

**CANDIDATE / OFFICEHOLDER
 CAMPAIGN FINANCE REPORT**

**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: 9
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Mr.	FIRST Louis	MI R.
	NICKNAME	LAST Canales	SUFFIX
OFFICE USE ONLY			
Date Received			
Date Hand-delivered or Date Postmarked 10-7-02 <i>leh</i>			
3 CANDIDATE / OFFICEHOLDER ADDRESS		4 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	
<input type="checkbox"/> Change of Address		P.O. Box 51 Brookshire TX 77423	
6 CAMPAIGN TREASURER NAME		5 CAMPAIGN TREASURER ADDRESS	
TITLE Mrs.		STREET ADDRESS (NO PO BOX PLEASE): 33630 Hoff Rd.	
FIRST Jan		APT / SUITE # Brookshire TX	
LAST Canales		STATE TX	
ZIP CODE 77423		6 CAMPAIGN TREASURER PHONE	
AREA CODE (281)		PHONE NUMBER 375-5508	
EXTENSION		7 REPORT TYPE	
<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> 30th day before election	
<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	
<input type="checkbox"/> Runoff		<input type="checkbox"/> Exceeded \$500 limit	
<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED			
Month Day Year THROUGH Month Day Year 7 / 01 / 02 THROUGH 9 / 27 / 02			
10 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year 11 / 05 / 02		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		12 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) Co. Commissioner, Pct. 4		OFFICE SOUGHT (if known) Co. Commissioner, Pct. 4	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **			
Name			
Address / PO Box: Apt. / Suite #: City: State: Zip Code			
<input type="checkbox"/> Additional pages			

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Louis R. Canales 15 ACCOUNT # (Ethics Commission Form)

16 NOTICE FROM POLITICAL COMMITTEE(S)

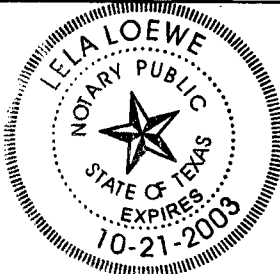
-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2000. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2157.49
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Canales
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said LOUIS CANALES this the 7th day of OCTOBER, 20 02, to certify which, witness my hand and seal of office.

Lela Loewe LELA LOEWE ELECTIONS ADMIN
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SB, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SB)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 3	
2 FILER NAME Louis R. Canales		3 ACCOUNT # (Ethics Commission files)	
4 Date 7-14-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth Berger 6 Contributor address: City: State: Zip Code 29903 Marti Ln. Katy TX 77493	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Horace Nail Contributor address: City: State: Zip Code 2510 Gresham Brookshire TX 77423	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Leff Contributor address: City: State: Zip Code 2325 Vogel Ln. Brookshire TX 77423	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Abel Salinas Contributor address: City: State: Zip Code 318 Hereford Brookshire TX 77423	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clifton Ward Contributor address: City: State: Zip Code P.O. B. 58 Hockley, TX 77447	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-BE, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SB)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME Louis R. Canales		3 ACCOUNT # (Ethics Commission Here)	
4 Date 7-14-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): David Minze	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 6205 Franz Rd. Katy, TX 77493			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): William Kitzman	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. B. 162 Pattison, TX 77466			
Principal occupation (Optional)		Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Rheman Halbison	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. B. 819 Brookshire TX 77473			
Principal occupation (Optional)		Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Whittaker Bains	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. B. 76 Brookshire, TX 77473			
Principal occupation (Optional)		Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Owen Ralston	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. B. 1637 Waller, TX 77484			
Principal occupation (Optional)		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.

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SS-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME Louis R. Canales		3 ACCOUNT # (Ethics Commission files)	
4 Date 7-14-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann Davis	7 Amount of contribution (\$) 100.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code Aster St. Katy TX 77493			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 7-14-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob St. Jean	Amount of contribution (\$) 50.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. B. 588 Pattison TX 77466			
Principal occupation (Optional)		Employer (Optional)	
Date 8-1-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Powell	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 35170 Stenzel Rd. Brookshire TX 77423			
Principal occupation (Optional)		Employer (Optional)	
Date 9-19-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J Michael Lunsford	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4548 Hwy 6 N. Houston TX 77024			
Principal occupation (Optional)		Employer (Optional)	
Date 9-23-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patric Savage	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. B. 1197 Brookshire, TX 77423			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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9-27-02 **Corrie Tatum**
35330 Pontiac
Brookshire TX 77423 **100.⁰⁰**

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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Louis R. Canales		3 ACCOUNT # (Ethics Commission files)
4 Date 7-6-02	5 Payee name Sam's Club 6 Payee address: City: State: Zip Code W.I-10 Katy TX 77450	7 Amount (\$) 302.45
8 Purpose of payment (See instructions regarding type of information required.) food + supplies for fundraiser (7-14) dinner		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 7-13-02	Payee name Sam's Club Payee address: City: State: Zip Code W.I-10 Katy TX 77450	Amount (\$) 99.62
Purpose of payment (See instructions regarding type of information required.) food + supplies for fundraiser (7-14) dinner		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 7-13-02	Payee name B+B Food store Payee address: City: State: Zip Code 352 3/4 Front Brookshire TX 77423	Amount (\$) 457.05
Purpose of payment (See instructions regarding type of information required.) meat for fundraiser dinner (7-14)		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 8-22-02	Payee name Allied Payee address: City: State: Zip Code 3700 Blanco Rd. San Antonio TX 78212	Amount (\$) 147.80
Purpose of payment (See instructions regarding type of information required.) bumper stickers		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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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 Req.)
4 Date 7-1-02	5 Payee name Times Tribune	7 Amount (\$) 100.⁰⁰
6 Payee address: City: State: Zip Code Brookshire TX 77423		
8 Purpose of payment (See instructions regarding type of information required.) newspaper ad		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7-1-02	Payee name Allied	Amount (\$) 323.64
Payee address: City: State: Zip Code 3700 Blanco Rd. San Antonio TX 78212		
Purpose of payment (See instructions regarding type of information required.) yard signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7-1-02	Payee name Katy Times	Amount (\$) 127.50
Payee address: City: State: Zip Code 5319 E. 5th Katy TX 77493		
Purpose of payment (See instructions regarding type of information required.) newspaper ads		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7-3-02	Payee name Image Display Systems	Amount (\$) 139.43
Payee address: City: State: Zip Code 829 Mason Rd. Katy TX 77450		
Purpose of payment (See instructions regarding type of information required.) magnetic car signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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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 file #)
4 Date 8-27-02	5 Payee name Price-Rite Company 6 Payee address: City: State: Zip Code 2400 N. University Dr. Tamarac, FL 33321	7 Amount (\$) 227.⁸⁸
8 Purpose of payment (See instructions regarding type of information required.) door knob hangers		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-7-02	Payee name AL+M Lumber Payee address: City: State: Zip Code 300N. Meyer Sealy TX 77474	Amount (\$) 65.⁹⁷
Purpose of payment (See instructions regarding type of information required.) lumber for signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-8-02	Payee name Lowe's Payee address: City: State: Zip Code W. I-10 Katy TX 77450	Amount (\$) 21.⁶²
Purpose of payment (See instructions regarding type of information required.) stakes for signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-14-02	Payee name Office Max Payee address: City: State: Zip Code 1250 N. Fry Rd. Katy TX 77084	Amount (\$) 42.⁸³
Purpose of payment (See instructions regarding type of information required.) printing supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS.**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G. <u>1</u>
2 FILER NAME <u>Louis R. Canales</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>9-2-02</u>	5 Payee name <u>AL+M Lumber</u> 6 Payee address: City: State: Zip Code <u>300 N. Meyer Sealy TX 71474</u>	8 Amount (\$) <u>90.⁸²</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Lumber for signs</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>7-11-02</u>	Payee name <u>Office Depot</u> Payee address: City: State: Zip Code <u>435 S. Fry Rd Katy TX 71450</u>	Amount (\$) <u>10.⁸³</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>printing flyer</u>		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED