

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7963

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  6
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS/MR <input checked="" type="checkbox"/> FIRST <i>MARIA</i> MI <i>L.</i> NICKNAME LAST SUFFIX <i>CANCHOLA</i>	<b>OFFICE USE ONLY</b> Date Received Date Hand-Delivered or Postmarked Receipt # Date Processed Date Imaged <div style="text-align: center; font-weight: bold; font-size: 1.2em;">                     FILED FOR RECORD                      2012 OCT - 9 PM 9:28                      Dana DeBevoise                      County Clerk                      Travis County                      Texas                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1900 EAST SIDE DR                  AUSTIN, TX 78704</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(512) 940-2210</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS/MRS/MR <input checked="" type="checkbox"/> FIRST <i>ANNE</i> MI NICKNAME LAST SUFFIX <i>McAfee</i>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4831 TIMBERLINE DR. AUSTIN, TX 78746</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(512) 327-0854</i>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <i>01/01/2012    09/27/2012</i>		
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>11/06/2010</i>		
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>TRAVIS COUNTY CONSTABLE Pct 4</i>	<b>13 OFFICE SOUGHT (if known)</b> <i>SAME</i>	

GOTO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 7

14 C/OH NAME

*MARIA CANDOLA*

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

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 105.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 800.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 6.98
4. TOTAL POLITICAL EXPENDITURES	\$ 1882.12
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1764.53
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,764.68

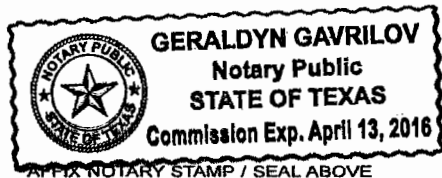
EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

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. Candola*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Maria L. Candola, this the 9th day of October, 20 12, to certify which, witness my hand and seal of office.

*Geraldyn Gavrilov*      Geraldyn Gavrilov      Tax Specialist  
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: <u>2</u>	
2 FILER NAME <u>MARIA CANCHO LA</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8-4-12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>MARGARET GOMEZ</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. BOX 3232 AUSTIN, TX 78704</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>9-21-12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>ELLEN RICHARDS</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>906 BOULDVINE AVE. AUSTIN TX 78704</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>8/2/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>MISC CONTRIBUTIONS</u>	Amount of contribution (\$) <u>\$105.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>UNDER \$50.00</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>8/10/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DANETTE CHIMENTI</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>200 THE CIRCLE AUSTIN, TX 78704</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>CONSULTANT</u>		Employer (See Instructions) <u>SELF</u>	
Date <u>8/13/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JUDITH FOWLER</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>700 BOULDVINE AVE AUSTIN, TX 78704-1610</u>		(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: <u>2</u>	
2 FILER NAME <u>MARIA CANCHOLA</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8/6/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>PAUL TOVAR</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>40TH 35 No., # 501 AUSTIN, TX 78701</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>MARIA CANCHOLA</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>7-9-12</b>	5 Payee name <b>WOLLEY PRINTING</b>
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6 Amount (\$) <b>\$ 277.12</b>	7 Payee address, City, State, Zip Code <b>3217 No IH 35 AUSTIN, TX 78722</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>LETTER HEAD + ENVELOPES</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>PRINTING</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8-19-12</b>	Payee name <b>TRINITY PUBLICATIONS</b>
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Amount (\$) <b>\$260.00</b>	Payee address, City, State, Zip Code <b>P.O. Box 140285 AUSTIN, TX 78714-0285</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>CHURCH BULLETIN</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/31/12</b>	Payee name <b>AUSTIN AFL-CIO COUNCIL</b>
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Amount (\$) <b>\$145.00</b>	Payee address, City, State, Zip Code <b>C/O PO Box 301074 AUSTIN, TX 78703</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>LABOR DAY FISH FRY</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-24-12</b>	Payee name <b>KARL-THOMAS MUSSELMAN</b>
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Amount (\$) <b>\$700.00</b>	Payee address, City, State, Zip Code <b>2024 SIMONO AVE, UNIT B AUSTIN, TX 78723</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CAMPAIGN CONSULTANT</b>	Description (If travel outside of Texas, complete Schedule T) <b>MANAGER</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

<b>1</b> Total pages Schedule F: <i>2</i>	<b>2</b> FILER NAME <i>MARIA CANCHOLA</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>7/3/12</i>	<b>5</b> Payee name <i>LITTLEFIELD CONSULTING</i>
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 90591 AUSTIN, TX 78709</i>
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<b>8</b> 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>Survey</i>
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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