25.00	(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 foradditional 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: 14 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/11	H.E. GIBBONS 613 HEARN STREET AUSTIN, TX 78703	$25.00 (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)
10/20/11	DOUGLAS BOWEN 6916 LARUE BELLE CV. AUSTIN, TX 78739	$25.00 (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)
10/20/11	CECILIA CROSSLEY 3100 CATALINA DR. AUSTIN, TX 78741	$25.00 (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)
10/20/11	HEATHER BECKEL 903 SO. CENTER ST. AUSTIN, TX 78704	$25.00 (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)
10/20/11	CINDY FLINT 2502 SO. 5TH STREET AUSTIN, TX 78704	$25.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions): DIRECTOR PRIMARY & CONVENTION

Employer (See Instructions): TEXAS DEMOCRATIC PARTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: 15 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/11	FUNDRAISER - Home of Lulu Flores MISC. DONATIONS 1300 ALTA VISTA AUSTIN, TX 78704	$40.00 (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)
10-14-11	SARAH ECKHARDT P.O. Box 301586 AUSTIN, TX 78703	$100.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
COUNTY COMMISSIONER	TRAVIS COUNTY

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)
10/20/11	GLORIA CISNEROS LENDIN 1801 LAVACA APT 11E. AUSTIN, TX 78701	$10.00 (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)
10/8/11	MORRIS ERWIN KOCH 7002 CHUCK WAGON TRAIL AUSTIN, TX 78749	$50.00 (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)
10/18/11	JENNIFER KIM 755 OLTORF ST. #201 AUSTIN, TX 78704	$100.00 (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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/30/11	LAURA KOLSTAD 7108 TEABERRY DR. AUSTIN, TX 78745	$100.00	

(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)
11/19/11	YOLANDA VELASQUEZ 2311 WILLOW ST. AUSTIN, TX 78702	$25.00	

(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)
12/2/11	J. SAGE WHITE + TERRY FRANZ 1904 KENWOOD AVE AUSTIN, TX 78704	$100.00	

(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)

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If contributor is out-of-state PAC, please see instruction guide foradditional 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: 17 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
JULY 28, 2011	CEHA ISRAEL 3604 CARLA DR. AUSTIN, TX 78754	$50.00	TRUE COLORS YOUNG PROFESSIONALS FUNDRAISER

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): CONSULTANT

10 Employer (See Instructions): MISSION RESOURCES

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	TEXAS DEMOCRATIC PARTY 505 W. 12TH STREET, STE 200 AUSTIN, TX 78701	$700.00	TEXAS VAN

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-22-11	DONNA BETH McCORMICK 5703 SHOALWOOD AUSTIN, TX 78756	$50.00	2011 CADW CELEBRATION of CHAMPIONS FUNDRAISER

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-3-11	MISC. COVERED DISH	$200.00	COVERED DISHES EVENT

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-3-11	RICK WALLEN 905 E. 7TH ST. AUSTIN, TX 78702	$100.00	PROVIDED OFFICE for EVENT.

(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 foradditional 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: 18 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-12-11	JOSEPH VASQUEZ 6102 BLANWOOD DRIVE AUSTIN, TX 78745	$25.00	DOWN LOADING MICRO SOFT OFFICE/COMPUTER

(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)
10-14-11	BLANCA ZAMORA GARCIA 1715 So FIRST ST. AUSTIN, TX 78704	$50.00	GREATER SOUTHWEST OPTIMIST CLUB AWARDS BANQUET

(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)
10-20-11	MARIA LUISA FLORES 1300 ALTA VISTA AUSTIN, TX 78704	$225.00	HOSTED FUNDRAISER AT HER HOUSE PROVIDED FOOD + DRINK

(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)
10-20-11	MARIA LUISA FLORES 1300 ALTA VISTA AUSTIN, TX 78704	$50.00	TEXAS FREEDOM NETWORK 16TH ANNUAL GALA FUNDRAISER

(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)
10-28-11	MARIA LUISA FLORES 1300 ALTA VISTA AUSTIN, TX 78704	$50.00	HISPANIC BAR LUNCHEON FUNDRAISER

(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 foradditional 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: 19 of 19

2 FILER NAME: MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-26-11	PAMELA MAYO CLARK 4100 BLUFF RIDGE DR. AUSTIN, TX 78759	$50.00	COUNCIL ON AT RISK YOUTH 5TH ANNUAL AUTUMN BENEFIT

(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)
11-2011	DAVE SPALLEN 2008 So. Congress AUSTIN, TX 78704	$250.00	BILL BOARD DISPLAY OF CAMPAIGN SIGN

(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 SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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:	2 FILER NAME MARIA CANCHOLA	3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name
7-11-2011	DAWN GROUP
6 Amount ($)	7 Payee address; City; State; Zip Code
$650.00	1112 W. FRANK STREET GRAND SALINE, TEXAS 75140
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE — (b) Description (If travel outside of Texas, complete Schedule T): WEB SITE - MASS MESSAGES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name — Office sought — Office held

Date	Payee name
7-06-2011	HOLLAND PHOTO
Amount ($)	Payee address; City; State; Zip Code
$142.69	1700 SO. LAMAR BLVD., STE. 327 AUSTIN TX 78704
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): EVENT EXPENSE — Description (If travel outside of Texas, complete Schedule T): PICTURES - CAMPAIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name — Office sought — Office held

Date	Payee name
7-29-2011	WORLEY PRINTING CO.
Amount ($)	Payee address; City; State; Zip Code
$394.30	3217 NORTH IH 35 AUSTIN TX 78722
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): PRINTING — Description (If travel outside of Texas, complete Schedule T): PUSH CARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name — Office sought — Office held

Date	Payee name
7-30-2011	DAWN GROUP
Amount ($)	Payee address; City; State; Zip Code
$650.00	~~DAWN~~ 1112 W. FRANK STREET GRAND SALINE, TEXAS 75140
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): ADVERTISING — Description (If travel outside of Texas, complete Schedule T): WEB SITE - MASS MESSAGES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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:	2 FILER NAME: MARIA CANCHOLA	3 ACCOUNT # (Ethics Commission Filers)
4 Date: 8-3-2011	5 Payee name: LA VOZ NEWSPAPER	
6 Amount ($): 41.25	7 Payee address; City; State; Zip Code: P.O. BOX 19457 AUSTIN, TX 78760	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T): LLOYD DOGGETT AD.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 8-26-2011	Payee name: NELDA WELLS SPEARS TRAVIS COUNTY TAX ASSESSOR-COLLECTOR	
Amount ($): 80.00	Payee address; City; State; Zip Code: P.O. BOX 1748 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule):	Description (If travel outside of Texas, complete Schedule T): PRECINCT MAPS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 8-28-2011	Payee name: OFFICE DEPOT	
Amount ($): 843.40	Payee address; City; State; Zip Code: 2101 SO. LAMAR AUSTIN, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): OFFICE SUPPLIES	Description (If travel outside of Texas, complete Schedule T): PRINTER INK
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 8-31-2011	Payee name: WORLEY PRINTING CO	
Amount ($): 251.14	Payee address; City; State; Zip Code: 3217 NORTH IH 35 AUSTIN, TX 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): LETTER HEAD & ENVELOPES	Description (If travel outside of Texas, complete Schedule T): PRINTING
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 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:	2 FILER NAME MARIA CANCHOLA	3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name
9-2-2011	AUSTIN AFL-CIO COUNCIL
6 Amount ($)	7 Payee address; City; State; Zip Code
$145.00	P.O. BOX 301074 AUSTIN, TX 78703

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING	PROGRAM

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
9-11-2011	SAD-YELLER DRAWG
Amount ($)	Payee address; City; State; Zip Code
$50.00	P.O. BOX 152592 AUSTIN, TX 78715-2592

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ADVERTISING	PROGRAM

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

Date	Payee name
9-16-2011	U.S. POSTAL SERVICE
Amount ($)	Payee address; City; State; Zip Code
$132.00	SOUTHEAST STATION AUSTIN, TX 78744

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	EVENT EXPENSE	POSTAGE

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

Date	Payee name
7-13-2011	CYNTHIA FLINT
Amount ($)	Payee address; City; State; Zip Code
$200.00	2502 SOUTH 5TH STREET AUSTIN, TX 78704

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	CONSULTING	

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 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:	2 FILER NAME MARIA CANCAOLA	3 ACCOUNT # (Ethics Commission Filers)

4 Date 8/26/2011 TO 12/7/2011	5 Payee name KATHRYN ANN PIERCE	
6 Amount ($) $275.00	7 Payee address; City; State; Zip Code 21 WALLER STREET APT 1603 AUSTIN, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(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 10/3/2011	Payee name HEB	
Amount ($) $27.65	Payee address; City; State; Zip Code 2400 So Congress AUSTIN, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	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 10/7/11	Payee name OFFICE DEPOT	
Amount ($) $38.96	Payee address; City; State; Zip Code 2101 So. LAMAR AUSTIN, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTER INK	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 10/13/2011	Payee name LITTLEFIELD CONSULTING	
Amount ($) 750.00	Payee address; City; State; Zip Code P.O. BX 90591 AUSTIN, TX 78709	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	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 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:	2 FILER NAME MARIA CANCHOLA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-14-2011	5 Payee name CUSTOM TEE'S BY LEE	
6 Amount ($) $1058.27	7 Payee address; City; State; Zip Code 1802 B. EAST 6TH STREET AUSTIN, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(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 10-1-2011	Payee name JONATHAN MARTINEZ	
Amount ($) $125.00	Payee address; City; State; Zip Code 1710 E. OLTORF #710 AUSTIN, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN COORDINATOR	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 10/10/2011	Payee name JONATHAN MARTINEZ	
Amount ($) $125.00	Payee address; City; State; Zip Code 1710 E. OLTORF #710 AUSTIN, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN COORDINATOR	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 11-01-11	Payee name JONATHAN MARTINEZ	
Amount ($) $500.00	Payee address; City; State; Zip Code 1710 E. OLTORF #710 AUSTIN, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN COORDINATOR	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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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MARIA CANCHOLA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-4-2011	5 Payee name KELLY GRAPHICS	
6 Amount ($) $1377.02	7 Payee address; City; State; Zip Code 1409 QUAKER RIDGE AUSTIN, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(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 11-22-2011	Payee name VERIZON WIRELESS	
Amount ($) $270.58	Payee address; City; State; Zip Code 9705 RESEARCH BLVD. AUSTIN, TX 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE	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 12-2-11	Payee name PAMELA MAYO CLARK	
Amount ($) $1000.00	Payee address; City; State; Zip Code 4100 BLUFF RIDGE DR. AUSTIN, TX 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTANT EXPENSE	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 12-16-2011	Payee name US POSTAL SERVICE	
Amount ($) $88.00	Payee address; City; State; Zip Code SOUTH EAST STATION AUSTIN, TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MARIA CANCHOLA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/22/2011	5 Payee name U.S. POSTAL SERVICE	
6 Amount ($) $44.00	7 Payee address; City; State; Zip Code SOUTHEAST STATION AUSTIN, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POSTAGE	(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 1-3-2011	Payee name PAMELA MAYO CLARK	
Amount ($) $1000.00	Payee address; City; State; Zip Code 4100 BLUFF RIDGE DR. AUSTIN, TX 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTATANT	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 7/1/11 TO 10/20/11	Payee name PIRYX	
Amount ($) $40.51	Payee address; City; State; Zip Code 401 W. 15TH ST., STE 520 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) ON LINE FUNDRAISING SERVICE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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 MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME MARIA CANCHOLA	3 ACCOUNT # (Ethics Commission Filers)

4 Date 8-2-2011	5 Payee name TEXAS DEMOCRATIC PARTY
6 Amount ($) $200.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 505 W. 12TH STREET, STE 200 AUSTIN, TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TEXAS VAN / (b) Description (If travel outside of Texas, complete Schedule T)
Date 11-11-11	Payee name PARAMOUNT THEATRE
Amount ($) 35.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 713 CONGRESS AUSTIN, TX 78701
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUNDRAISER / DONATION / Description (If travel outside of Texas, complete Schedule T) 19TH ANNUAL BAN AND GRILL SHOW
Date 12-27-11	Payee name THE TEXAS OBSERVER
Amount ($) 15.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 307 W. 7TH. ST. AUSTIN, TX 78701
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING / Description (If travel outside of Texas, complete Schedule T)
Date	Payee name
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) / Description (If travel outside of Texas, complete Schedule T)

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