

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission files)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <span style="margin-left: 100px;">FIRST</span> <span style="margin-left: 100px;">MI</span> NICKNAME <span style="margin-left: 100px;">LAST</span> <span style="margin-left: 100px;">SUFFIX</span> Louis R. Canales	<b>OFFICE USE ONLY</b> Date Received 1.18.05 Date Hand-delivered or Date Postmarked Receipt # <span style="margin-left: 50px;">Amount</span> Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <span style="margin-left: 50px;">APT / SUITE #;</span> <span style="margin-left: 50px;">CITY;</span> <span style="margin-left: 50px;">STATE;</span> <span style="margin-left: 50px;">ZIP CODE</span> P.O.Box 51 <span style="margin-left: 50px;">Brookshire</span> <span style="margin-left: 50px;">TX</span> <span style="margin-left: 50px;">77423</span>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <span style="margin-left: 50px;">PHONE NUMBER</span> <span style="margin-left: 50px;">EXTENSION</span> (281) <span style="margin-left: 50px;">934-2884</span>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <span style="margin-left: 100px;">FIRST</span> <span style="margin-left: 100px;">MI</span> NICKNAME <span style="margin-left: 100px;">LAST</span> <span style="margin-left: 100px;">SUFFIX</span> Jan B. Canales		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); <span style="margin-left: 50px;">APT / SUITE #;</span> <span style="margin-left: 50px;">CITY;</span> <span style="margin-left: 50px;">STATE;</span> <span style="margin-left: 50px;">ZIP CODE</span> 33630 Hoff Rd. <span style="margin-left: 50px;">Brookshire</span> <span style="margin-left: 50px;">TX</span> <span style="margin-left: 50px;">77423</span>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <span style="margin-left: 50px;">PHONE NUMBER</span> <span style="margin-left: 50px;">EXTENSION</span> (281) <span style="margin-left: 50px;">934-2884</span>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month <span style="margin-left: 20px;">Day</span> <span style="margin-left: 20px;">Year</span> 07 / 16 / 04	THROUGH	Month <span style="margin-left: 20px;">Day</span> <span style="margin-left: 20px;">Year</span> 12 / 31 / 04
<b>11 ELECTION</b>	ELECTION DATE Month <span style="margin-left: 20px;">Day</span> <span style="margin-left: 20px;">Year</span> / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Commissioner, Pct. 4	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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; <span style="margin-left: 20px;">Apt / Suite #;</span> <span style="margin-left: 20px;">City;</span> <span style="margin-left: 20px;">State;</span> <span style="margin-left: 20px;">Zip Code</span>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Louis R. Canales 16 ACCOUNT # (Ethics Commission file)

### 17 NOTICE FROM POLITICAL COMMITTEE(S)

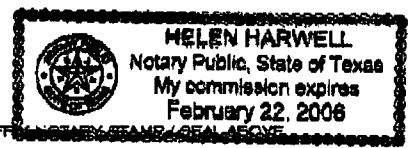
- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

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

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)	\$ _____
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ _____
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ _____
OUTSTANDING LOAN TOTALS	6. 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 18 day of June, 2005, to certify which, witness my hand and seal of office.

Helen Harwell Helen Harwell Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath