

# 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:  7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Mr.	FIRST Louis	MI R.
	NICKNAME	LAST Canales	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received			
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 51	APT / SUITE #: Brookshire TX	CITY: STATE: ZIP CODE 77423
5 CAMPAIGN TREASURER NAME	TITLE Mr.	FIRST Horace	MI
	NICKNAME	LAST Nail	SUFFIX
Receipt #			10/5/98
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 (281)	PHONE NUMBER 934-8350	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 07 / 01 / 98    09 / 24 / 98		
10 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 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, 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		
<b>GO TO PAGE 2</b>			

# 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. ••

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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	\$
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1050.00</u>
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EXPENDITURE TOTALS

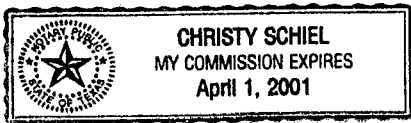
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
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4. TOTAL POLITICAL EXPENDITURES	\$ <u>1656.61</u>
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OUTSTANDING LOAN TOTALS

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 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 5th day of Oct.

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  
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	
2 FILER NAME Louis Roberto Canales			3 ACCOUNT # (Ethics Commission filers)		
4 Date 07-08-98	5 Full name of contributor Virginia Carpenter	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 702 Maxwell Brookshire TX 77413					
9 Principal occupation retired			10 Employer (optional)		
Date 07-15-98	Full name of contributor Roland Regenbrecht	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2945 Elder Rd. Katy TX 77493					
Principal occupation rancher			Employer (optional)		
Date 07-21-98	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 7110 Santa Fe Houston TX 77061					
Principal occupation			Employer (optional)		
Date 09-01-98	Full name of contributor Myles Downey	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code PO Box 111 Missouri City, TX 77459					
Principal occupation			Employer (optional)		
Date 09-03-98	Full name of contributor James A. Baker	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 11015 Wickwood Houston TX 77024					
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 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 files)

4 Date

*09-18-98*

5 Full name of contributor

*John R. Ledford*

out of state PAC

7 Amount of contribution (\$)

*\$ 250.<sup>00</sup>*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*9888 Bissonnet Ste 235 Houston TX 77036*

9 Principal occupation

*Businessman*

10 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)

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)

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>3</b>
2 FILER NAME <b>Louis Roberto Canales</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>07-05-98</b>	5 Payee name <b>Home Depot</b> 6 Payee address; City; State; Zip Code <b>1111 Fry Rd. Katy TX 77450</b>	7 Amount (\$) <b>181.95</b>
8 Purpose of expenditure <b>lumber for signs</b>		9 <small>Complete if direct expenditure to benefit C/OH Candidate / Officeholder name</small> <b>Office sought / held</b>
Date <b>07-13-98</b>	Payee name <b>Ashford Signs</b> Payee address; City; State; Zip Code <b>1011 B Dairy Ashford Houston TX 77029</b>	Amount (\$) <del><b>118.95</b></del> <b>97.33</b>
Purpose of expenditure <b>magnetic signs</b>		<small>Complete if direct expenditure to benefit C/OH Candidate / Officeholder name</small> <b>Office sought / held</b>
Date <b>07-12-98</b>	Payee name <b>Campaigns &amp; Promotions</b> Payee address; City; State; Zip Code <b>404 IH45 S. Huntsville, TX 77340</b>	Amount (\$) <b>256.23</b>
Purpose of expenditure <b>yard signs</b>		<small>Complete if direct expenditure to benefit C/OH Candidate / Officeholder name</small> <b>Office sought / held</b>
Date <b>08-11-98</b>	Payee name <b>Ashford Signs</b> Payee address; City; State; Zip Code <b>1011 B. Dairy Ashford Houston, TX 77029</b>	Amount (\$) <b>113.56</b>
Purpose of expenditure <b>magnetic signs</b>		<small>Complete if direct expenditure to benefit C/OH Candidate / Officeholder name</small> <b>Office sought / held</b>

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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 <b>Louis Roberto Canales</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>08-14-98</b>	5 Payee name <b>Best Buy</b>	7 Amount (\$) <b>53.01</b>
6 Payee address; City; State; Zip Code <b>#239 Houston, TX 77082</b>		
8 Purpose of expenditure <b>office supplies</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>08-15-98</b>	Payee name <b>Katy Mason Home Center</b>	Amount (\$) <b>128.65</b>
Payee address; City; State; Zip Code <b>510 S. Mason Rd. Katy, TX 77450</b>		
Purpose of expenditure <b>lumber for signs</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>09-<del>21</del><sup>10</sup>-98</b>	Payee name <b>Campaigns + Promotions</b>	Amount (\$) <b>395.38</b>
Payee address; City; State; Zip Code <b>404 IH 45 S. Huntsville, TX 77340</b>		
Purpose of expenditure <b>32x48 Signs</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>9-15-98</b>	Payee name <b>Campaigns + Promotions</b>	Amount (\$) <b>126.38</b>
Payee address; City; State; Zip Code <b>404 IH 45 S. Huntsville, TX 77340</b>		
Purpose of expenditure <b>32x48 Signs</b>		** 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 FILER NAME

Louis Roberto Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

09-16-98

C.C. Printed Communications

7 Amount (\$)

6 Payee address; City; State; Zip Code

304.12

PO Box 276 Brookshire TX 77423

8 Purpose of expenditure

ad. fans

9 \*\* 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

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

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

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