

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7911

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: <i>2</i> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST <i>MARIA</i> | MI <i>D.</i> |
| | NICKNAME | LAST <i>CANCHOLOA</i> | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | <i>1900 EAST SIDE DR., AUSTIN, TX 78704</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE <i>(512)</i> | PHONE NUMBER <i>940-2210</i> | EXTENSION |
| | MS / MRS / MR | FIRST <i>ANNE</i> | MI |
| 6 CAMPAIGN TREASURER NAME | NICKNAME | LAST <i>McAFEE</i> | SUFFIX |
| | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; STATE; ZIP CODE |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | <i>4831 TIMBERLINE DR. AUSTIN, TX 78746</i> | | |
| | AREA CODE <i>(512)</i> | PHONE NUMBER <i>327-0854</i> | EXTENSION |
| 8 CAMPAIGN TREASURER PHONE | <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) | | |
| 9 REPORT TYPE | Month | Day | Year |
| | <i>05/20/2012</i> | | THROUGH <i>06/30/2012</i> |
| 10 PERIOD COVERED | Month | Day | Year |
| | <i>05/29/2012</i> | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | <i>05/29/2012</i> | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) |
| | <i>TRAVIS COUNTY CONSTABLE</i> | | <i>SAME</i> |

OFFICE USE ONLY
 Date Received: *06/16 PM 2:17*
 Date Hand-delivered or Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

Travis County Clerk
 Travis County Texas
 FILED FOR RECORD

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MARIA 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.

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|---------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>1,150.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>11,077.53</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>2708.56</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>29,764.68</u> |

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 L. Canchola, this the 16th day of July, 2012, to certify which, witness my hand and seal of office.

Diana R. Cantu Diana R. Cantu Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 1 of 2 | |
| 2 FILER NAME MARIA CANCHOLA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 5/21/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOB GREGORY | 7 Amount of contribution (\$) \$ 400.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 2939 WESTLAKE CV. AUSTIN, TX 78746 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) CEO | | 10 Employer (See Instructions) TEXAS DISPOSAL SYSTEMS | |
| Date 5/21/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAMELA CLARK | Amount of contribution (\$) \$ 10.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 400 BLUFFRIDGE DR. AUSTIN, TX 78759 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) CONSULTANT | | Employer (See Instructions) PMC & ASSOCIATES | |
| Date 5/24/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM GAMMON | Amount of contribution (\$) \$ 140.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 8304 ZYLE ROAD AUSTIN, TX 78737-3403 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) ATTORNEY | | Employer (See Instructions) GAMMON LAW OFFICE | |
| Date 5/24/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM DUNN | Amount of contribution (\$) \$ 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1308 COUNCIL BLUFF DR. AUSTIN, TX 78727 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 5/24/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES LITZELL | Amount of contribution (\$) \$ 25.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5804 THAMES DR. AUSTIN, TX 78723 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) TECHNICAL WRITER | | Employer (See Instructions) VMWARE INC. | |

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: 2 of 2 | |
| 2 FILER NAME MARIA CANCHOLA | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 5/24/2012 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIMOTHY WILKINS | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 4610 VIA MEDIA AUSTIN, TX 78746 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) ATTORNEY | | 10 Employer (See Instructions) BRACEWELL + GILLIANI | |
| Date 6/4/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAPITAL AREA ASIAN AMERICAN DEMOCRATS | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code P.O. Box 300595 AUSTIN, TX 78703 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 6/4/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUBY ROA | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 611 TERRELL HILL AUSTIN, TX 78704 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 6/4/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAUL Y LUPE ROSA | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 905 SHADY LANE AUSTIN TX 78702 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) | |
| Date 6/4/2012 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANK CAMPOS | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code P.O. Box 40031 AUSTIN, TX 78704-0001 | | (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 |
| 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: <i>1 of 4</i> | 2 FILER NAME <i>MARIA CANCHOLA</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>5/22/12</i> | 5 Payee name <i>LITTLE FIELD CONSULTING</i> | |
| 6 Amount (\$) <i>\$500.00</i> | 7 Payee address; City; State; Zip Code <i>P.O. BOX 90591 AUSTIN, TX 78709</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>CONSULTING</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>ROBO-POLL</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date <i>5/22/12</i> | Payee name <i>MACK CROUNSE GROUP</i> | |
| Amount (\$) <i>\$4795.79</i> | Payee address; City; State; Zip Code <i>2001 N. BEAUREGARD STREET, STE 420 ALEXANDRIA, VA 22311</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i> | Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN DIRECT MAIL</i> |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date <i>5/23/12</i> | Payee name <i>A-TECH NETWORKS</i> | |
| Amount (\$) <i>\$48.66</i> | Payee address; City; State; Zip Code <i>6102 BLAKWOOD DR. AUSTIN, TX 78745</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>COMPUTER DIAGNOSTIC</i> | Description (If travel outside of Texas, complete Schedule T) <i>EXPLORE CLEANUP + RESTORE</i> |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date <i>5/24/12</i> | Payee name <i>LAURA WELCH ARGENT STRATIES</i> | |
| Amount (\$) <i>\$1000.00</i> | Payee address; City; State; Zip Code <i>3200 MERRIE LYNN AVE, APT B AUSTIN, TX 78722</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>CONSULTING</i> | Description (If travel outside of Texas, complete Schedule T) <i>FUNDRAISING</i> |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>2 of 4</i> | 2 FILER NAME <i>MARIA CANCHOLA</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>5/28/12</i> | 5 Payee name <i>WALD PAT</i> | |
| 6 Amount (\$) <i>75.31</i> | 7 Payee address; City; State; Zip Code <i>710 E. BEN WHITE AUSTIN, TX 78704</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>FOOD EXPENSE</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>ELECTION DAY - VOLUNTEERS</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | Office sought Office held |
| Date <i>5/28/12</i> | Payee name <i>WEB</i> | |
| Amount (\$) <i>51.90</i> | Payee address; City; State; Zip Code <i>2400 S. CONGRESS AVE AUSTIN, TX 78704</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>FOOD EXPENSE</i> | Description (If travel outside of Texas, complete Schedule T) <i>ELECTION DAY - VOLUNTEERS</i> |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | Office sought Office held |
| Date <i>5/28/12</i> | Payee name <i>WEB</i> | |
| Amount (\$) <i>54.77</i> | Payee address; City; State; Zip Code <i>2400 So. CONGRESS AVE AUSTIN, TX 78704</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>FOOD</i> | Description (If travel outside of Texas, complete Schedule T) <i>ELECTION DAY - VOLUNTEERS</i> |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | Office sought Office held |
| Date <i>5/29/12</i> | Payee name <i>Office DEPOT</i> | |
| Amount (\$) <i>44.36</i> | Payee address; City; State; Zip Code <i>2101 S. LAMAR AUSTIN, TX 78704</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Office Supplies</i> | Description (If travel outside of Texas, complete Schedule T) <i>PRINTER INK</i> |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3 of 4 | 2 FILER NAME MARIA CANCHOLA | 3 ACCOUNT # (Ethics Commission Filers) | | |
| 4 Date 6/6/12 | 5 Payee name US POSTAL OFFICE | | | |
| 6 Amount (\$) 50.30 | 7 Payee address; City; State; Zip Code SOUTHEAST STATION AUSTIN, TX 78744-9998 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) POSTAL SERVICE | (b) Description (if travel outside of Texas, complete Schedule T) POSTAGE STAMPS | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:60%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | | | |
| Date 5/8/12 | Payee name U.S. POSTAL OFFICE | | | |
| Amount (\$) 112.00 | Payee address; City; State; Zip Code NORTH AUSTIN STATION AUSTIN, TX 78705-9998 | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) POSTAL SERVICE | Description (if travel outside of Texas, complete Schedule T) POSTAGE STAMPS | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:60%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | |
| Date 5-7-12 | Payee name OFFICE MAX | | | |
| Amount (\$) 12.44 | Payee address; City; State; Zip Code 901 WEST 5TH AVE AUSTIN, TX 78703 | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) PRINTING | Description (if travel outside of Texas, complete Schedule T) CALO STOCK | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:60%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | |
| Date 6/6/12 | Payee name KARL-THOMAS MUSSELMAN | | | |
| Amount (\$) 4000.00 | Payee address; City; State; Zip Code 2024 B. SIMOND AVE AUSTIN, TX 78723 | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONSULTING | Description (if travel outside of Texas, complete Schedule T) CAMPAIGN MANAGER | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:60%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | Candidate / Officeholder name | Office sought |
| Candidate / Officeholder name | Office sought | Office held | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>4 of 4</i> | 2 FILER NAME <i>MARIA CANCLOLA</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|--|---------------------------------------|--|

| | |
|--------------------------|--|
| 4 Date <i>6-19-12</i> | 5 Payee name <i>PAMELA MAYO CLARK</i> |
|--------------------------|--|

| | |
|--------------------------------|---|
| 6 Amount (\$) <i>300.00</i> | 7 Payee address; City; State; Zip Code <i>4100 BLUFFRIDGE DR. AUSTIN, TX 78759</i> |
|--------------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>CONSULTING</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>FUNDRAISING</i> |
|--------------------------|---|---|

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

| | |
|------------------------|----------------------------|
| Date <i>5/24/12</i> | Payee name <i>PIRYX</i> |
|------------------------|----------------------------|

| | |
|-----------------------------|--|
| Amount (\$) <i>31.51</i> | Payee address; City; State; Zip Code <i>401 W. 15TH ST., STE 520 AUSTIN, TX 78701</i> |
|-----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>FEES</i> | Description (If travel outside of Texas, complete Schedule T) <i>ON LINE FUNDRAISING</i> |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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 |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: |
| 2 FILER NAME <i>MARIA CANCHOLA</i> | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>6/19/12</i> | 5 Name of person from whom amount is received <i>MACK CROUSE GROUP</i> 6 Address of person from whom amount is received; City; State; Zip Code <i>2001 N. BEAUREGARD ST., STE 420 ALEXANDRIA, VA 22311</i> | 8 Amount (\$) \$ <i>1,086.64</i> |
| 7 Purpose for which amount is received <i>REFUND - DIRECT MAIL</i> | | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received | | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received | | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |