

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8124

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>16</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / (MRS) / MR: <input checked="" type="checkbox"/> FIRST: <i>MARIA</i> MI: <i>L.</i> NICKNAME: <i>CANCHOLA</i> LAST: SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: <i>2013 JUL 10 PM 1:35</i> Date Hand-delivered or Postmarked: Receipt #: Date Processed: Date Imaged: <i>FILED FOR RECORD</i> <i>Dana DeBeauvoir County Clerk Travis County Texas</i>	
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:		
6 CAMPAIGN TREASURER NAME	MS / (MRS) / MR: <input checked="" type="checkbox"/> FIRST: <i>ANNE</i> MI: NICKNAME: <i>McAfee</i> LAST: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4831 TIMBERLINE DR. AUSTIN, TX 78746</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(512)</i> PHONE NUMBER: <i>327-0854</i> EXTENSION:		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>01 / 01 / 2013    06 / 30 / 2013</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>TRAVIS COUNTY CONSTABLE, Pet 4</i>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$

2580.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3280.83

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

546.73

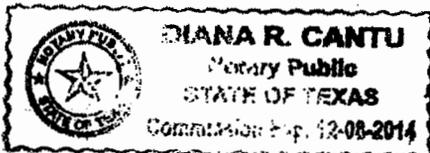
OUTSTANDING  
LOAN TOTALS

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 R. 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 10<sup>th</sup> day of July, 20 13, to certify which, witness my hand and seal of office.

*Diana R. Cantu*  
Signature of officer administering oath.

*Diana R. Cantu*  
Printed name of officer administering oath

*Notary Public*  
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: **11**

2 FILER NAME **MARIA CANCHOLA**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**1/25/13**

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

6 Contributor address; City; State; Zip Code  
**1703 DEERFIELD  
AUSTIN, TX 78741**

7 Amount of contribution (\$) **\$ 25.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**MINISTER**

10 Employer (See Instructions)

Date  
**1/24/13**

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

Contributor address; City; State; Zip Code  
**2006 BOLDIN AVE  
AUSTIN, TX 78767**

Amount of contribution (\$) **25.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**RETIRED IBEW-AFL-CIO**

Employer (See Instructions)

Date  
**1/27/13**

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

Contributor address; City; State; Zip Code  
**1517 ALAMEDA  
AUSTIN, TX 78704**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ACCT MANAGER**

Employer (See Instructions)

Date  
**1/30/13**

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

Contributor address; City; State; Zip Code  
**2715 LITTLE JOHN LN  
AUSTIN, TX 78704**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**TEACHER**

Employer (See Instructions)

Date  
**1/30/13**

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

Contributor address; City; State; Zip Code  
**2613 THARASHEN  
AUSTIN, TX 78741**

Amount of contribution (\$) **25.00**

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/30/13

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

ANITA ESTRADA

6 Contributor address; City; State; Zip Code

9207 RODRIGUEZ Rd  
AUSTIN, TX 78747

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

1/19/13

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

ANNE McAFEE

Contributor address; City; State; Zip Code

4831 TIMERLINE DR.  
AUSTIN, TX 78746

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED WRITER / RESEARCHER

Employer (See Instructions)

Date

1/31/13

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

BRUCE ELFANT

Contributor address; City; State; Zip Code

4522 AVE F  
AUSTIN, TX 78751

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

TAX ASSESSOR COLLECTOR

Employer (See Instructions)

TRAVIS

Date

JACK & MINNIE WILSON

Contributor address; City; State; Zip Code

4803 AVE H  
AUSTIN, TX 78751

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

JIM EW BANK

Contributor address; City; State; Zip Code

2501 CROSSWIND DR.  
SPICEWOOD, TX 78669

Amount of contribution (\$)

100.00

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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

MARIA CANCHO LA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/31/13

5 Full name of contributor

JSAE WHITE

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1904 KENWOOD AVE  
AUSTIN, TX 78704-3634

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

1/31/13

Full name of contributor

CELIA ISRAEL

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3604 CARLA DR.  
AUSTIN, TX 78754

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

Full name of contributor

ELLIOTT NAISHTAT

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6401 WINDOWN DR.  
AUSTIN, TX 78757

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

STATE REPRESENTATIVE

Employer (See Instructions)

Date

1/26/13

Full name of contributor

SHARON NETHAWAY

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

207 PIN OAK DR.  
MOUNTAIN CITY, TX 78610

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/13

Full name of contributor

HELEN DEY VALDEZ

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

312 LE GRAND AVE  
AUSTIN, TX 78704

(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:

2 FILER NAME

MARIA CANCINO LA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/31/13

5 Full name of contributor

out-of-state PAC (ID#)

BARBARA CILLEY

6 Contributor address; City; State; Zip Code

1417 TRAVIS HEIGHTS BLVD  
AUSTIN, TX 78784

7 Amount of contribution (\$)

50<sup>00</sup>

(if travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/31/13

Full name of contributor

out-of-state PAC (ID#)

CECILIA PADILLA

Contributor address; City; State; Zip Code

303 CROSS MEADOWS CT  
BUDA, TX 78610

Amount of contribution (\$)

50<sup>00</sup>

(if travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

Full name of contributor

out-of-state PAC (ID#)

ANGEL & FRANCES RAMIREZ

Contributor address; City; State; Zip Code

221 INDIAN PAINTBRUSH DR.  
KYLE, TX 78640

Amount of contribution (\$)

50<sup>00</sup>

(if travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

Full name of contributor

out-of-state PAC (ID#)

LUPE LAMARIPA

Contributor address; City; State; Zip Code

1403 LORRAIN ST.  
AUSTIN, TX 78703

Amount of contribution (\$)

50<sup>00</sup>

(if travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

Full name of contributor

out-of-state PAC (ID#)

LINDA & KEN NATES

Contributor address; City; State; Zip Code

7605 POLDMA TRL.  
AUSTIN, TX 78749

Amount of contribution (\$)

100<sup>00</sup>

(if travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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:

2 FILER NAME

MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/31/13

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

ELIZABETH T. WEED

6 Contributor address; City; State; Zip Code

2218 ALTA VISTA  
AUSTIN, TX 78704

7 Amount of contribution (\$)

50<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/31/13

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

FRANKLIN MENDEZ

Contributor address; City; State; Zip Code

6904 WHISPERING OAKS  
AUSTIN, TX 78745

Amount of contribution (\$)

35<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

9191 MENDEZ

Contributor address; City; State; Zip Code

6904 WHISPERING OAKS  
AUSTIN, TX 78745

Amount of contribution (\$)

100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

WILLIAM E. SMITH

Contributor address; City; State; Zip Code

2106 BROOKLYN ST.  
AUSTIN, TX 78704

Amount of contribution (\$)

35<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-01-13

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

DONALD A. BOWNE

Contributor address; City; State; Zip Code

4209 SEPTEMBER SONG DR.  
MANHATTAN, TX 78652

Amount of contribution (\$)

25<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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:	
2 FILER NAME <i>MARIA CANCHOLA</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>1/31/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>GEORGIA GINA GARZA</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2614 BRISBANE Rd AUSTIN, TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>PERLA CAVAZOS</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1107 AUSTIN, TX 78767</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DONNA BETH McCORMICK</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5703 SHOALWOOD AVE AUSTIN, TX 78756</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JENNIFER KIM</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>755 OLTORF ST. #201 AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JOSEPH BRUCH</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>204 ALTA VISTA AUSTIN, TX 78704</i>		(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:

2 FILER NAME

MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filer)

4 Date

1/31/13

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

CHRIS FRANDSEN JR.

7 Amount of contribution (\$)

2500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4601 PINEHURST DR. S.  
AUSTIN, TX 78747

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/31/13

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

CARLOS & JENNIFER LOPEZ

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10305 JAMES RYAN WAY  
AUSTIN, TX 78730

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

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

MARIA JIMENEZ

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7400 LADLE LN.  
AUSTIN, TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

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

JORGE D. GUERRA

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

900 LINDEN ST  
AUSTIN, TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/13

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

FRANK ORTEGA

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11915 STONEHOLLOW DR. #1623  
AUSTIN, TX 78758

(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:

2 FILER NAME *MARIA CANCHO LA*

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
*2/1/13*

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

*ALICIA DEL RIO*  
Contributor address; City; State; Zip Code  
*7400 LADLE LN.  
AUSTIN, TX 78749*

7 Amount of contribution (\$)  
*25<sup>00</sup>*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
*1/31/13*

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

*JOE & ADELA MORENO*  
Contributor address; City; State; Zip Code  
*1717 SHAG BARK TRL.  
AUSTIN, TX 78758*

Amount of contribution (\$)  
*20<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*1/31/13*

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

*BRUNO CONEGLIANO*  
Contributor address; City; State; Zip Code  
*901 E. LIVE OAK  
AUSTIN, TX 78704*

Amount of contribution (\$)  
*15<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*1/31/13*

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

*DANIEL & CAROLYN LIMON*  
Contributor address; City; State; Zip Code  
*14802 ALPS DR.  
AUSTIN, TX 78617*

Amount of contribution (\$)  
*20<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*1/31/13*

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

*MANUAL & ANNITA MORENO*  
Contributor address; City; State; Zip Code  
*6206 WOODHUE DR.  
AUSTIN, TX 78745*

Amount of contribution (\$)  
*40<sup>00</sup>*

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

MARIA CANCHOLA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/31/13

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

DAVID & LILLY ALONZO

6 Contributor address; City; State; Zip Code

6001 WAGON BEND  
AUSTIN, TX 78744

7 Amount of contribution (\$)

20<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/31/13

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

CECILIA CROSSLEY

Contributor address; City; State; Zip Code

3100 CATALINA DR.  
AUSTIN, TX 78741

Amount of contribution (\$)

10<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

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

SHIRLEY JOHNSON

Contributor address; City; State; Zip Code

2000 WOODWARD ST. #421  
AUSTIN, TX 78741

Amount of contribution (\$)

10<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

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

ANN HEUBERGEN

Contributor address; City; State; Zip Code

1805 WITNEY WAY  
AUSTIN, TX 78741

Amount of contribution (\$)

25<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/13

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

YOLANDA RODRIGUEZ

Contributor address; City; State; Zip Code

3018 GARWOOD  
AUSTIN, TX 78702

Amount of contribution (\$)

25<sup>00</sup>

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>MARIA CANCHOLA</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/31/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MARGE FERRELL</i> 6 Contributor address; City; State; Zip Code <i>6407 EMERALD AUSTIN, TX 78745</i>	7 Amount of contribution (\$) <i>25<sup>00</sup></i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CHRISTINA GONZALES</i> Contributor address; City; State; Zip Code <i>1302 S. 6TH ST. AUSTIN, TX 78704</i>	Amount of contribution (\$) <i>25<sup>00</sup></i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DON RIOS</i> Contributor address; City; State; Zip Code <i>19617 DIABLO DR. PFLUGERVILLE, TX 78660</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ERWIN KOCH</i> Contributor address; City; State; Zip Code <i>702 CHUCK WAGON TRL. AUSTIN, TX 78749</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/04/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JUDITH LOWEN</i> Contributor address; City; State; Zip Code <i>700 BOULDING AVE AUSTIN, TX 78704</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
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:

2 FILER NAME *MARIA CANCHO LA* 3 ACCOUNT # (Ethics Commission Filer)

4 Date <i>2/8/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ANGELINA MORENO</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8816 IPSWICH BAY DR. AUSTIN, TX 78747</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>2/9/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DOMINGO RODRIGUEZ</i>	Amount of contribution (\$) <i>25<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>14300 PLOVER PLACE DEL VALLE, TX 78617</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>4/16/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ART CARDENAS</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 150665 AUSTIN, TX 78715</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>LAURA WELCH</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable) <i>EVENT PLANNING</i>
Contributor address; City; State; Zip Code <i>811 W. ST. JOHN'S AVE #2332 AUSTIN, TX 78751</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**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: <b>3</b>	2 FILER NAME <b>MARIA L. CANCHOLA</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>JAN 2013</b>	5 Payee name <b>PIRYX</b>
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6 Amount (\$) <b>13.52</b>	7 Payee address; City; State; Zip Code <b>144 SECOND ST. FIRST FLOOR SAN FRANCISCO, CA 94105</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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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>1-4-13</b>	Payee name <b>HEB</b>
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Amount (\$) <b>84.81</b>	Payee address; City; State; Zip Code <b>2400 S. CONGRESS AUSTIN, TX 78704</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>SWEARING IN EVENT EXPENSE</b>	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 <b>1-4-13</b>	Payee name <b>HEB</b>
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Amount (\$) <b>54.10</b>	Payee address; City; State; Zip Code <b>2400 S. CONGRESS AUSTIN, TX 78704</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	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 <b>1-18-13</b>	Payee name <b>US POST OFFICE</b>
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Amount (\$) <b>160.00</b>	Payee address; City; State; Zip Code <b>CAPITOL STATION AUSTIN, TX 787019997</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	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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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: <b>3</b>	2 FILER NAME <b>MARIA L. CANCHOLA</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1-18-13</b>	5 Payee name <b>WORLEY PRINTING</b>
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6 Amount (\$) <b>142.89</b>	7 Payee address; City; State; Zip Code <b>3217 NORTH 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>PRINTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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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>1-31-13</b>	Payee name <b>H. E. B.</b>
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Amount (\$) <b>65.51</b>	Payee address; City; State; Zip Code <b>2400 S. CONGRESS AVE., AUSTIN, TX 78704</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	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 <b>2-5-13</b>	Payee name <b>KARL-THOMAS MUSSELMAN</b>
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Amount (\$) <b>1000.00</b>	Payee address; City; State; Zip Code <b>2024 SIMONA 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>CONSULTING EXPENSE</b>	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 <b>2-6-13</b>	Payee name <b>ANDRES BERNAL</b>
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Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>10013 ISLE ROYALE WAY AUSTIN, TX 78744</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	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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**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: <b>3</b>	2 FILER NAME <b>MARIA L. CANELOLA</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2-13-13</b>	5 Payee name <b>CAPITAL AREA ARIAN AMERICAN DEMOCRATS</b>
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6 Amount (\$) <b>50.00</b>	7 Payee address; City; State; Zip Code <b>1611 W. 5TH APT 232 AUSTIN, TX 78703</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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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>3-13-13</b>	Payee name <b>KARL-THOMAS MUSSELLMAN</b>
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Amount (\$) <b>1100.00</b>	Payee address; City; State; Zip Code <b>2024 SIMONA 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>CONSULTING EXPENSE</b>	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 <b>3-19-13</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 EXPENSE</b>	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 <b>3-20-13</b>	Payee name <b>UNIVERSITY DEMOCRATS</b>
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Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>100 C.W DEAN KEETON ST, SOC 145, AUSTIN, TX 78712</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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