

# 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>  <b>18</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE FIRST MI <b>OWEN</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <b>RALSTON</b>		
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 1637</b> <b>WALLER TX 77484</b>	Date Received <b>7.15.02</b>	
	<input type="checkbox"/> Change of Address	Date Hand-delivered or Date Postmarked	Receipt #      Amount Date Processed Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE FIRST MI <b>Joy RALSTON</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <b>THOMAS</b>		
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 185</b> <b>WALLER TX 77484</b>	Receipt #      Amount Date Processed Date Imaged	
	<input type="checkbox"/> Change of Address	Date Hand-delivered or Date Postmarked	Receipt #      Amount Date Processed Date Imaged
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (    )		
<b>8 REPORT TYPE</b>	<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 checked="" 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 <b>03 / 05 / 02      07 / 15 / 02</b>		
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year <b>07 / 05 / 02</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> <b>County Judge</b>	
<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			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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. \*\*

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Joy RALSTON THOMAS

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO BOX 185 WALLER TX 77484

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

\$ 522.00

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

\$ 16,229.29

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2448.65

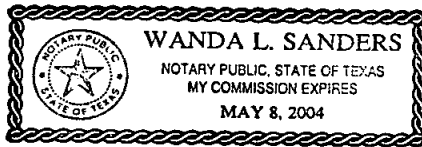
OUTSTANDING LOAN TOTALS

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 15 day of July, 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:

13

2 FILER NAME

OWEN RALSTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/29/02

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DONALD YEATS

6 Contributor address; City; State; Zip Code

28523 HEGAR  
HOCKLEY TX 77447

7 Amount of contribution (\$)

25<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/29

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOHN ISOM

Contributor address; City; State; Zip Code

PO Box 38  
WALLER TX 77484

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/29/02

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

J W KIKER

Contributor address; City; State; Zip Code

24081 Jones Rd  
HEMPSTEAD TX 77445

Amount of contribution (\$)

50<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/02

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JERRY NEWELL

Contributor address; City; State; Zip Code

9402 Godstone  
Spring TX 77379

Amount of contribution (\$)

85<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/22/02

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

WILLIAM FENDLEY

Contributor address; City; State; Zip Code

29442 HEGAR Rd  
HOCKLEY TX 77447

Amount of contribution (\$)

335<sup>00</sup>

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 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:

2 FILER NAME

OWEN RALSTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/29/02

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DAVID MINZE

7 Amount of  
contribution (\$)

400<sup>00</sup>

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

6205 FRANZ  
PO BOX 663 KATY TX 77492

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/29/02

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MIKE SCHROEDER

Amount of  
contribution (\$)

200<sup>00</sup>

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

3734 Eula Morgan  
KATY TX 77493

Principal occupation (Optional)

Employer (Optional)

Date

6/29/02

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Orval RHOADS

Amount of  
contribution (\$)

500<sup>00</sup>

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

3606 PITTS Rd  
KATY TX 77493

Principal occupation (Optional)

Employer (Optional)

Date

6/29/02

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Michael Lett

Amount of  
contribution (\$)

200<sup>00</sup>

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2325 Vogel Lane  
Brookshire TX 77423

Principal occupation (Optional)

Employer (Optional)

Date

6/29/02

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

B K WATSON

Amount of  
contribution (\$)

1270<sup>00</sup>

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2000 S DAIRY Ashford - Suite 600  
HOUSTON TX 77077

Principal occupation (Optional)

Employer (Optional)

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**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:	
2 FILER NAME <b>OWEN DALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TED KRENEK</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>2330 Vogel LN BROOKSHIRE TX 77423</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THOMAS BROWN</b>	Amount of contribution (\$) <b>1260<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>40834 KELLEY RD HEMPSTEAD TX 77445</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clifton WARD</b>	Amount of contribution (\$) <b>160<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 58 HOCKLEY TX 77447</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBBIE FERRIS</b>	Amount of contribution (\$) <b>150<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>19423 SCRUGGS Rd HEMPSTEAD TX 77445</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBBIE HAMILTON</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 164 HEMPSTEAD TX 77445</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.

# 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:	
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OWEN RALSTON</b>	7 Amount of contribution (\$) <b>8500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>PO BOX 1637 WALLER TX 77484</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM KITZMAN</b>	Amount of contribution (\$) <b>5000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 162 PATTISON TX 77466</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HERBERT JOHNSON</b>	Amount of contribution (\$) <b>2500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5311 FRENSHAM CIRCLE HOUSTON TX 77041</b>			
Principal occupation (Optional) <b>ENGINEER</b>		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACK DENNISON</b>	Amount of contribution (\$) <b>3500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2026 DENEY PO BOX 532 WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LYNN NARRAMORE</b>	Amount of contribution (\$) <b>2500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2260 BOWLER RD WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	

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# 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:	
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MILTON WHITING</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>PO BOX 2125 PRAIRIE VIEW TX 77446</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARGARET SALINAS</b>	Amount of contribution (\$) <b>25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>318 HEREFORD Dr. BROOKSHIRE TX 77423</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM FENDLEY</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>29442 HEGAR HOCKLEY TX 77447</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TURNER COLLIE + BRADEN PAC</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 130089 HOUSTON TX 77219</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARL KULTANER</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 1633 WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	

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# 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:	
2 FILER NAME <b>OWEN PALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBBIE FLINT</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>36712 TOMPKINS ROAD HEMPSTEAD TX 77445</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DARLEEN R. ST. JEAN</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 588 PATTISON TX 77466</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAROLD BLACK</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>808 6<sup>th</sup> ST. HEMPSTEAD TX 77445</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARC CANTRELL</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>15611 FM 362 S. WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANK POKUDA</b>	Amount of contribution (\$) <b>450<sup>00</sup></b>	In-kind contribution description (if applicable) <b>200<sup>00</sup> Sausage</b>
Contributor address; City; State; Zip Code <b>BOWLER Rd WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	

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# 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:	
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENNETH HARVEY</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>39183 WEST RD HEMPSTEAD TX 77445</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES HURLEY</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HEMPSTEAD TX 77445</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUDY HAMILTON</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HEMPSTEAD TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBBIE RENKEN</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>HEMPSTEAD TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GEORGE POLK</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 389 WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	

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# 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:	
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/21/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DARRELL Bloodworth</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>634.59 Supplies for fundraiser</b>
6 Contributor address; City; State; Zip Code <b>PO BOX 9 WALLER TX 77484</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darrell Bloodworth</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>1200<sup>00</sup> - BANO 300<sup>00</sup> - Deposition Fairgrounds</b>
Contributor address; City; State; Zip Code <b>PO BOX 9 WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DARRELL Bloodworth</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>1504.25 Meat</b>
Contributor address; City; State; Zip Code <b>PO BOX 9 WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Jordan</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>100<sup>00</sup> Auctioneer Service</b>
Contributor address; City; State; Zip Code <b>28358 Hwy 6 Hempstead TX 77445</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/27/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANN DAVIS</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable) <b>40<sup>00</sup> AD</b>
Contributor address; City; State; Zip Code <b>PO BOX 451 Katy TX 77492</b>			
Principal occupation (Optional)		Employer (Optional)	

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# 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:	
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AR AND OILIE GINN</b>	7 Amount of contribution (\$) <del>100.00</del>	8 In-kind contribution description (if applicable) <b>100.00 Patriot BASKET w/ Afghan</b>
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHNNY BOYD</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>75.00 Metal Hat RACK</b>
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ART + ANN DAVIS</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>200.00 WOOD CUT OUT 2 PICTURES WOOD ENGRAVING DRUCK</b>
Contributor address; City; State; Zip Code <b>KATY TX 771</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wanda Schultz</b>	Amount of contribution (\$) <b>40.00</b>	In-kind contribution description (if applicable) <b>35.00 WOOD CHAIR</b>
Contributor address; City; State; Zip Code <b>PO BOX 317 WALLER TX 77484</b>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cobb FENDLEY + ASSOC.</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>4 Astro Tickets \$60</b>
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 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:	
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN HENRY Country Store</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>125<sup>00</sup> Windmill</b>
6 Contributor address; City; State; Zip Code <b>WALLER TX</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clay + Laurie Walker</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>50<sup>00</sup> 2-CD'S 2-Tshirts</b>
Contributor address; City; State; Zip Code <b>Hempstead TX</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darrell Bloodworth</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>50<sup>00</sup> Bowie Knife</b>
Contributor address; City; State; Zip Code <b>PO Box 9 Waller 77484</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruth ELLIS</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>75<sup>00</sup> Cleaning Staff</b>
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nantamora Glass</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>50<sup>00</sup> MIRROR</b>
Contributor address; City; State; Zip Code <b>WALLER TX</b>			
Principal occupation (Optional)		Employer (Optional)	

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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:		
2 FILER NAME <b>OWEN RALSTON</b>			3 ACCOUNT # (Ethics Commission filers)		
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANK Pokuda</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>250<sup>00</sup> CAMP ALLEN 150<sup>00</sup> Cedar Bench</b>		
6 Contributor address; City; State; Zip Code <b>WALLER TX 77484</b>		9 Principal occupation (Optional)			
10 Employer (Optional)					
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis + Jan Canales</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>25<sup>00</sup> Battery Charger</b>		
Contributor address; City; State; Zip Code		Principal occupation (Optional)			
Employer (Optional)					
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brent Rollings</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>350<sup>00</sup> G HARVEY PRINT</b>		
Contributor address; City; State; Zip Code		Principal occupation (Optional)			
Employer (Optional)					
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shawn Kirk</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>150<sup>00</sup> BBQ PIT</b>		
Contributor address; City; State; Zip Code		Principal occupation (Optional)			
Employer (Optional)					
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK CRUSH</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>400<sup>00</sup> CEDAR PICNIC TABLE</b>		
Contributor address; City; State; Zip Code		Principal occupation (Optional)			
Employer (Optional)					
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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:		
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)		
4 Date <b>6/29/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Citizens for <del>the</del> Excellence in Gov PAC</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>500<sup>00</sup> 20' Flag Pole</b>		
6 Contributor address; City; State; Zip Code		9 Principal occupation (Optional)			
10 Employer (Optional)					
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve + LINDA Fitzgerald</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>50<sup>00</sup> Windchimes</b>		
Contributor address; City; State; Zip Code		Principal occupation (Optional)			
Employer (Optional)					
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary + Beverly Smith</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>500<sup>00</sup> Hill Country Weekend</b>		
Contributor address; City; State; Zip Code		Principal occupation (Optional)			
Employer (Optional)					
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Republican Women of Waller Co.</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>50<sup>00</sup> BASKET</b>		
Contributor address; City; State; Zip Code		Principal occupation (Optional)			
Employer (Optional)					
Date <b>4/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darrell Bloodworth</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>208.45 FOOTBALL'S TO BE THROWN AT GAMES.</b>		
Contributor address; City; State; Zip Code <b>P.O. Box 9 Waller TX 77484</b>		Principal occupation (Optional)			
Employer (Optional)					
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

# 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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/29/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Citizens for <del>the</del> Excellence in Gov PAC</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>500<sup>00</sup> 20' Flag Pole</i>
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>6/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve + LINDA Fitzgerald</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>50<sup>00</sup> Windchimes</i>
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary + Beverly Smith</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>500<sup>00</sup> Hill Country weekend</i>
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Republican Women of Waller Co.</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>50<sup>00</sup> BASKET</i>
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <i>4/25/02</i> <i>6/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darrell Bloodworth</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>208.45 FOOTBALL'S TO BE THROWN AT GAMES.</i>
Contributor address; City; State; Zip Code <i>PO BOX 9 Waller TX 77484</i>			
Principal occupation (Optional)		Employer (Optional)	

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# 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:	
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/15/02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Horace Nail</b>	7 Amount of contribution (\$) <b>50<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>810 Gresham Brookshire Tx 77423</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>6/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tommy Sanders</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>30<sup>00</sup> poncho</b>
Contributor address; City; State; Zip Code <b>5808 CR 325 Navasota Tx 77868</b>			
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)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>OWEN RALSTON</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7/10</b>	5 Payee name <b>Vinyl Graphics</b> 6 Payee address; City, State; Zip Code <b>2430 Main WALLER TX 77484</b>	7 Amount (\$) <b>821.59</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>SIGNS</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<del>6/7</del> Date <b>6/6/02</b> <b>7/1/02</b>	Payee name <b>JOHNSON AD WORKS</b> Payee address; City, State; Zip Code <b>PO BOX 1097 WALLER TX 77484</b>	Amount (\$) <b>698.33</b>
Purpose of payment (See instructions regarding type of information required.) <b>Bumper stickers + stickers</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>7/1/02</b>	Payee name <b>CC Communications</b> Payee address; City, State; Zip Code <b>PO BOX 276 Brookshire TX 77423</b>	Amount (\$) <b>451.52</b>
Purpose of payment (See instructions regarding type of information required.) <b>Brochures</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>3/7</b>	Payee name <b>NEWS CITIZEN</b> Payee address; City, State; Zip Code <b>HEMPSTEAD TX</b>	Amount (\$) <b>42.32</b>
Purpose of payment (See instructions regarding type of information required.) <b>Advertisement</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *Owen Rabston*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*3/7/02*

5 Payee name  
*SIGNS + More*  
6 Payee address; City; State; Zip Code  
*Prairie View Tx*

7 Amount (\$)  
*108.25*

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

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

Date

Payee name  
*JOHN HENRY Country Store*  
Payee address; City; State; Zip Code  
*WALLER TX 77484*

Amount (\$)  
*100<sup>00</sup>*

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

*Misc supplies for signs*

Date

Payee name  
*Joy Thomas*  
Payee address; City; State; Zip Code  
*PO BOX 185  
WALLER*

Amount (\$)  
*120.62*

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

*Mileage for campaign 320miles*

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

**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: 1

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

4 Date <b>6/6/02</b>	5 Payee name <b>Johnson Graphics</b> 6 Payee address; City; State; Zip Code <b>PO BOX 509 WALLER TX 77484</b>	8 Amount (\$) <b>106.02</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <b>INVITATIONS + BUSINESS CARDS</b>		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**