

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

8384

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 00111111	2 Total pages filed: 13												
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <input type="radio"/> FIRST MARIA MI L. NICKNAME CANCHO LA LAST SUFFIX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;"></td> </tr> <tr> <td>Date Hand-delivered or Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received															
Date Hand-delivered or Postmarked															
Receipt #	Amount														
Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1900 EAST SIDE DR. AUSTIN, TX 78704														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512) PHONE NUMBER 940-2210 EXTENSION														
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <input type="radio"/> FIRST MARIA MI LUISA NICKNAME Lulu LAST FLORES SUFFIX														
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1301 W. 25TH ST AUSTIN, TX 78704														
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) PHONE NUMBER 439-3200 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 01 / 01 / 2014 THROUGH Month Day Year 06 / 30 / 2014														
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE	OFFICE HELD (if any) TRAVIS COUNTY CONSTABLE #4	13 OFFICE SOUGHT (if known)													

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

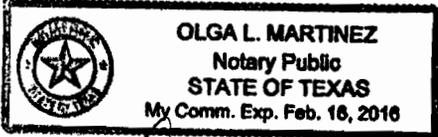
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers) <i>00711111</i>
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL 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	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	\$ <i>165.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,688.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>60.35</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>702.20</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2353.16</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>29,764.68</i>

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 Canchola*, this the *15th* day of *July*, 20 *14*, to certify which, witness my hand and seal of office.

Olga Martinez
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 PAGE # Schedule: 1/9 Report: 3/11	
2 FILER NAME Canchola, Maria (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00111111	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aleman, Nancy 6 Contributor address; City; State; Zip Code 417 Clarke St Austin, TX 78745	7 Amount of contribution (\$) \$23.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Almanza, Susana Contributor address; City; State; Zip Code 1406 Vargas Rd Austin, TX 78741-3568	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alonzo, David A. & Lilly Contributor address; City; State; Zip Code 6001 Wagon Bend Austin, TX 78744-3545	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arellano, Dan Contributor address; City; State; Zip Code P.O. Box 43012 Austin, TX 78704-0045	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrera, Irma and Hon. Carlos H. Contributor address; City; State; Zip Code 4007 Eton Lane Austin, TX 78727-6025	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/9 Report: 4/11	
2 FILER NAME Canchola, Maria (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00111111	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernal, Mari and Andres 6 Contributor address; City; State; Zip Code 10013 Isle Royale Way Austin, TX 78744	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowne, Don Contributor address; City; State; Zip Code 4209 September Song Dr Manchaca, TX 78652-3034	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burkhardt, Elaine & Commander John Contributor address; City; State; Zip Code P.O. Box 91509 Austin, TX 78709-1509	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camacho, Ernesto Contributor address; City; State; Zip Code 6312 US Highway 183 South Austin, TX 78744	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cantú, Gilbert & Mary G. Contributor address; City; State; Zip Code 3603 Lost Oasis Hollow Austin, TX 78739-7506	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/9 Report: 5/11	
2 FILER NAME Canchola, Maria (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00111111	
4 Date 01/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher, Elna 6 Contributor address; City; State; Zip Code 605 Kentshire Circle Austin, TX 78704-5615	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Pamela Contributor address; City; State; Zip Code 4100 Bluffridge Dr Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cofer, Richard Contributor address; City; State; Zip Code 507 Pressler Street #4132 Austin, TX	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conchola, Larry Contributor address; City; State; Zip Code 198 Luke Ln Bastrop, TX 78602	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conegliano, Pat and Bruno Contributor address; City; State; Zip Code 901 East Live Oak St. Austin, TX 78704-5235	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 6/11	
2 FILER NAME Canchola, Maria (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00111111	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crossley, Cecilia	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3100 Catalina Dr Austin, TX 78741-7035		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) De La Llata, Nilda A.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1491 Inglewood St. Austin, TX 78741-1101		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dey Valdez , Helen	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 312 Le Grande Ave Austin, TX 78704		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doggett, Congressman Lloyd	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 5843 Austin, TX 78763		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elfant, Hon. Bruce	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751-3109		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/9 Report: 7/11	
2 FILER NAME Canchola, Maria (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00111111	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Escobedo, Norma E. 6 Contributor address; City; State; Zip Code 1105 Kenyon Drive Austin, TX 78745-3742	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Margaret 6 Contributor address; City; State; Zip Code 3207 Kerbey Lane Austin, TX 78703	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Felix 6 Contributor address; City; State; Zip Code 7912 Bronzerock Drive San Antonio, TX 78244	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Hon. Raul Arturo 6 Contributor address; City; State; Zip Code 1109 Blair Way Austin, TX 78704-5443	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heuberger, Ann 6 Contributor address; City; State; Zip Code 1805 Witney Way Austin, TX 78741	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9 Report: 8/11	
2 FILER NAME Canchola, Maria (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00111111	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James, Ortiz 6 Contributor address; City; State; Zip Code 1673 Amberwood Loop Kyle, TX 78640	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimenez, Manuel 6 Contributor address; City; State; Zip Code 7516 Cedar Edge Drive Austin, TX 78744	7 Amount of contribution (\$) \$15.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 01/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jimenez, Maria L. 6 Contributor address; City; State; Zip Code 7400 Ladle Ln. Austin, TX 78749-2844	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson Jr, Stanley 6 Contributor address; City; State; Zip Code 4821 River Place Blvd Austin, TX 78730-3511	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 01/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kauffman, Sylvia 6 Contributor address; City; State; Zip Code 10406 Orouk Lane Austin, TX 78739	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 9/11	
2 FILER NAME Canchola, Maria (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00111111	
4 Date 01/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Koch, Morris 6 Contributor address; City; State; Zip Code 7002 Chuck Wagon Trail Austin, TX 78749-2130	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loftis, Christine Contributor address; City; State; Zip Code 1506 Sahara Ave Austin, TX 78745	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Steve & Maritsa Contributor address; City; State; Zip Code 11013 Midbury Court Austin, TX 78748	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nates, Sophia & Ken Contributor address; City; State; Zip Code 7605 Ponomo Trail #A Austin, TX 78749-2900	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nethaway, Shery Contributor address; City; State; Zip Code 207 Pin Oak Drive TX 78610-9285	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9 Report: 10/11	
2 FILER NAME Canchoia, Maria (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00111111	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Philippus, Marvin T. 6 Contributor address; City; State; Zip Code 812 Huntingdon Place Austin, TX 78745-5508	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renteria, Lori and Hon. Sabino Contributor address; City; State; Zip Code 1511 Haskell St Austin, TX 78702-5311	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rey Fischer, Huey Contributor address; City; State; Zip Code 139 Ocean Dr Rockport, TX 78382	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Trautman, Michelle Lehman & Contributor address; City; State; Zip Code 8500 Bluff Springs Rd #B Austin, TX 78744-8039	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schilz, Virginia Contributor address; City; State; Zip Code 3616 Clabum Dr Austin, TX 78759-8215	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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: 2	2 FILER NAME MARIA L. CANCHO LA	3 ACCOUNT # (Ethics Commission Filers) 00111111
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4 Date JAN 2014	5 Payee name HEB
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6 Amount (\$) \$128.20	7 Payee address: City: State: Zip Code 2400 SO. CONGRESS AUSTIN, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-20-14	Payee name LALURA WENCH
------------------------	-----------------------------------

Amount (\$) 300.00	Payee address: City: State: Zip Code 7200 EASY WIND DR. #41085 AUSTIN, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	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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Date 1-29-14	Payee name U.S. POSTMASTER
------------------------	--------------------------------------

Amount (\$) 49.00	Payee address: City: State: Zip Code SOUTH CONGRESS STATION AUSTIN, TX 78704 9998
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-16-14	Payee name CASA MORENO RESTAURANT
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Amount (\$) 80.00	Payee address: City: State: Zip Code 4606 BUNLESON RD. AUSTIN, TX 78744
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	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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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: 2	2 FILER NAME MARIA L. CANCHOLA	3 ACCOUNT # (Ethics Commission Filers) 0011111
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4 Date 6-24-14	5 Payee name AFLCIO Council
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6 Amount (\$) 145.00	7 Payee address; City; State; Zip Code P.O. Box 301074 AUSTIN, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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