

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST OWEN	MI
	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 R
	NICKNAME	LAST THOMAS	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	PO Box 185 WALLER TX 77484		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(936) 931-1947	
8 REPORT TYPE	<input checked="" 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 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
		10/29/02	THROUGH 01/15/03
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		/ /	<input 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 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		
	Address / PO Box: Apt. / Suite #: City: State: Zip Code		

GO TO PAGE 2

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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)

\$ 1800⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2937.61

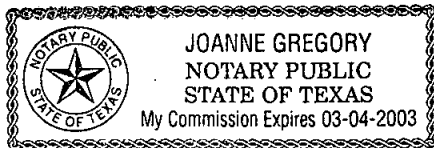
OUTSTANDING LOAN TOTALS

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 15th day of Jan, 20 03, to certify which, witness my hand and seal of office.

Joanne Gregory
Signature of officer administering oath

Joanne Gregory
Printed name of officer administering oath

Public 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: 1	
2 FILER NAME OWEN RALSTON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-5-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WANDA SCHULZ 6 Contributor address; City; State; Zip Code PO BOX 317 WALLER TX 77484	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/30/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON SMITH Contributor address; City; State; Zip Code 6919 Soledad HOUSTON TX 77083	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEIL BISHOP Contributor address; City; State; Zip Code PO BOX 130089 HOUSTON TX 77219	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM GARRETT Contributor address; City; State; Zip Code HEMPSTEAD TX 77445	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/11/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUIS TSAKIRIS Contributor address; City; State; Zip Code 565 S MASON RD 353 KATY TX 77450	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
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

OWEN RALSTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/7/02

5 Payee name

JOHNSON GRAPHICS7 Amount
(\$)**155.80**

6 Payee address; City; State; Zip Code

**PO BOX 509
WALLER TX 77484**

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

Date

10/30/02

Payee name

PRAIRIE VIEW PANTHERAmount
(\$)**25.86**

Payee address; City; State; Zip Code

**PO BOX 2876
Prairie View Tx 77446**

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

Ad

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

Candidate / Officeholder name

Office sought

Office held

Date

10/18/02

Payee name

THE TIMES TRIBUNEAmount
(\$)**210⁰⁰**

Payee address; City; State; Zip Code

**PO BOX 1549
BROOKSHIRE**

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

Ad

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

Candidate / Officeholder name

Office sought

Office held

Date

11-3-02

Payee name

HOMETOWN HARDWAREAmount
(\$)**158.84**

Payee address; City; State; Zip Code

**PO BOX 479
WALLER TX 77484**

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

Tee Post for 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: **3**

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

4 Date 11-5-02	5 Payee name JARVIS HAYES	7 Amount (\$) 200⁰⁰
6 Payee address; City; State; Zip Code HEMPSTEAD TX 77445		

8 Purpose of payment (See instructions regarding type of information required.) Campaign Services	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11-5-02	Payee name Julio's	Amount (\$) 77²¹
Payee address; City; State; Zip Code HEMPSTEAD TX 77445		

Purpose of payment (See instructions regarding type of information required.) Campaign Reception	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11-9-02	Payee name Joy THOMAS	Amount (\$) 1500⁰⁰
Payee address; City; State; Zip Code PO BOX 185 WALLER TX		

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN Management Services	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11-7-02	Payee name KATY TIMES	Amount (\$) 228.38
Payee address; City; State; Zip Code PO BOX 678 KATY TX 77449		

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: **3**

2 FILER NAME

OWEN RALSTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-7-02

5 Payee name

WALLER NEWS CITIZEN

7 Amount (\$)

296⁵²

6 Payee address; City; State; Zip Code

HEMPSTEAD TX 77445

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

Date

11-7-02

Payee name

HOTLINE

Amount (\$)

85⁰⁰

Payee address; City; State; Zip Code

**1116 Austin
HEMPSTEAD TX 77445**

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

Ad

** 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I: 1
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2 FILER NAME OWEN PALSTON	3 ACCOUNT # (Ethics Commission filers)
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4 Date 11/21/02	5 Payee name STATE BANK	8 Amount (\$) 1845
	6 Payee address; City; State; Zip Code PO BOX B LA GRANGE TX 78945	
	7 Purpose of expenditure (See instructions regarding type of information required.) CHECK ORDER	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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