

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: 57
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST Derwood	MI Owen
	NICKNAME	LAST RALSTON	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	PO Box 1637 WALLER TX 77484		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Joy	MI RALSTON
	NICKNAME	LAST THOMAS	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
	19601 FM 3625 WALLER, TX 77484		
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
()			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	02 / 11 / 02		03 / 04 / 02
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	03 / 12 / 02	<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)
			COUNTY Judge
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box: Apt. / Suite #: City: State: Zip Code PO		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME <p style="text-align: center; font-size: 1.2em;">Joy RALSTON THOMAS</p>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <p style="text-align: center; font-size: 1.2em;">19601 FM 3625 PO BOX 185 WALLERTX 77484</p>	

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2111.98 91
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 24 day March, 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 & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>1</u>	
2 FILER NAME <u>DERWOOD OWEN RALSTON</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/15/02</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC <u>Steve and Jeff Jordon</u>	7 Amount of contribution (\$) <u>200⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>24322 FM 362 WALLERTX 77484</u>			
9 Principal occupation (Optional) <u>Automotive REPAIR</u>		10 Employer (Optional) <u>JORDON Automotive</u>	
Date <u>02/25/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC <u>Jim Warren</u>	Amount of contribution (\$) <u>250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>15038 Warren Ranch Rd HOCKLEY TX 77447</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>2/28/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC <u>John RAFFERTY</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>35427 Mayer Rd Hempstead TX 77445</u>			
Principal occupation (Optional)		Employer (Optional)	
Date <u>3/4/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC <u>Sam Nuchia</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>PO Box 57 Hockley TX 77447</u>			
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: **3**

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name WALLER NEWS CITIZEN	7 Amount (\$) 158.70
	6 Payee address: City: State: Zip Code HOMPSTEAD TX 77445	

8 Purpose of expenditure (See instructions regarding type of information required.) NEWSPAPER ADS	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name SIGNS + MORE	Amount (\$) 853.13 835.13
	Payee address: City: State: Zip Code PO BOX 206 PRAIRIE VIEW TX 77446	

Purpose of expenditure (See instructions regarding type of information required.) SIGNS	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name TIMES TRIBUNE	Amount (\$) 130.00
	Payee address: City: State: Zip Code PO BOX 1549 BROOKSHIRE TX 77423	

Purpose of expenditure (See instructions regarding type of information required.) NEWSPAPER Ad	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name JOHNSON GRAPHICS	Amount (\$) 242.60
	Payee address: City: State: Zip Code PO BOX 509 WAUER TX 77484	

Purpose of expenditure (See instructions regarding type of information required.) Ads + Brochures	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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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

2/15/02

5 Payee name

HOTLINE

7 Amount (\$)

105⁰⁰

6 Payee address; City, State; Zip Code

**1116 AUSTIN ST.
HEMPSTEAD TX 77445**

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

2/21/02

Payee name

SIGNS + MORE

Amount (\$)

329.25

Payee address; City, State; Zip Code

**PO BOX 206
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

2/27/02

Payee name

SIGNS + MORE

Amount (\$)

130⁰⁰

Payee address; City, State; Zip Code

**PO BOX 206
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

2/28/02

Payee name

WALLERTIMES - JOHNSON GRAPHICS

Amount (\$)

38.50

Payee address; City, State; Zip Code

**PO BOX 509
WALLER TX 77484**

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

NEWSPAPER AD

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

Candidate / Officeholder name Office sought Office held

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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 3/1/02	5 Payee name TIMES TRIBUNE 6 Payee address; City; State; Zip Code PO BOX 1549 Brookshire Tx 77423	7 Amount (\$) 36⁰⁰
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 3/1/02	Payee name KATY TIMES Payee address; City; State; Zip Code PO BOX 678 KATY TX 77449	Amount (\$) 40⁰⁰
Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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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 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name JOHNSON Graphics	3 Amount (\$)
2/21/02	6 Payee address: City: State: Zip Code PO BOX 509 WAUER TX 77484	66.81
	7 Purpose of expenditure (See instructions regarding type of information required.) BUSINESS CARDS	<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

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

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