

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: 5
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR FIRST LAST MI SUFFIX	OFFICE USE ONLY WALLER COUNTY DIVISION FILED CLERK 2008 FEB 27 PM 1:10
	Louis Canales	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received
	5968 Whispering Lakes Katy TX 77493	Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount
	(281) 347-6888	Date Processed	Date Imaged

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LAST MI SUFFIX
	Jan Canales

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	5968 Whispering Lakes Katy TX 77493

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(281) 347-6888

9 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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	1 / 25 / 2008		2 / 23 / 2008

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year 3 / 4 / 2008	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		Constable Pct. 4

14 NOTICE OF 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

**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 <i>Louis R. Canales</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-27-08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jimmie Bratton</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>14020 Falls Creek Ct. Dallas, TX 75254</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>retired</i>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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:

2 FILER NAME *Louis R. Canales* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/29/08</i>	5 Payee name <i>The Times Tribune</i>	7 Amount (\$) <i>233.75</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 1549 Brookshire, TX 77423</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>newspaper ads</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date <i>2/1/08</i>	Payee name <i>Katy Printers</i>	Amount (\$) <i>86.60</i>
Payee address; City; State; Zip Code <i>5807 Hwy. Blvd. Katy TX 77492</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Flyer copies</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date <i>2/8/08</i>	Payee name <i>Katy Printers</i>	Amount (\$) <i>48.71</i>
Payee address; City; State; Zip Code <i>5801 Hwy. Blvd. Katy, TX 77493</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Flyer copies</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date <i>2/18/08</i>	Payee name <i>Katy Printers</i>	Amount (\$) <i>439.12</i>
Payee address; City; State; Zip Code <i>5801 Hwy. Blvd. Katy, TX 77493</i>		

Purpose of payment (See instructions regarding type of information required.) <i>mailer printing & mailing</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
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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
2 FILER NAME Louis R. Canales		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/18/08	5 Payee name Katy Printers 6 Payee address; City; State; Zip Code 5804 Hwy. Blvd. Katy TX 77493	7 Amount (\$) 24.36
8 Purpose of payment (See instructions regarding type of information required.) flyer copies (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME _____ 16 ACCOUNT # (Ethics Commission Filers) _____

17 NOTICE FROM POLITICAL COMMITTEE(S)

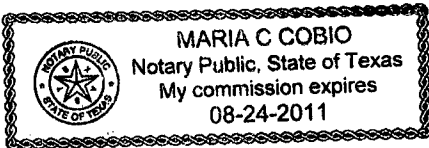
•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they 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)	\$ 500. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 832.54
	4. TOTAL POLITICAL EXPENDITURES	\$ 832.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.
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.



Luis R. Conales
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said February, this the 25 day of February, 2008, to certify which, witness my hand and seal of office.

M. Cobio _____ M. Cobio _____ Clerk _____
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath