	TE / OFFICEHO	NDED		FORM C/OH
	N FINANCE RE		C	FORM C/OF OVER SHEET PG 1
The C/OH Instruction G	Suide explains how to complet	te this form. 1 ACCOU (Ethics C	NT# commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME		st anales	NJ SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX: APT / SUITE 5968 Whisperi	ng Katy	STATE: ZIP CODE 5 X 1949.3	Dats Hand-delivered or Dats Pand-delivered of Dats
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUI (RSI) 281-3	MBER 147-6888	ana Anta an	Receipt # Arritotht S
6 Campaign Treasurer Name			MI	Date Processed N 2
7 CAMPAIGN TREASURER ADDRESS (Recidence or business)		ing Lakes 1		ZIP CODE 21493
8 CAMPAIGN TREASURER PHONE	(281) 347-6		Extension	
9 REPORTTYPE		day before election	Runoff	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day	Year 2007
11 ELECTION	ELECTION DATE Month Day Year 03/04/2008	ELECTION TYPE	Runaff Ga	merel 🗌 Special
12 OFFICE	OFFICE HELD (If any)	13	CONSTOL	ile
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures Candidates are required to diacto: Name	are campaign expanditures r	nade by others without the	e candidate's prior consent or appro e direct campaign expenditure. ••
BY OTHER INDIVIDUALS		ity: Sinis: Zip Code		
additional pages		ity: Slats; Zip Code		

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	& TOTALS	EHOLDER REPORT:	FORM C/O COVER SHEET PG
16 C/OH NAME	gais R. C	Ganales	16 ACCOUNT # (Ethics Commission
17 NOTICE FROM POLITICAL	may have been made wil	of political expenditures by political committees to support the candid thout the candidate's or officeholder's knowledge or consent. Candida by receive notice of such expenditures	
Committee(S)		Ommittee address	
additional pages		OMMITTEE CAMPAIGN TREABURER NAME	
	 CC	DMMITTEE CAMPAIGN TREASURER ADDRESS	. .
18 CONTRIBUTION TOTALS		LITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.
		DLITICAL CONTRIBUTIONS IAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		ED \$ 1.
	4. TOTAL PC	DLITICAL EXPENDITURES	\$ 76.53
CONTRIBUTION BALANCE	5. TOTAL POL OF REPORT	× \$ Ø.	
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH DF THE REPORTING PERIOD	^в \$ ₽.
J Nota M	ed before me, by the	Signature of Candi	

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1-18-08;09:40AM; County Clert;				רי י רי וי	# :		
Texas Ethics C	ommission	P.O. Box 12070	Austin, Texas	78711-2070	(512) 4 6 3-	5800	1-800-325-8506
		PENDITURE: ERSONAL F				50	CHEDULE G
The Instruct	ilon Guide exp	lains, how to complet	e this form.		1 Total pages Sche	tule G:	1
2 FILER NAME	uisl	P. Cona	les		3 ACCOUNT# (Ein	ka Comm	(Ission filers)
4 Date	5 Payee nam Kot. 6 Payee add 5807	<u>P. Cana</u> y. Print hose: city: sta huy Blva	ers te; Zip Code 1. Katy	, TY 1	7492	8	Arnount (S) 16.53
	PUSA	expenditure (See Instruc CCPCJJ side of Texas, complete So		of information req	uired.)		Reimbursement from political contributions intended
Date	Payee nan Payee add		te; Zip Códe				Amount (\$)
		expenditure (See Instruc side of Texes, complete S		of information req	uired.)		Reimbursement from political contributions intended
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· ·		expenditure (See Instruc side of Texas, complete S		of information req	uired.)		Reimbursement from political contributions intended
Date	Payee nam		te; Zip Code				Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) (if travel outside of Texas, complete Schedule T)					Reimburgement from political contributions intended	
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	-	expenditure (See Instruc side of Texas, complete So		of information req	uirad.)		Reimbursement from political cantributions Intended
		ATTACH ADDITIO	NAL COPIES OF	THIS FORM A	AS NEEDED		
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