

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <span style="font-size: 2em;">7</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE FIRST MI <span style="font-size: 1.5em;">OWEN</span>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <span style="font-size: 1.5em;">RALSTON</span>		
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <span style="font-size: 1.5em;">P O Box 1637 WALLER TX 77484</span>	Date Received <span style="font-size: 1.5em;">10-07-02</span>	
	<input type="checkbox"/> Change of Address	Date Hand-delivered or Date-Postmarked <span style="font-size: 1.5em;">[Signature]</span>	Receipt #      Amount
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE FIRST MI <span style="font-size: 1.5em;">Joy RALSTON</span>	Date Processed	
	NICKNAME LAST SUFFIX <span style="font-size: 1.5em;">Thomas</span>	Date Imaged	
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <span style="font-size: 1.5em;">P O Box 185 WALLER TX 77484</span>		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.5em;">(936) 931-1947</span>		
<b>8 REPORT TYPE</b>	<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)		
<b>9 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year <span style="font-size: 1.5em;">07 / 16 / 02      10 / 07 / 02</span>		
<b>10 ELECTION</b>	ELECTION DATE Month Day Year <span style="font-size: 1.5em;">11 / 05 / 02</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> <span style="font-size: 1.5em;">County Judge</span>	
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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		
<input type="checkbox"/> additional pages			
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** 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. \*\*

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b> <u>Jo</u>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

additional pages

**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**

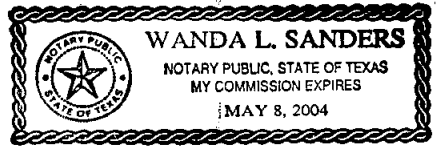
**EXPENDITURE TOTALS**

**OUTSTANDING LOAN TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>-0-</u>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4050<sup>00</sup></u>
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>-0-</u>
4. TOTAL POLITICAL EXPENDITURES	\$ <u>6206.11</u>
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 7 day of October, 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: <b>2</b>	
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/16/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Epley</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>37184 BRUMLOW Rd Hempstead TX 77445</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>7/25/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William OTHON</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10802 Overbrook HOUSTON TX 77042</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>7/28/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RON OR SYLVIA WOOTEN</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Rt 2 BOX 374C WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>9/18/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TC BASKIN</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>20410 FM 362 WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>9/18/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James KING</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P O BOX 10 WALLIS TX 77485</b>			
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.

<h2 style="margin: 0;">POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS</h2>	<h3 style="margin: 0;">SCHEDULE A1</h3> <p style="font-size: small; margin: 0;">(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, &amp; SPAC-SS)</p>
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule A1: <u>2</u>
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2 FILER NAME <b>OWEN RALSTON</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <b>7/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clarence Harris</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>31126 BETKA Rd WALLER TX 77484</b>			

9 Principal occupation (Optional)	10 Employer (Optional)
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Date <b>9/27/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MOSTAFA SOLIMAN</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>H# 15628 GINGER LN HOUSTON TX 77040</b>			

Principal occupation (Optional)	Employer (Optional)
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Date <b>9/27</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Powell</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>35170 STENZEL BROOKSHIRE TX 77423</b>			

Principal occupation (Optional)	Employer (Optional)
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Date <b>10/5/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHNNY Boyd</b>	Amount of contribution (\$) <b>\$2350-</b>	In-kind contribution description (if applicable) <b>SWINE HELPER (FAIR)</b>
Contributor address; City; State; Zip Code <b>WALLER TX</b>			

Principal occupation (Optional)	Employer (Optional)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional)	Employer (Optional)
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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

2 FILER NAME  
OWEN RALSTON

3 ACCOUNT # (Ethics Commission filers)

4 Date  
7/16/02

5 Payee name  
Vinyl Graphics  
6 Payee address; City; State; Zip Code  
2430 Main  
WALLER TX 77484

7 Amount (\$)  
479.49

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

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
7/16/02

Payee name  
WALLER HIGH CHEERLEADERS  
Payee address; City; State; Zip Code  
WALLER HIGH SCHOOL  
WALLER TX 77484

Amount (\$)  
150<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)  
Ad for football program

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
7/23/02

Payee name  
HEMPSTEAD HIGH SCHOOL  
Payee address; City; State; Zip Code  
BOOSTER CLUB  
HEMPSTEAD TX 77445

Amount (\$)  
125<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)  
Ad in Football Program

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
7/24

Payee name  
VINYL GRAPHICS  
Payee address; City; State; Zip Code  
2430 Main  
Waller TX 77484

Amount (\$)  
821.60

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

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

2 FILER NAME OWEN RAUSTON 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <u>JOHNSON GRAPHICS</u>	7 Amount (\$)
<u>1/26/02</u>	6 Payee address; City; State; Zip Code <u>PO BOX 509 WALLER TX 77484</u>	<u>77.58</u>

8 Purpose of payment (See instructions regarding type of information required.) <u>CANDIDATE CARDS</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name <u>Vinyl Graphics</u>	Amount (\$)
<u>8/16/02</u>	Payee address; City; State; Zip Code <u># 2430 MAIN WALLER TX 77484</u>	<u>3,232.50</u>

Purpose of payment (See instructions regarding type of information required.) <u>SIGNS</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name <u>JOHNSON GRAPHICS</u>	Amount (\$)
<u>9/11/02</u>	Payee address; City; State; Zip Code <u>PO BOX 509 WALLER TX 77484</u>	<u>51.72</u>

Purpose of payment (See instructions regarding type of information required.) <u>Copies of Brochure</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name <u>CC Communications</u>	Amount (\$)
<u>9/23/02</u>	Payee address; City; State; Zip Code <u>PO BOX 276 Brookshire TX 77423</u>	<u>358.22</u>

Purpose of payment (See instructions regarding type of information required.) <u>Brochures</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**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:
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/23/02</b>	5 Payee name <b>Joy Thomas</b>	8 Amount (\$) <b>300<sup>00</sup></b>
	6 Payee address; City; State; Zip Code <b>PO BOX 185 WALLER TX 77484</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>CAMPAIGN MANAGEMENT-</b>	
Date <b>10/4/02</b>	Payee name <b>Joy Thomas</b>	Amount (\$) <b>300<sup>00</sup></b>
	Payee address; City; State; Zip Code <b>PO BOX 185 WALLER TX 77484</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>CAMPAIGN MANAGEMENT</b>	
Date <b>10/5/02</b>	Payee name <b>JOHN HENRY COUNTRY STORE</b>	Amount (\$) <b>300<sup>00</sup></b>
	Payee address; City; State; Zip Code <b>WALLER TX 77484</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>T-POST, TIES FOR SIGNS</b>	
Date <b>9/26/02</b>	Payee name <b>HOMETOWN HARDWARE</b>	Amount (\$) <b>10<sup>00</sup></b>
	Payee address; City; State; Zip Code <b>HEMPSTEAD TX 77445</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>TIES - SUPPLIES FOR SIGNS</b>	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

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