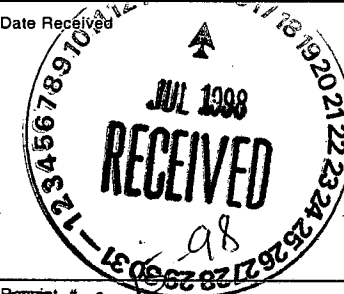


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 16
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Louis R. NICKNAME LAST SUFFIX Canales	OFFICE USE ONLY Date Received  Receipt # HD / PM Amount Date Processed Date Imaged	
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		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Horace NICKNAME LAST SUFFIX Nail	Receipt # HD / PM 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 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 98 6 / 30 / 98		
10 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 98	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Waller Co. Commissioner Pat. 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 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. ****

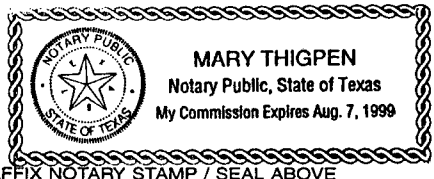
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,220.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,936.98
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 R. Canales
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Louis R. Canales, this the 14th day of July

19 98 to certify which, witness my hand and seal of office.

Mary Thigpen Signature of officer administering oath
Mary Thigpen Print name of officer administering oath
Administrative Assnt. 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: **3**

2 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-22-98

5 Full name of contributor

Tom + Sandra Brown

out of state PAC

6 Contributor address; City; State; Zip Code

PO Box 539 Hempstead, TX 77445

7 Amount of contribution (\$)

\$ 250.

8 In-kind contribution description (if applicable)

9 Principal occupation

businessman

10 Employer (optional)

Date

1-22-98

Full name of contributor

Mr. + Mrs. Tomas Trancoso

out of state PAC

Contributor address; City; State; Zip Code

Rt. 2 Box 566F Waller, TX 77484

Amount of contribution (\$)

25.

In-kind contribution description (if applicable)

Principal occupation

businessman

Employer (optional)

Date

1-23-98

Full name of contributor

Horace Nail

out of state PAC

Contributor address; City; State; Zip Code

810 Gresham Brookshire, TX 77423

Amount of contribution (\$)

50.

In-kind contribution description (if applicable)

Principal occupation

retired

Employer (optional)

Date

3-24-98

Full name of contributor

Tom R. Blackburn

out of state PAC

Contributor address; City; State; Zip Code

**PO Box 999
Brookshire, TX 77423**

Amount of contribution (\$)

500.

In-kind contribution description (if applicable)

Principal occupation

businessman

Employer (optional)

Date

4-29-98

Full name of contributor

John Thuman

out of state PAC

Contributor address; City; State; Zip Code

32810 Teal Brookshire, TX 77423

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

Principal occupation

businessman

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:

2 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-29-98

5 Full name of contributor

Joel D. Johnson

out of state PAC

7 Amount of contribution (\$)

50.

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

7110 Santa Fe Houston, TX 77061

9 Principal occupation

police officer

10 Employer (optional)

Date

4-30-98

Full name of contributor

DeWitt Waltman

out of state PAC

Amount of contribution (\$)

500.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

118 Willowend Houston, TX 77024

Principal occupation

retired

Employer (optional)

Date

6-15-98

Full name of contributor

Dennis Key

out of state PAC

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 33 Pattison, TX 77466

Principal occupation

police officer

Employer (optional)

Date

6-28-98

Full name of contributor

Dennis Key

out of state PAC

Amount of contribution (\$)

30.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 33 Pattison, TX 77466

Principal occupation

police officer

Employer (optional)

Date

6-28-98

Full name of contributor

Vernon Huse

out of state PAC

Amount of contribution (\$)

25.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 407 Pattison, TX 77466

Principal occupation

businessman

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:

2 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

 out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6-28-98

Conrad Moren

6 Contributor address; City; State; Zip Code

1011 Bluebonnet Katy, TX 77493

50.

9 Principal occupation

attorney

10 Employer (optional)

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

6-28-98

Bernard + Joyce Hruzek

Contributor address; City; State; Zip Code

334 Hedwig Rd. Houston, TX 77024

50.

Principal occupation

business man

Employer (optional)

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

6-28-98

7-8

Los Cucos Restaurant

Contributor address; City; State; Zip Code

5831 Hwy. Blvd. Katy, TX 77450

490.

Mexican dinners
for fundraiser

Principal occupation

Employer (optional)

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

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: 4

2 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-7-98

5 Payee name

Katy Times

6 Payee address; City; State; Zip Code

5805 Hwy. Blvd. Katy, TX 77494

7

Amount
(\$)92.⁰⁰

8 Purpose of expenditure

advertising

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

1-22-98

Payee name

Waller Co. Republican Party

Payee address; City; State; Zip Code

c/o Art Davis - County Chairman
1015 Aster Katy TX 77493Amount
(\$)250.⁰⁰

Purpose of expenditure

advertising

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

2-7-98

Payee name

Friends of Youth

Payee address; City; State; Zip Code

Hempstead, TX

Amount
(\$)75.⁰⁰

Purpose of expenditure

advertising

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

2-8-98

Payee name

Waller Co. News Citizen

Payee address; City; State; Zip Code

Hempstead, TX

Amount
(\$)26.⁰⁸

Purpose of expenditure

advertising

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME:

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

2-23-98

Times Tribune

6 Payee address; City; State; Zip Code

Brookshire, TX 77423

15.⁰⁰

8 Purpose of expenditure

advertisement

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

2-18-98

Campaign Promotions

Payee address; City; State; Zip Code

404 IH 45 South Huntsville, TX 77340

256.²³

Purpose of expenditure

signs

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

3-26-98

Kinkos

Payee address; City; State; Zip Code

430 Mason Rd. Katy, TX 77450

87.⁶⁸

Purpose of expenditure

push cards

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

4-13-98

Katy-Mason Home Center

Payee address; City; State; Zip Code

510 S. Mason Rd. Katy, TX 77450

56.⁰³

Purpose of expenditure

sign building materials

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

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME:

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-13-98

5 Payee name

Campaigns + Promotions

6 Payee address: City: State: Zip Code

404 IH 45 South Huntsville, TX 77340

7 Amount (\$)

365.⁶⁷

8 Purpose of expenditure

signs

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

4-21-98

Payee name

Kinkos

Payee address: City: State: Zip Code

430 Mason Rd. Katy, TX 77450

Amount (\$)

461.⁷¹

Purpose of expenditure

campaign brochures

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

5-13-98

Payee name

Price Rite Co.

Payee address: City: State: Zip Code

8400 N. University Dr.
Tamarac, Florida 33321

Amount (\$)

446.⁴⁰

Purpose of expenditure

advertising literature

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

5. .98

Payee name

City of Katy

Payee address: City: State: Zip Code

910 Ave. C Katy, TX 77494

Amount (\$)

405.⁰⁰

Purpose of expenditure

VFW Rental 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

6-8-98

Waller Co. News Citizen

6 Payee address; City; State; Zip Code

Hempstead, TX

10.⁰⁰

8 Purpose of expenditure

advertisement

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

6-9-98

U.S. Postmaster

Payee address; City; State; Zip Code

Katy, TX 77450

41.⁶⁰

Purpose of expenditure

postage for fundraiser
invitations

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

6-22-98

City of Katy

Payee address; City; State; Zip Code

910 Ave. C Katy, TX 77494

45.⁰⁰

Purpose of expenditure

additional hall rental

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** 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
2 FILER NAME Louis Roberto Canales		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-23-98	5 Payee name Office Max	8 Amount (\$) 35.37
	6 Payee address; City; State; Zip Code 2320 S. Hwy. 6 Houston, TX 77077	
7 Purpose of expenditure campaign scheduling supplies disclaimer labels for campaign hand-outs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-29-98	Payee name Office Max	Amount (\$) 58.48
	Payee address; City; State; Zip Code 2320 S. Hwy 6 Houston, TX 77077	
Purpose of expenditure materials for invitation mailouts		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-29-98	Payee name A+ Learning Products	Amount (\$) 21.45
	Payee address; City; State; Zip Code 4319 Hwy. 6 N. Houston, TX 77084	
Purpose of expenditure printing invitations for 6-28		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6-8-98	Payee name A+ Learning Products	Amount (\$) 9.01
	Payee address; City; State; Zip Code 4319 Hwy 6 N. Houston, TX 77084	
Purpose of expenditure printing invitations for 6-28		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6-8-98	Payee name Office Max	Amount (\$) 11.90
	Payee address; City; State; Zip Code 2320 S. Hwy. 6 Houston, TX 77077	
Purpose of expenditure labels for mailing invitations		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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 Louis Roberto Canales		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name Kinko's	8 Amount (\$)
6-9-98	6 Payee address; City; State; Zip Code 430 Mason Rd. Katy, TX 77450	5.58
	7 Purpose of expenditure printing invitations for 6-28	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name H.S. Kroger	Amount (\$)
6-9-98	Payee address; City; State; Zip Code 569 S. Mason Rd. Katy, TX 77450	70.40
	Purpose of expenditure stamps for 6-28 invitations	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Southwest Teacher Supply	Amount (\$)
6-9-98	Payee address; City; State; Zip Code 16830 Barker Springs Rd. Houston TX. 77084	1.38
	Purpose of expenditure cardstock for invitations for 6-28	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name K Mart	Amount (\$)
6-26-98	Payee address; City; State; Zip Code 5. Hwy. 6 Houston, TX 77082	9.00
	Purpose of expenditure candy for 6-28	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Party City of Houston	Amount (\$)
6-26-98	Payee address; City; State; Zip Code 2525 S. Hwy. 6 Houston, TX 77082	61.01
	Purpose of expenditure decorations for 6-28	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED