

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Louis Roberto Canales

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes political expenditures 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>600.⁰⁰</u>
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6.00.⁰⁰</u>
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EXPENDITURE TOTALS

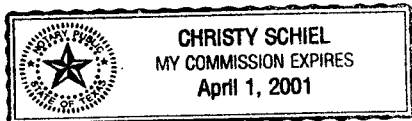
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
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4. TOTAL POLITICAL EXPENDITURES	\$ <u>982.⁰³</u>
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
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19 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.

Louis Roberto Canales
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Louis Roberto Canales this the 26 day of October, 19 98, to certify which, witness my hand and seal of office.

Christy Schiel
Signature of officer administering oath

Christy Schiel
Print 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:	
2 FILER NAME Louis R. Canales				3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-26-98	5 Full name of contributor Roland Regenbrecht <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 300.⁰⁰	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 2945 Elder Rd. Katy, TX 77493		9 Principal occupation rancher			
10 Employer (optional)					
Date 9-29-98	Full name of contributor Joel D. Johnson <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 297110 Santa Fe Houston TX 77061		Principal occupation police officer			
10 Employer (optional)					
Date 10-14-98	Full name of contributor Wes Buller <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code PO Box 172 Pattison TX 77466		Principal occupation retired			
10 Employer (optional)					
Date 10-14-98	Full name of contributor Charles Powell <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 35170 Stenzel Brookshire TX 77466		Principal occupation banker			
10 Employer (optional)					
Date 10-23-98	Full name of contributor Leonard Milholland <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 4107 Sports Flyers Estate Brookshire TX 77463		Principal occupation retired			
10 Employer (optional)					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Louis R. Canales		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-25-98	5 Payee name Katy Mason Home Center 6 Payee address; City; State; Zip Code 510 S. Mason Rd. Katy, TX 77450	7 Amount (\$) 88.15
8 Purpose of expenditure lumber for signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9-28-98	Payee name Times Tribune Payee address; City; State; Zip Code Brookshire, TX 77423	Amount (\$) 64.00
Purpose of expenditure advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 10-6-98	Payee name Times Tribune Payee address; City; State; Zip Code Brookshire, TX 77423	Amount (\$) 80.00
Purpose of expenditure advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 10-23-98	Payee name Postmark, Inc. Payee address; City; State; Zip Code 925 S. Mason Rd. Katy, TX 77450	Amount (\$) 700.00
Purpose of expenditure bulk mail out		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Louis R. Canales</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10-18-98</i>	5 Payee name <i>Kinko's</i> 6 Payee address; City; State; Zip Code <i>430 Mason Rd. Katy TX 77450</i> 7 Purpose of expenditure <i>copies</i>	8 Amount (\$) <i>10.13</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>10-19-98</i>	Payee name <i>Kinko's</i> Payee address; City; State; Zip Code <i>430 Mason Rd. Katy, TX 77450</i> Purpose of expenditure <i>copies</i>	Amount (\$) <i>7.51</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>10-22-98</i>	Payee name <i>Kinko's</i> Payee address; City; State; Zip Code <i>430 Mason Rd. Katy TX 77450</i> Purpose of expenditure <i>copies</i>	Amount (\$) <i>13.03</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date <i>10-23-98</i>	Payee name <i>Kinko's</i> Payee address; City; State; Zip Code <i>430 Mason Rd. Katy, TX 77450</i> Purpose of expenditure <i>copies</i>	Amount (\$) <i>18.61</i> <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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