

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

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Derwood Owen
NICKNAME LAST SUFFIX
"Billy" RALSTON

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box
Waller, Tx 77484

Change of Address

Date Hand-delivered or Date Postmarked

1-15-02

lrf

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Joy Ralston
NICKNAME LAST SUFFIX
Thomas

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
19601 FM 362 S.
Waller, Tx 77484

CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 931-1947

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officer/holder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01/01/02 THROUGH 01/15/02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03/12/02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

County Judge

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name
Owen Ralston

Address / PO Box: Apt. / Suite #: City: State: Zip Code
PO Box 1637
Waller Tx 77484

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Derwood Owen Ralston

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

** 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME <u>Joy Ralston Thomas</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>19601 FM 3625 Waller, Tx 77484</u>

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

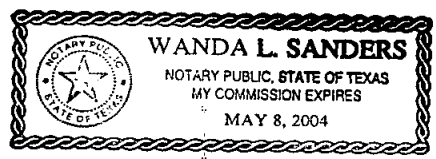
EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,150.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
4. TOTAL POLITICAL EXPENDITURES	\$ 1,124.13
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0- 97

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.

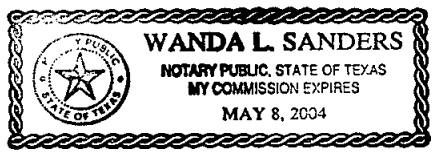


Owen Ralston
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Owen Ralston this the 15 day of January, 2002, to certify which, witness my hand and seal of office.

Wanda L. Sanders WANDA L. SANDERS NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS



SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME Derwood Owen Ralston				3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-9-02	5 Full name of contributor Harold Black, DDS <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$) 150 ⁰⁰	8 In-kind contribution description (if applicable)		
6 Contributor address: City: State: Zip Code 808 Sixth St. Hempstead Tx 77445					
9 Principal occupation (Optional) Dentist			10 Employer (Optional)		
Date 1-12-02	Full name of contributor Wm. F. Fendley <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 29442 Hegar Rd Hockley, Tx 77447					
Principal occupation (Optional)			Employer (Optional)		
Date 1-13-02	Full name of contributor Sylvia Wooten <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code Rt 2 Box 374 C Waller, Tx 77484					
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code					
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code					
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Derwood Owen Ralston

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-9-02

Johnson Graphics

6 Payee address: City: State: Zip Code

PO BOX 509
Waller, Tx 77484

99.13

8 Purpose of expenditure (See instructions regarding type of information required.)

Business Cards

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Derwood Owen Rakston</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>1-4-02</u>	5 Payee name <u>Owen Rakston</u>	8 Amount (\$) <u>2500</u>
	6 Payee address: City: State: Zip Code <u>PO Box 1637 Waller Tx 77484</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>to open account</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>1-7-02</u>	Payee name <u>Sign + More</u>	Amount (\$) <u>600⁰⁰</u>
	Payee address: City: State: Zip Code <u>OLD Houston Hwy Prairie View Tx 77446</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Signs</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>1-12-02</u>	Payee name <u>Signs + More</u>	Amount (\$) <u>400⁰⁰</u>
	Payee address: City: State: Zip Code <u>OLD Houston Hwy Prairie View, Tx 77446</u>	
Purpose of expenditure (See instructions regarding type of information required.)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED