

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8001

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:

4

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MARIA  
CANCHO LA

D.

OFFICE USE ONLY

Date Received

2013 JAN 11 AM 11:22

FILED FOR RECORD

Dana DeBeauvoir  
County Clerk  
Travis County, Texas

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

change of address

1900 EAST SIDE DR.  
AUSTIN, TX 78704

Date Hand Delivered or Postmarked

Receipt #

Amount

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 940-2210

Date Processed

6 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ANNE  
McAfee

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4831 TIMBERLINE DR. AUSTIN, TX 78746

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 327-0854

9 REPORT TYPE:

- 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 THROUGH Month Day Year  
10 / 28 / 2012 THROUGH 12 / 31 / 2012

11 ELECTION

ELECTION DATE  
Month Day Year  
11 / 06 / 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**

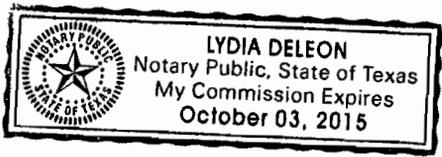
14 C/OH NAME MARIA L. CANCHOLA 15 ACCOUNT # (Ethics Commission Filers)

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  <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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 350 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 45 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 645.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,764.68

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 L. Canchola this the 1st day of January, 20 13, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Lydia DeLeon Printed name of officer administering oath  
Notary 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

2 FILER NAME

*MARIA L. CANHOLO*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*12/31/12*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*LOYD DOGGETT*

7 Amount of contribution (\$)

*250<sup>00</sup>*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*P.O. BOX 5843  
AUSTIN, TX 78763*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*U.S. CONGRESSMAN*

10 Employer (See Instructions)

Date

*12/20/12*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*ELNA CHRISTOPHER*

Amount of contribution (\$)

*50<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*605 KENTSHIRE CIRCLE  
AUSTIN, TX 78704*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*RETIRED*

Employer (See Instructions)

Date

*12/31/12*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*PAMELA MAYO CLARK*

Amount of contribution (\$)

*30<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4100 BLUFF RIDGE DR.  
AUSTIN, TX 78759*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*CONSULTANT*

Employer (See Instructions)

Date

*12/28/12*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*TED HUGHES*

Amount of contribution (\$)

*25<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6009 SMITH OAK TRAIL  
AUSTIN, TX 78749*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*VETERANS COORDINATOR*

Employer (See Instructions)

*STATE HEALTH DEPT*

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 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.

<b>1</b> Total pages Schedule F: <u>1</u>	<b>2</b> FILER NAME <u>MARIA L. CANOCHA</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <u>12/24/2012</u>	<b>5</b> Payee name <u>U.S. POSTMASTER</u>	
<b>6</b> Amount (\$) <u>45.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>SOUTHEAST STATION AUSTIN, TX 78744 9998</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <u>OTHER</u>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <u>POSTAGE STAMPS</u>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address;                      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address;                      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address;                      City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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