

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 MI <p style="text-align: center; font-size: 1.5em; font-family: cursive;">Owen</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.5em; font-family: cursive;">Ralston</p>	OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <p style="font-size: 1.5em; font-family: cursive;">2/27/06</p> <p style="font-size: 1.5em; font-family: cursive;">ld</p> <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <p style="font-size: 1.5em; font-family: cursive;">PO Box 1637 Waller, TX 77484</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.5em; font-family: cursive;">(936) 372-9828</p>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.5em; font-family: cursive;">Thomas</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.5em; font-family: cursive;">Brown</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <p style="font-size: 1.5em; font-family: cursive;">40834 Kelley Rd Hempstead Tx 77445</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.5em; font-family: cursive;">(979) 826-6357</p>		
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="font-size: 1.5em; font-family: cursive;">01 / 27 / 06 THROUGH 02 / 25 / 06</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="font-size: 1.5em; font-family: cursive;">03 / 07 / 06</p>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <p style="font-size: 1.5em; font-family: cursive;">County Judge</p>	13 OFFICE SOUGHT (if known)	
14 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

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

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 1500.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 662.10

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

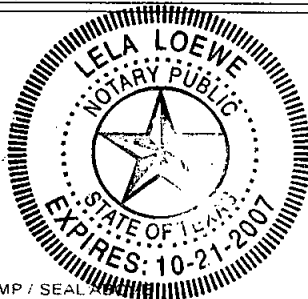
\$ 1540.99

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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

Sworn to and subscribed before me, by the said Owen Ralston this the 27th day of February, 20 06, to certify which, witness my hand and seal of office.

Lela Loewe
Signature of officer administering oath

LELA LOEWE
Printed name of officer administering oath

ELECTIONS ADMIN.
Title of officer administering oath

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

2/10/06

5 Full name of contributor

Herbert Johnson

 out-of-state PAC (ID#)

6 Contributor address: City: State: Zip Code

5311 Frensham Cir
Houston, TX 770417 Amount of
contribution (\$) **250.00**8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Geotechnical Engineer

10 Employer (See Instructions)

Self

Date

2/10/06

Full name of contributor

Neil Bishop

 out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

P.O. Box 130089
Houston, TX 77219Amount of
contribution (\$) **250.00**In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

TC & B

Date

2/10/06

Full name of contributor

CLR, Inc.

 out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

13100 NW Freeway Suite 500
Houston, TX 77040Amount of
contribution (\$) **250.00**In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/06

Full name of contributor

William F. Fendley

 out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

29442 Hegar Rd
Hockley, TX 77447Amount of
contribution (\$) **500.00**In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Cobb-Fendley & Assoc

Date

Full name of contributor

TC & B

 out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

5757 Woodway
Houston, TX 77057Amount of
contribution (\$) **250.00**In-kind contribution
description (if applicable)

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.

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

2/11/06

5 Payee name

Waller County Republican Party

7 Amount

\$500.00

6 Payee address; City; State; Zip Code

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

Linsdn Day Dinner - Table

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

Candidate / Officeholder name Office sought Office held

Date

2/17/06

Payee name

S&H Enterprises

Amount

\$162.10

Payee address; City; State; Zip Code

*2000-A FM 1488
Hempstead, TX 77445*

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
(S)

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
(S)

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