

# 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 files)	2 Total pages filed: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <b>Mr.</b>	FIRST <b>Louis</b>	MI <b>R.</b>
	NICKNAME	LAST <b>Canales</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX: <b>P.O. B. 51</b>	APT / SUITE # <b>Brookshire</b>
<input type="checkbox"/> Change of Address		CITY: <b>TX</b>	STATE: <b>TX</b>
		ZIP CODE: <b>77423</b>	
5 CAMPAIGN TREASURER NAME	TITLE <b>Mrs.</b>	FIRST <b>Jan</b>	MI <b>B.</b>
	NICKNAME	LAST <b>Canales</b>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO. PO BOX PLEASE): <b>33630 Hoff Rd.</b>	APT / SUITE # <b>Brookshire</b>
(Residence or business)		CITY: <b>TX</b>	STATE: <b>TX</b>
		ZIP CODE: <b>77423</b>	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(281)</b>	<b>375-5508</b>	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Report
	<input type="checkbox"/> July 15	<input type="checkbox"/> 60th day before election	<input type="checkbox"/> 15th day after campaign treasurer acknowledgment (if candidate only)
		<input type="checkbox"/> Exceeds \$500 limit	<input checked="" type="checkbox"/> Final report (Article C/OH - FR)
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<b>07/01/02</b>		<b>12/31/02</b>
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<b>11/05/02</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any): <b>Co. Commissioner, Pet. 4</b>		12 OFFICE SOUGHT (if known): <b>Co. Commissioner, Pet. 4</b>
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 copies		

GO TO PAGE 2

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS CION & SPAC)

The instruction Guide explains how to complete this form.

1 Total pages (the Schedule A1):

2 FILER NAME

*Louis R. Canales*

3 ACCOUNT # (Other Commission (None))

4 Date

*10-28-02*

5 Full name of contributor

*George Roarke*

out-of-state PAC

7 Amount of contribution (\$)

*\$ 500.*

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

*7609 Edna Houston TX 77087*

9 Principal occupation (Optional)

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 (Optional)

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 (Optional)

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 (Optional)

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 (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.

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 ACCOUNT # (Electoral Committee Use Only)

15 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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional copies	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  EXPENDITURE TOTALS  OUTSTANDING LOAN 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)	\$500.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
	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 Canales  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Louis Canales this the 17th day of Jan, 2003, to certify which, witness my hand and seal of office.

Helen Harwell  
 Signature of officer administering oath

