

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 Mr.	FIRST Louis	MI R.
	NICKNAME	LAST Canales	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: P.O. Box 51	APT / SUITE #:	CITY: STATE: ZIP CODE Brookshire TX 77423
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE Mrs.	FIRST Jan	MI
	NICKNAME	LAST Canales	SUFFIX
Date Hand-delivered or Date Postmarked 7-15-02 laf			
Receipt #		Amount	
Date Processed			
Date Imaged			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 33630 Hoff Rd.	APT / SUITE #:	CITY: STATE: ZIP CODE Brookshire TX 77423
CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 375-5508	EXTENSION
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 01 / 16 / 02	THROUGH	Month Day Year 06 / 30 / 02
10 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2002	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) Co. Commissioner, Pet. 4	12 OFFICE SOUGHT (if known) Co. Commissioner, Pet. 4	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>-- 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. --</p> <p>Name</p> <p>Address / PO Box: Apt. / Suite #: City: State: Zip Code</p>		
<input type="checkbox"/> additional pages			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Louis R. 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 1248.33

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

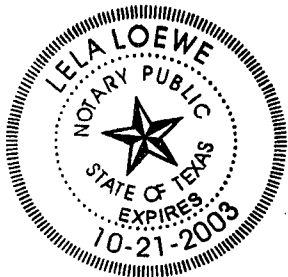
\$ 465.19
847.50

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LOUIS R. CANALES, this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

Lela Loewe
Signature of officer administering oath

LELA LOEWE
Printed name of officer administering oath

ELECTION ADMIN.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

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 filers)		
4 Date 03-02-02	5 Full name of contributor Bill Eplen	<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					
9 Principal occupation (Optional) retired			10 Employer (Optional)		
Date 5-13-02	Full name of contributor Jimmie L. Bratton	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 11215 Inverness Ct. Albuquerque, N.M. 87111					
Principal occupation (Optional) civil engineer			Employer (Optional) ARA		
Date 6-20-02	Full name of contributor Roger Shaper	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) 1498.33	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1306 Clemons Switch Brookshire, TX 77473					
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code					
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code					
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.



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Louis R. Canales

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-27-02

5 Payee name

Office Depot

6 Payee address;

City; State; Zip Code

4355 Fry Rd. Katy, TX 77450

8

Amount
(\$)

13.50

7 Purpose of expenditure (See instructions regarding type of information required.)

card stock for push cards



Reimbursement
from political
contributions
intended

Date

1-27-02

Payee name

Walmart

Payee address;

City; State; Zip Code

Katy Mills Katy, TX 77450

Amount
(\$)

68.58

Purpose of expenditure (See instructions regarding type of information required.)

ink jets for printing campaign materials



Reimbursement
from political
contributions
intended

Date

2-5-02

Payee name

Allied

Payee address;

City; State; Zip Code

3700 Blanco Rd. San Antonio TX 78212

Amount
(\$)

383.11

Purpose of expenditure (See instructions regarding type of information required.)

2 x 4 signs



Reimbursement
from political
contributions
intended

Date

6-26-02

Payee name

Office Max

Payee address;

City; State; Zip Code

1250 N. Fry. Houston TX 77084

Amount
(\$)

112.31

Purpose of expenditure (See instructions regarding type of information required.)

paper, printing, etc... for mailout ads.



Reimbursement
from political
contributions
intended

Date

6-27-02

Payee name

Jan Canales

Payee address;

City; State; Zip Code

P.O. Box 51 Brookshire TX 77423

Amount
(\$)

170.00

Purpose of expenditure (See instructions regarding type of information required.)

reimburse for purchase of postage



Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

