

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

-- 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ —

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

\$ 3500⁰⁰

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 4730³³
(4730³³ JT)

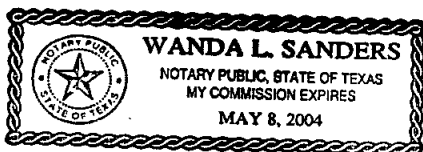
OUTSTANDING
LOAN TOTALS

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 28 day

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: 3	
2 FILER NAME <i>Allen Ralston</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/21/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Travis</i>	7 Amount of contribution (\$) <i>150⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1500 City West Blvd Ste 455 Houston TX 77042</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dionel or Barbara Aviles</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2103 Lakeside Bend Ct. Houston TX 77077</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald Mullinax</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11490 Westheimer Rd Suite 700 Houston TX 77077</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J R Jones</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6335 Guilfton Suite 200 Houston TX 77081</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/21/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Lapley</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1419 Green Tree Dr. Tomville TX 77375</i>			
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: **3**

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

4 Date 10/21/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Gerry Pate	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code 13333 NW FWY suite 300 Houston TX 77040			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 10/21/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Rafferty	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 35427 Mayer Road Hempstead TX 77445			

Principal occupation (Optional) Employer (Optional)

Date 10/24/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Garrett	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 20982 FM 359 Hempstead TX 77445			

Principal occupation (Optional) Employer (Optional)

Date 10/26/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welcome Wilson	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 5858 Westheimer Suite 800 Houston TX 77059			

Principal occupation (Optional) Employer (Optional)

Date 10/26/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Castleberry	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 6671 SW FWY Suite 200 Houston TX 77074			

Principal occupation (Optional) Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 3	
2 FILER NAME Owen Ralston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/26/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welcome Wilson Jr.	7 Amount of contribution (\$) 300⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 56706 Houston TX 77256			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/26/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Wilson	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 131685 HOUSTON TX 77219			
Principal occupation (Optional)		Employer (Optional)	
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)	
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)	
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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 4

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

4 Date	5 Payee name <u>Katy Times</u>	7 Amount (\$)
<u>10/10/02</u>	6 Payee address; City; State; Zip Code <u>PO Box 678 Katy Tx 77449</u>	<u>95⁰⁰</u>

8 Purpose of payment (See instructions regarding type of information required.) <u>ad</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <u>Katy Times</u>	Amount (\$)
<u>10/18/02</u>	Payee address; City; State; Zip Code <u>PO Box 678 Katy Tx 77449</u>	<u>110⁰⁰</u>

Purpose of payment (See instructions regarding type of information required.) <u>ad</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <u>Katy Times</u>	Amount (\$)
<u>10/23/02</u>	Payee address; City; State; Zip Code <u>PO Box 678 Katy Tx 77449</u>	<u>119.50</u>

Purpose of payment (See instructions regarding type of information required.) <u>ad</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <u>The Panther</u>	Amount (\$)
<u>10/23</u>	Payee address; City; State; Zip Code <u>PV A M university Prairie View Tx 77446</u>	<u>34⁰⁰</u> <u>17.24</u>

Purpose of payment (See instructions regarding type of information required.) <u>ad</u>	** 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: **4**

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

4 Date	5 Payee name Waller James	7 Amount (\$)
10/9/02	6 Payee address; City; State; Zip Code PO Box 509 Waller Tx 77484	30.40

8 Purpose of payment (See instructions regarding type of information required.) ad	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Hotline Press	Amount (\$)
10/11/02	Payee address; City; State; Zip Code 1116 Austin Hempstead Tx 77445	800 4800

Purpose of payment (See instructions regarding type of information required.) ad	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Hotline Press	Amount (\$)
10/23	Payee address; City; State; Zip Code 1116 Austin St. Hempstead TX 77445	8000

Purpose of payment (See instructions regarding type of information required.) ad	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Potpourri	Amount (\$)
10/9/02	Payee address; City; State; Zip Code Tomball Tx	114.80

Purpose of payment (See instructions regarding type of information required.) ad	9 ** 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: 4
2 FILER NAME <i>Awen Ralston</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/18/02</i>	5 Payee name <i>Joy Co</i> 6 Payee address; City; State; Zip Code <i>Rt 2 Box 50 Hempstead TX 77445</i>	7 Amount (\$) <i>173.08</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Printing of mailout cards</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/21/02</i>	Payee name <i>Oliver Kitzman</i> Payee address; City; State; Zip Code <i>Brookshire Tx</i>	Amount (\$) <i>81.45</i>
Purpose of payment (See instructions regarding type of information required.) <i>(reimburse) to pay 1/2 of Marbut expense</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/16/02</i>	Payee name <i>Johnson Graphics</i> Payee address; City; State; Zip Code <i>P O Box 509 Waller Tx 77484</i>	Amount (\$) <i>76.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>ad</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/23</i>	Payee name <i>Johnson Graphics</i> Payee address; City; State; Zip Code <i>P O Box 509 Waller 77484</i>	Amount (\$) <i>94.40</i>
Purpose of payment (See instructions regarding type of information required.) <i>ad</i>		** 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: **4**

2 FILER NAME **Owen Ralston**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/10/02

5 Payee name
Times Tribune
6 Payee address; City; State; Zip Code
**PO BOX 1549
Brookshire TX 77423**

7 Amount (\$)
230⁰⁰

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

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

Date
10/11/02

Payee name
News Citizen
Payee address; City; State; Zip Code
Hempstead TX 77445

Amount (\$)
144⁷²

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
10/18/02

Payee name
Postmark
Payee address; City; State; Zip Code
**1507 Ricefield
Houston TX 77084**

Amount (\$)
2648.⁹⁸

Purpose of payment (See instructions regarding type of information required.)
Mailout, Postage + Label

** 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: <u>1</u>
2 FILER NAME <u>Owen Ralston</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/18/02</u>	5 Payee name <u>Joy Co</u>	8 Amount (\$) <u>650⁰⁰</u>
	6 Payee address; City; State; Zip Code <u>Rt 2 Box 50 Hempstead TX 77445</u>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>Printing of mailout card</u>	

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.)	

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.)	

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.)	

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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