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: 4

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST _Owen_ MI NICKNAME LAST _Ralston_ SUFFIX	**OFFICE USE ONLY**

Date Received

received
7-12-2007

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE _POB 1637 Waller TX 77484_

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 372-9828	Receipt # Amount

Date Processed

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST _Thomas_ MI NICKNAME LAST _Brown_ SUFFIX	Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE _40834 Kelley Rd Hempstead TX 77445_

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-6357

9 REPORT TYPE	☐ January 15	☐ 30th day before election	☐ Final report (Attach C/OH - FR)	☐ Exceeded $500 limit
	☒ July 15	☐ 8th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED	Month Day Year 1 / 1 /07 THROUGH Month Day Year 6 /30/07

11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE	OFFICE HELD (if any) _County Judge_	**13** OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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
☐ additional pages	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

15 C/OH NAME *Owen Ralston*

16 ACCOUNT # (Ethics Commission Filers)

17 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

COMMITTEE NAME

COMMITTEE ADDRESS

[ ] additional pages

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

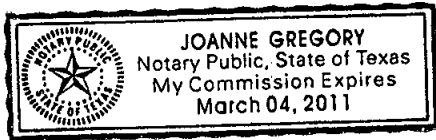| 18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ *0*
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ *300.00*
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ *0*
	4.	**TOTAL POLITICAL EXPENDITURES**	$ *500.00*
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ *2775.59*
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ *0*

19 AFFIDAVIT

JOANNE GREGORY
Notary Public, State of Texas
My Commission Expires
March 04, 2011

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *Owen Ralston*, this the *12th* day of *July*, 20 *07*, to certify which, witness my hand and seal of office.

Joanne Gregory   *Joanne Gregory*   *Notary Public*

Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

Revised 10/02/2006

Texas Ethics Commission   P.O. Box 12070   Austin, Texas 78711-2070   (512) 463-5800   1-800-325-8506

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME Owen Ralston

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/20/07	Robert E. Esenwein	$300.00	
	6 Contributor address; City; State; Zip Code 5642 Flack Dr Houston, TX 77081		(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) Environmental Planner

10 Employer (See Instructions) Brown & Caldwell

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)   Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 10/02/2006

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule F:
2 FILER NAME *Owen Ralston*	**3** ACCOUNT # (Ethics Commission filers)

4 Date	**5** Payee name	**7** Amount ($)
7/10/07	*Waller County Republican Party*	*$500.00*
	6 Payee address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) *Table-Lincoln Day Dinner* (If travel outside of Texas, complete Schedule T)	**9** •• 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.) (If travel outside of Texas, complete Schedule T)	•• 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.) (If travel outside of Texas, complete Schedule T)	•• 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.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 10/02/2006