

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: <div style="text-align: center; font-size: 2em;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <div style="text-align: center; font-size: 1.2em;">Derwood Owen</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">"Billy" RALSTON</div>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.5em;">2/11/02</div> <div style="text-align: center; font-size: 1.5em;">ef</div> Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">PO Box 1637 Waller Tx 77484</div>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <div style="text-align: center; font-size: 1.2em;">Joy Ralston</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Thomas</div>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">19601 FM 362 S. WALLER TX 77484</div>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(936) 931-1947</div>		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year MONTH DAY YEAR COVERED THROUGH <div style="text-align: center; font-size: 1.2em;">01/16/02 02/10/02</div>		
10 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">03/12/02</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.5em;">COUNTY Judge</div>	
13 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 <div style="text-align: center; font-size: 1.2em;">Derwood Owen RALSTON</div> Address / PO Box; Apt / Suite #; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">PO Box 1637 WALLER TX 77484</div>		

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)

** 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

Joy RALSTON THOMAS

COMMITTEE CAMPAIGN TREASURER ADDRESS

19601 FM 3625. WALLER TX 77484

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

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 160

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2260.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 3.44

4. TOTAL POLITICAL EXPENDITURES

\$ 2288.99

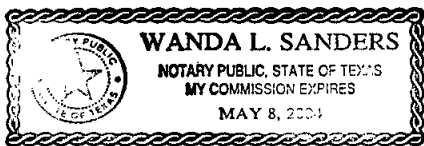
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Owen Ralston

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Owen Ralston, this the 11 day of February, 2002, to certify which, witness my hand and seal of office.

Wanda L. Sanders
Signature of officer administering oath

WANDA L. SANDERS
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2	
2 FILER NAME Derwood Owen Ralston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-30-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Poik	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 389 Waller, Tx 77484			
9 Principal occupation (Optional)		10 Employer (Optional) Poik Land + Cattle	
Date 1-30-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Collie + Braden PAC	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 130089 Houston, Tx 77219			
Principal occupation (Optional)		Employer (Optional)	
Date 1-17-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TC BASKIN	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20410 FM 362 PO Box 1116 Waller Tx 77484			
Principal occupation (Optional)		Employer (Optional)	
Date 1-17-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.E. Boyd	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 24824 FM 362 Waller, Tx 77484			
Principal occupation (Optional)		Employer (Optional)	
Date 2-1-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Shaper	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 550 PATTISON TX 77466			
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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 2-6-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLR/PAC CLR-TEXAS POLITICAL ACTION COMMITTEE	7 Amount of contribution (\$) 1,000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13100 NW DRWY suite 500 HOUSTON TX 77040			
9 Principal occupation (Optional)		10 Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **3**

2 FILER NAME **Derwood Owen Ralston** 3 ACCOUNT # (Ethics Commission filers)

4 Date 1-16-02	5 Payee name John Henry's Country Store	7 Amount (\$) 4.45
6 Payee address; City; State; Zip Code PO Box 606 Waller Tx 77484		

8 Purpose of payment (See instructions regarding type of information required.) plastic cap nails for signs	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-16-02	Payee name Signs + more	Amount (\$) 600⁰⁰
Payee address; City; State; Zip Code OLD HOUSTON HWY Prairie View Tx 77446		

Purpose of payment (See instructions regarding type of information required.) Signs	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-28	Payee name Signs + more	Amount (\$) 400⁰⁰
Payee address; City; State; Zip Code OLD HOUSTON HWY Prairie View Tx 77446		

Purpose of payment (See instructions regarding type of information required.) Signs	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-30	Payee name Elections OFFICE	Amount (\$) 20⁰⁰
Payee address; City; State; Zip Code 846 Sixth St. #1 HEMPSTEAD TX 77445		

Purpose of payment (See instructions regarding type of information required.) disc for mailing list	9 ** 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 FILER NAME **Derwood Owen Ralston** 3 ACCOUNT # (Ethics Commission filers)

4 Date 2-7-02	5 Payee name The Times	7 Amount (\$) 367.50
6 Payee address; City; State; Zip Code PO Box 678 Katy, Tx 77449		

8 Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2-7-02	Payee name Waller News Citizen	Amount (\$) 90.60
Payee address; City; State; Zip Code HEMPSTEAD TX 77445		

Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2-7-02	Payee name HOTLINE PRESS	Amount (\$) 35⁰⁰
Payee address; City; State; Zip Code 1116 AUSTIN ST. Hempstead Tx 77445		

Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2-7-02	Payee name THE TIMES TRIBUNE	Amount (\$) 50⁰⁰
Payee address; City; State; Zip Code PO Box 1549 Brookshire Tx 77423		

Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADS	9 ** 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 FILER NAME

Derwood Owen Ralston

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-7-02

5 Payee name

Johnson Graphics - WALLER TIMES

7 Amount (\$)

38⁰⁰

6 Payee address; City; State; Zip Code

PO Box 509
Waller Tx 77484

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

NEWSPAPER ADS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

2-1-02

Payee name

SIGNS + MORE

Amount (\$)

700⁰⁰

Payee address; City; State; Zip Code

OLD HOUSTON HWY
Prairie View Tx 77446

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

SIGNS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office 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: 1

2 FILER NAME

Derwood Owen Ralston

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-22-02

5 Payee name

Johnson Graphics

6 Payee address; City; State; Zip Code

PO Box 509
Waller Tx 77484

8 Amount (\$)

56.30

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

Business Cards

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

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