

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8209

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: <div style="text-align: center; font-size: 2em;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>0</u> FIRST <u>MARIA</u> MI <u>L.</u> NICKNAME LAST SUFFIX <u>CANCHOLA</u>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received <u>2014 JAN 14 AM 10:00</u></p> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: 0.8em; margin: 0;">Receipt # <u> </u> Amount <u> </u></p> <p style="font-size: 0.8em; margin: 0;">Date Processed</p> <p style="font-size: 0.8em; margin: 0;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1900 EAST SIDE DR.</u> <u>AUSTIN TX 78704</u> <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 940-2210</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>MARIA</u> <u>LUISA</u> NICKNAME LAST SUFFIX <u>Lulu</u> <u>FLORES</u>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1301 W. 25TH STREET</u> <u>AUSTIN, TX 78704</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 439-3200</u>		
9 REPORT TYPE	<input checked="" 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 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 <u>07 / 01 / 2013</u> <u>12 / 31 / 2013</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <u> / / </u>		
12 OFFICE	OFFICE HELD (if any) <u>TRAVIS COUNTY</u> <u>CONSTABLE, Pct 4</u>	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 MARIA L. CANCHOLA 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

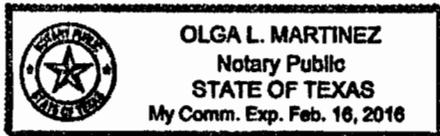
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 409.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 137.10
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 10th day of January, 20 14, to certify which, witness my hand and seal of office.

Olga L. Martinez Olga Landa Martinez 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

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

4 Date <u>9-29-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>GILBERT & CONNIE ANQUIANO</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable) <u>AD JAMAICA CHURCH BULLETIN</u>
6 Contributor address; City; State; Zip Code <u>8607 US HWY 183 SOUTH AUSTIN, TX 78747-2053</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12-10-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>AUSTIN FIREFIGHTERS ASSOCIATION PAC</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7537 CAMERON Rd. AUSTIN, TX 78752-2013</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) P.A.C. Employer (See Instructions)

Date <u>12-28-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JUDITH E. FOWLER</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1700 BOLLOINE AVE. AUSTIN, TX 78704-1610</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12-28-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>CHERYL & NEAL NUWASH</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2715 LITTLE JOHN Ln. AUSTIN, TX 78704</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) TEACHER 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)
		(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 2</i>	2 FILER NAME <i>MARIA L. CARICOLA</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>8-4-13</i>	5 Payee name <i>AUSTIN AFF CIO</i>	
6 Amount (\$) <i>145.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 301094 AUSTIN, TX 78703</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISEMENT</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>LABOR DAY CELEBRATION</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8-14-13</i>	Payee name <i>SOUTH AUSTIN DEMOCRATS</i>	
Amount (\$) <i>50⁰⁰</i>	Payee address; City; State; Zip Code <i>P.O. Box 152592 AUSTIN, TX 78715-2592</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>AD</i>	Description (If travel outside of Texas, complete Schedule T) <i>AWARDS DINNER</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-4-13</i>	Payee name <i>U.S. POSTAL SERVICE</i>	
Amount (\$) <i>46.58</i>	Payee address; City; State; Zip Code <i>4516 BURNESON AUSTIN, TX 78744</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>POSTAGE</i>	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 <i>12-13-13</i>	Payee name <i>WONKEY PRINTING</i>	
Amount (\$) <i>158.05</i>	Payee address; City; State; Zip Code <i>3217 N. IH35 AUSTIN, TX 78722</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING</i>	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| 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: 2 of 2	2 FILER NAME MARIA L. CANCHOLA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name KARL T. MUSSELMAN
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6 Amount (\$) 1000	7 Payee address; City; State; Zip Code 2014 SIMOND AVE #B AUSTIN, TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) RENEW WEB SITE DOMAIN	(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	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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