# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8470

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: 4

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Receipt #
Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: (MRS circled)
FIRST: MARIA
MI: L.
NICKNAME:
LAST: CANCHOLA
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ 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: (MRS circled)
FIRST: MARIA LUISA
MI:
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
☑ 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: 07-01-2014
THROUGH
Month Day Year: 12 31 2014

11 ELECTION
ELECTION DATE Month Day Year:
ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): TRAVIS COUNTY CONSTABLE Pct 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 Maria L. Canchola

**15** ACCOUNT # (Ethics Commission Filers) 00111111

**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) | $ — |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ — |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 543.15 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 1665.47 |
| 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.

WANDA SANCHEZ
Notary Public, State of Texas
My Commission Expires
September 03, 2018

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 12th day of January, 20 15, to certify which, witness my hand and seal of office.

| | | |
|---|---|---|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
| | Wanda Sanchez | |

# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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 FILER NAME: MARIA L. CANCHOLA

3 ACCOUNT # (Ethics Commission Filers): 00111111

4 Date: 8-6-14

5 Payee name: SOUTH AUSTIN DEMOCRATS

6 Amount ($): 50.00

7 Payee address; City; State; Zip Code: P.O. BOX 152592 AUSTIN, TX 78715-2592

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): POLITICAL CONTRIBUTION

(b) Description (If travel outside of Texas, complete Schedule T): YELLER DAWG EVENT

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 9-5-14

Payee name: SAN FRANCISCO CHURCH

Amount ($): 50.00

Payee address; City; State; Zip Code: 9110 Hwy 183 South AUSTIN, TX 78747

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING

Description (If travel outside of Texas, complete Schedule T): JAMICA PROGRAM BOOKLET

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date: 10-19-14

Payee name: SABINO RENTERIA CAMPAIGN for CITY COUNCIL

Amount ($): 100.00

Payee address; City; State; Zip Code: 1511 HASKELL ST. AUSTIN, TX 78702

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): POLITICAL CONTRIBUTION

Description (If travel outside of Texas, complete Schedule T): CANDIDATE for CITY COUNCIL

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 12-30-14

Payee name: LAURA WELCH FITCH

Amount ($): 30.30

Payee address; City; State; Zip Code: 2950 OLD SPANISH TRAIL #353 HOUSTON, TX 77054

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONSULTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): MAILING LABELS

☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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)**

| | | | |
|---|---|---|---|
| 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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 FILER NAME: MARIA L. CANCHOLA

3 ACCOUNT # (Ethics Commission Filers): 00111111

4 Date: 12-19-14

5 Payee name: UNITED STATES POSTAL SERVICE

6 Amount ($): 78.40

7 Payee address; City; State; Zip Code: SOUTH CONGRESS STATION AUSTIN, TX 78704-9998

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): EVENT EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): STAMPS

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date: 12-22-14

Payee name: UNITED STATES POSTAL STATION

Amount ($): 70.99

Payee address; City; State; Zip Code: SOUTHEAST STATION AUSTIN, TX 78744-9998

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXPENSE

Description (If travel outside of Texas, complete Schedule T): STAMPS

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 12-30-14

Payee name: WORLEY PRINTING CO, INC.

Amount ($): 163.46

Payee address; City; State; Zip Code: 3217 NORTH IH 35 AUSTIN, TX 78722

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): PRINTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): FUNDRAISER INVITE

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**