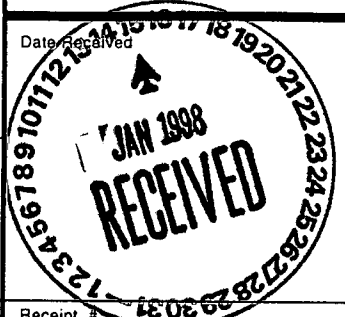


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Louis R. NICKNAME LAST SUFFIX Canales	OFFICE USE ONLY 	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 51 Brookshire TX 77423	Receipt # Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Horace NICKNAME LAST SUFFIX Nail	Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 810 Gresham Brookshire TX 77423		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 934-8350		
8 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 08 / 05 / 97 THROUGH 12 / 31 / 97		
10 ELECTION	ELECTION DATE Month Day Year 03 / 10 / 98	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Waller Co. Commissioner Pet. 4	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2


14 C/OH NAME <b>Louis Roberto Canales</b>	15 ACCOUNT # (Ethics Commission filers)
--	---

16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** 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. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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	\$ 1,135.
	<i>fundraiser donations @ \$10 each</i>	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,416.
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	<del>\$ 2,090.24</del>
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 2,090.24
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



**CHRISTY SCHIEL**  
MY COMMISSION EXPIRES  
April 1, 2001

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 R. Canales*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Louis R. Canales, this the 15th day of Jan. 1998, to certify which, witness my hand and seal of office.

<i>Christy Schiel</i>	Christy Schiel	Notary
Signature of officer administering oath	Print 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: <b>5</b>	
2 FILER NAME <b>Louis Roberto Canales</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>08-06-97</b>	5 Full name of contributor <b>Dewitt Waltmon</b> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <b>\$ 500.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>118 Willowend Houston TX 77024</b>			
9 Principal occupation <b>retired</b>		10 Employer (optional)	
Date <b>08-08-97</b>	Full name of contributor <b>Rapsilver Supply (Johnny Griffin)</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$ 200.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O.B. 427 Brookshire TX 77423</b>			
Principal occupation <b>business man</b>		Employer (optional)	
Date <b>08-08-97</b>	Full name of contributor <b>W.J. (Doc) Dockery</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O.B. 127 Brookshire TX 77423</b>			
Principal occupation <b>retired</b>		Employer (optional)	
Date <b>08-15-97</b>	Full name of contributor <b>Precast Systems (Mr. Byrd)</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>200.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2120 F.M. 3595. Brookshire, TX 77423</b>			
Principal occupation <b>businessman</b>		Employer (optional)	
Date <b>08-23-97</b>	Full name of contributor <b>Johnny Ackerman</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>25.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10902 Little Lisa Lane Houston, TX 77024</b>			
Principal occupation <b>retired</b>		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Louis Roberto Canales</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>08-18-97</b>	5 Full name of contributor <b>L.C. Brown, Jr.</b> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <b>250.</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>P.O.B. 578 Brookshire, TX 77423</b>				
9 Principal occupation <b>rancher</b>		10 Employer (optional)		
Date <b>08-26-97</b>	Full name of contributor <b>E.H. Longhi</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>1419 Ave. D Katy, TX 77493</b>				
Principal occupation <b>physician</b>		Employer (optional)		
Date <b>09-05-97</b>	Full name of contributor <b>James D. Comstock</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>25.</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>2203 Apache Ln. Brookshire, TX 77423</b>				
Principal occupation <b>retired</b>		Employer (optional)		
Date <b>09-06-97</b>	Full name of contributor <b>William Kitzman</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>50.</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>P.O.B. 162 Pattison TX 77466</b>				
Principal occupation		Employer (optional)		
Date <b>09-09-97</b>	Full name of contributor <b>J.L. Bratton</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>150.</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>6001 Imperata N.E. #91202 Albuquerque, New Mexico 87111</b>				
Principal occupation <b>businessman</b>		Employer (optional)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Louis Roberto Canales</b>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>09-08-97</b>	5 Full name of contributor <b>John + Barbara Schratwieser</b> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <b>25.</b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <b>16 Beaver Creek Dr. Brookshire, TX 77423</b>					
9 Principal occupation			10 Employer (optional)		
Date <b>09-15-97</b>	Full name of contributor <b>Patric Savage</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>3318 Merrick Houston, TX 77015</b>					
Principal occupation <b>businessman</b>			Employer (optional)		
Date <b>09-08-97</b>	Full name of contributor <b>Joel Trimm, Jr.</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>POB 1599 Brookshire TX 77423</b>					
Principal occupation			Employer (optional)		
Date <b>09-21-97</b>	Full name of contributor <b>Joan + Stuart Bernstein</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>36.</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>10710 Tioga San Antonio, TX 78230</b>					
Principal occupation			Employer (optional)		
Date <b>09-21-97</b>	Full name of contributor <b>Cynthia Canales Magestro</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>15410 Oak Glen Lake Glen Dr. Sugarland, TX 77478</b>					
Principal occupation			Employer (optional)		

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Louis Roberto Canales</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10-14-97</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>Dennis + Paula Key</b>	7 Amount of contribution (\$) <b>100.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>POB 33 Pattison, TX 77466</b>			
9 Principal occupation <b>police officer</b>		10 Employer (optional)	
Date <b>10-14-97</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Chris + Trudy Price</b>	Amount of contribution (\$) <b>50.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11551 Riverview Dr. Houston, TX 77077</b>			
Principal occupation <b>police chief</b>		Employer (optional)	
Date <b>10-14-97</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>John + Carol Williford</b>	Amount of contribution (\$) <b>50.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Buller Rd. Pattison, TX 77466</b>			
Principal occupation <b>teacher</b>		Employer (optional)	
Date <b>10-14-97</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Vernon + Diana Huse</b>	Amount of contribution (\$) <b>30.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Pattison, TX 77466</b>			
Principal occupation <b>businessman</b>		Employer (optional)	
Date <b>10-14-97</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Merrill Scott</b>	Amount of contribution (\$) <b>90.</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Brookshire, TX 77423</b>			
Principal occupation <b>retired</b>		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A: <b>5</b>	
2 FILER NAME <b>Louis Roberto Canales</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10-14-97</b>	5 Full name of contributor <b>Los Cucos Restaurant</b> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <b>5831 Hwy. Blvd. Katy 77450</b>	7 Amount of contribution (\$) <b>700.</b>	8 In-kind contribution description (if applicable) <b>Mexican plates for fundraiser</b>
9 Principal occupation		10 Employer (optional)		
Date <b>10-14-97</b>	Full name of contributor <b>Rex White</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>810 Kenney Brookshire, TX 77423</b>	Amount of contribution (\$) <b>150.</b>	In-kind contribution description (if applicable) <b>sign painting (lettering)</b>
Principal occupation <b>instructor</b>		Employer (optional)		
Date <b>10-14-97</b>	Full name of contributor <b>Frank Castillo</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>2223 FM 3595. Brookshire, TX 77423</b>	Amount of contribution (\$) <b>150.</b>	In-kind contribution description (if applicable) <b>sign painting</b>
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation		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

2 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount  
(\$)

08-19-97

Katy Mason Home Center

6 Payee address: City: State: Zip Code

510 S. Mason Rd. Katy, TX 77450

170.39

8 Purpose of expenditure

sign plywood

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

08-26-97

City of Brookshire

Payee address: City: State: Zip Code

3923 5th Brookshire, TX 77423

265.00

Purpose of expenditure

Convention Center rental

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

08-28-97

Kinko's Copies

Payee address: City: State: Zip Code

430 S. Mason Rd.  
Katy, TX 77450

389.19

Purpose of expenditure

printing - push cards  
mailouts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

09-02-97

U.S. Postmaster

Payee address: City: State: Zip Code

Brookshire, TX 77423

80.00

Purpose of expenditure

stamps for mailouts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

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## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount  
(S)

10-05-97

Arne's

6 Payee address: City: State: Zip Code

2830 Hicks Houston TX 77007

47.72

8 Purpose of expenditure

fundraiser decorations

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

Date

Payee name

Amount  
(S)

10-06-97

Image Display Systems

Payee address: City: State: Zip Code

21949 Katy Fwy. Ste. E  
Katy, TX 77450

102.96

Purpose of expenditure

banner

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

Date

Payee name

Amount  
(S)

10-10-97

C.C. Printed Communications

Payee address: City: State: Zip Code

POB 276 Brookshire TX 77423

273.86

Purpose of expenditure

magnets (advertising)

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

Date

Payee name

Amount  
(S)

12-22-97

Republican Party of Waller Co.

Payee address: City: State: Zip Code

1015 Aster Katy TX 77493

600.<sup>00</sup>

Purpose of expenditure

filing fee

-- 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: <div style="text-align: center; font-size: 2em;">1</div>
2 FILER NAME <div style="text-align: center; font-size: 1.5em;">Louis Roberto Canales</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 1.2em;">08-07-97</div>	5 Payee name <div style="font-size: 1.2em;">Katy Printers</div>	8 Amount (\$) <div style="font-size: 1.5em;">73.29</div>
6 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">5807 Hwy Blvd. Katy, TX 77494</div>		
7 Purpose of expenditure <div style="font-size: 1.2em;">push cards</div>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em;">08-11-97</div>	5 Payee name <div style="font-size: 1.2em;">Katy Mason Home Center</div>	8 Amount (\$) <div style="font-size: 1.5em;">87.83</div>
6 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">510 S. Mason Rd Katy TX 77450</div>		
7 Purpose of expenditure <div style="font-size: 1.2em;">sign plywood</div>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	5 Payee name	8 Amount (\$)
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	5 Payee name	8 Amount (\$)
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	5 Payee name	8 Amount (\$)
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED