	P.O. Box 12070 Austin, Texas 78711-2070 TE/OFFICEHOLDER N FINANCE REPORT	(512) 463-5800 1-800-325-85 FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete 1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE FIRST MI Mr. LOUIS R. SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COI	DE
Change of Address	P.O.Box 51 Brookshire TX 274	423
⁵ CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Horace NICKNAME LAST SUFFIX	HD / M N A 10 Amount Date Processed
	Nail	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281)934-8350	
8 REPORT TYPE	January 15 30th day before election Runoff July 15 Exceeded \$500 lim	15th day after campaign treasurer appointment (officeholder only) it Final report (Attach C/OH - FR)
9 PERIOD` COVERED	Month Day Year Month	Day Year 24 / 98
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year II /03/98 Primary Runoff	General Special
11 OFFICE	OFFICE HELD (if any)	(it known) Commissioner Pct.4
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the Candidates are required to disclose this information only if they receive notification of the Name	e candidate's prior consent or approval.
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
	GO TO PAGE 2	
Printed on recycled paper		(Elfective 09/01/1)

i.,	- Teiæs	Ethics	Commission	

17

٩

.........

~~~~

• -

506

| B SUPPORTING     SUPPORTING     SUPPORTING     SUPPORTING     COMMITTEE(S)     SUBJECTION     COMMITTEE TYPE     COMMITTEE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 14 C/OH NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | o Canales                                                                                                                                                                                          | 15 ACCOUNT #(Ethics Commission filers)                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | have been made with<br>information only if the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | des political expenditures by political committees to support the candid-<br>nout the candidate's or officeholder's knowledge or consent. Candidates<br>by receive notice of such expenditures. •• | ate / officeholder. <i>These expenditures may</i><br>and officeholders are required to report this |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                    |
| additional pages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SUPPORT & TOTALS         COVER SHEET PG 2         INCOME SUPPORT & TOTALS         The listing mouldes paralities typenities committees to support the candidate officientees, many movement and the candidate officientees and inflamination and the candidate officientees and inflamination and the candidate officientees and inflamination and the candidate officientees and inflaminations and the candidate officientees and inflaminations and the candidate officientees and inflamination and the candidate officientees and inflaminations and the candidate officientees and unline space 1 and 2 and/1         COMMITTEE CAMPACH TREASUREM ACORESS         COMMITTEE CAMPACH TREASUREM ACORESS <td cofficienteed="" conditional="" cop<="" notion="" td="" the="" to=""></td> |                                                                                                                                                                                                    |                                                                                                    |
| 17 NO REPORTABLE<br>ACTIVITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check here if r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | no reportable activity occurred during this reporting period. (Sign affidavit b                                                                                                                    | pelow and submit pages 1 and 2 only.)                                                              |
| 18 CONTRIBUTION<br>TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    | □ \$ <u>-1000</u>                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    | \$ 6.00,00                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. TOTAL F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMI                                                                                                                                               | FORM C/OH<br>COVER SHEET PG 2                                                                      |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4. TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POLITICAL EXPENDITURES                                                                                                                                                                             | \$ 982.03                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                    |
| MY C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OMMISSION EXPIRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | is true and correct and includes all<br>me under Title 15, Election Code.                                                                                                                          | information required to be reported by                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | - Louis Roberto Canalas, this the                                                                                                                                                                  | 26 day of Octoben                                                                                  |
| 19 <u>98</u> , to certify with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hich, witness my han                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dandseal of office.<br>Christy Schiel                                                                                                                                                              | Notary Rublic                                                                                      |
| Printed on recycled paper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | annisonny oan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                    |                                                                                                    |

|                  | CAL CONTRIBUTIONS<br>THAN PLEDGES OR LO                       | ANS                |                                | 463-5800 1-800-322<br>SCHEDULE                  |
|------------------|---------------------------------------------------------------|--------------------|--------------------------------|-------------------------------------------------|
| The Instruction  | N GUIDE explains how to complete this form.                   |                    | 1 Total pages Sche             | edule A:                                        |
| 2 FILER NAM      | E Liquis & Canalas                                            | <u> </u>           | 3 ACCOUNT # (Et                | thics Commission filers)                        |
| 4 Date           | 5 Full name of contributor                                    | out of state PAC   | 7 Amount of                    | 8 In-kind contribution                          |
| <u>^</u>         | Roland Regen brecht                                           | -                  | contribution (\$)              | description(if applicab                         |
| 9-26-98          | 6 Contributor address; City; State; Zip Co                    | ode .              | 300.00                         |                                                 |
|                  | 2945 Elder Rd. Katy, T                                        | X 17+93            |                                |                                                 |
| 9 Principal occu | rancher J,                                                    | 10 Employer (optio | nal)                           |                                                 |
| Date             | Full name of contributor<br>Joel D. Johnson                   | out of state PAC   | Amount of<br>contribution (\$) | In-kind contribution<br>description(if applicab |
| 9-29-98          | Contributor address; City; State; Zip Co                      | ode                | 50.00                          |                                                 |
|                  | 297110 SantaFe Houston                                        | NTX 17061          |                                | <br>                                            |
| Principal occu   | palice officer                                                | Employer (optio    | nal)                           |                                                 |
| Date             | Full name of contributor<br>Wes Buller                        | out of state PAC   | Amount of<br>contribution (\$) | In-kind contribution<br>description(if applicab |
| 10-14-98         | Contributor address; City: State; Zip Co<br>POBOX 172 Patison | ode                | 50.00                          | <br> <br>                                       |
| Principal occu   |                                                               | Employer (optio    | nal)                           |                                                 |
| Date             | Full name of contributor                                      | out of state PAC   | Amount of                      | In-kind contribution                            |
|                  | Charles Powell                                                | -                  | contribution (\$)              | description(if applicab                         |
| 10-14-98         | Contributor address; City; State; Zip Co                      |                    | 100.00                         | <br>                                            |
|                  | 35170 Stenzel Broo                                            | Kohire TX7746      | 6                              |                                                 |
| Principal occu   | pation banker                                                 | Employer (optio    | nal)                           |                                                 |
| Date             | Full name of contributor<br>Leonard Milholland                | out of state PAC   | Amount of<br>contribution (\$) | In-kind contribution<br>description(if applicab |
| 10-23-98         | Contributor address; City; State; Zip Co                      | ode                |                                |                                                 |
| 10-22-18         | 4107 Sports Flyers Estat                                      | <b>A</b>           | 100.00                         | 1<br>1<br>1                                     |
| Principal occu   |                                                               | Employer (optio    | <b>g</b> 1<br>nal)             | · · · · · · · · · · · · · · · · · · ·           |
| lf contr         | ATTACH ADDITIONAL COP                                         |                    |                                | ina requirements                                |
|                  | · · · · · · · · · · · · · · · · · · ·                         | · · · · · · · ·    |                                |                                                 |

and the second sec

the second s

a service and the service of the ser

| Texas Ethics Comr | · · · · · · · · · · · · · · · · · · ·                               | <u> </u>                                                                    | (512) 463-5800           | 1-800-325-850        |
|-------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------|----------------------|
| POLITI            | CAL EXPENDITURES                                                    |                                                                             | SC                       | HEDULE <b>F</b>      |
|                   | N Guide explains how to complete this form.                         |                                                                             | 1 Total pages Schedule F | :                    |
| 2 FILER NAM       | ELouis R. Canales                                                   |                                                                             | 3 ACCOUNT # (Ethics Co   | nmission filers)     |
| 4 Date            | 5 Payee name                                                        |                                                                             | 7                        | Amount<br>(\$)       |
| 9-25-98           | 6 Payee address; City; State; Zip Code                              | er                                                                          | ·····                    | 8.15                 |
|                   | 510 S. Mason Rd. Katy,                                              | TX 7749                                                                     | ro                       |                      |
| 8 Purpose of exp  |                                                                     | <ul> <li>Complete if direct exper<br/>Candidate / Officeholder n</li> </ul> |                          | Difice sought / held |
| lum               | perfor signs                                                        |                                                                             |                          |                      |
| Date              | Payee name<br>TIMES Tribune                                         |                                                                             |                          | Amount<br>(\$)       |
| 9-28-98           | Payee address; City; State; Zip Code                                |                                                                             | le la                    | 4.00                 |
|                   | Brookshire, TX                                                      | 79423                                                                       |                          |                      |
| Purpose of exp    |                                                                     | <ul> <li>Complete if direct exper<br/>Candidate / Officeholder n</li> </ul> |                          | Office sought / held |
| au                | dvertisement                                                        |                                                                             |                          |                      |
| Date              | Payee name<br>TIMES TRIBUNE<br>Payee address; City; State; Zip Code |                                                                             |                          | Amount<br>(\$)       |
| 10-6-98           | Brookshire, TX -                                                    | 17423                                                                       |                          | 80.00                |
| Purpose of exp    |                                                                     | Complete if direct exper<br>Candidate / Officeholder n                      |                          | Office sought / held |
| a                 | duertisement                                                        |                                                                             |                          |                      |
| Date              | Payee name<br>Postmark Inc.<br>Payee address; City; State; Zip Code |                                                                             |                          | Amount<br>(\$)       |
| 0-23-98           | 925 5. Mason Rd. Katy                                               | $-\tau$                                                                     |                          | 100,                 |
| Purpose of exp    |                                                                     | Complete if direct exper                                                    |                          | 2 <b>6</b>           |
| k                 | oulk mailout                                                        | Candidate / Officeholder n                                                  | ame                      | Office sought / held |
|                   | ATTACH ADDITIONAL COPIES                                            | OF THIS FORM AS NE                                                          | EDED                     |                      |
|                   |                                                                     |                                                                             |                          |                      |

\_\_\_\_\_

(Effective 09/01/1997)

ſ

|              | ICAL EXPENDITURES<br>FROM PERSONAL FUNDS                         |                                                             | <u>0-325</u><br>Ξ <b>G</b> |
|--------------|------------------------------------------------------------------|-------------------------------------------------------------|----------------------------|
| The Instruct | ION GUIDE explains how to complete this form.                    | 1 Total pages Schedule G:                                   |                            |
| 2 FILER NAM  | Louis R. Canales                                                 | 3 ACCOUNT # (Ethics Commission filers)                      |                            |
| 4 Date       | 5 Payee name<br>KINKO 3                                          | 8 Amount<br>(\$)                                            | *****                      |
| 10-18-98     | 6 Payee address; City; State; Zip Code<br>430 Mason Rd, Katy TX  | 10.73                                                       |                            |
|              | 7 Purpose of expenditure                                         | Reimbursemen<br>from political<br>contributions<br>intended | nt                         |
| Date         | Payee name, KO'5                                                 | Amount<br>(\$)                                              |                            |
| 0-19-98      | Payee address; City; State; Zip Code<br>430 Mason Rd. Katy, TX ~ | 2.5                                                         | l                          |
|              | Purpose of expenditure<br>CODICS                                 | Reimbursemen<br>from political<br>contributions<br>intended | 1t                         |
| Date         | Payee name Kinko's                                               | Amount<br>(\$)                                              |                            |
| 10-22-98     | Payee address; City; State; Zip Code<br>430 Mason Rd. KatyTX     | 17450 13.03                                                 | •                          |
|              | Purpose of expenditure                                           | Reimbursemen<br>from political<br>contributions<br>intended | γ <b>t</b>                 |
| Date         | Payee name<br>Rin Ko 5<br>Payee address; City; State; Zip Code   | Amount<br>(\$)                                              |                            |
| 10-23-98     | H3D Mason Rd. Katy, T                                            | Reimbursemen<br>from political                              | nt                         |
|              | Copies                                                           | contributions<br>intended                                   |                            |
| Date         | Payee name Payee address; City; State; Zip Code                  | Amount<br>(\$)                                              |                            |
|              | Purpose of expenditure                                           | Reimbursemen<br>from political<br>contributions<br>intended | nt                         |
|              | ATTACH ADDITIONAL COPIES OF THIS FORM                            | AS NEEDED                                                   |                            |

---- -----

----

-----

- -----