

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: 3 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Owen | OFFICE USE ONLY |
| | NICKNAME | LAST Ralston | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: | APT / SUITE #: | CITY: |
| | POB 1637 | | Waller TX 77484 |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (936) | 372-9828 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Thomas | MI |
| | NICKNAME | LAST Brown | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): | | CITY: |
| | 40834 Kelley Rd. | | Hempstead TX 77445 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (979) | 826-6357 | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| | 10 | 10 | 06 |
| THROUGH | | Month | Day |
| THROUGH | | 1 | 16 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| 11 | | 07 | 06 |
| | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) |
| | County Judge | | |
| 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 | | |
| | 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**

15 C/OH NAME Owen Ralston 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

-- 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 |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | 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) | \$ 1500.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2975.59 |
| OUTSTANDING LOAN TOTALS | 6. 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 16 day of Jan, 2007, to certify which, witness my hand and seal of office.

Cheryl Peters
Signature of officer administering oath

Cheryl Peters
Printed name of officer administering oath

County Clerk
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 files)

| | | | |
|--|---|--|--|
| 4 Date 10/26/06 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Henriksen Personal Operating | 7 Amount of contribution (\$) \$1500.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 8831 Stable Lane Houston TX 77024 | | | |
| (If travel outside of Texas, complete Schedule T) | | | |

9 Principal occupation / Job title (See Instructions) **Cell Phone Services** 10 Employer (See Instructions) **Self**

| | | | |
|--|--|--|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David Dewhurst - Lt Gov | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) CD ROM |
| Contributor address: City, State, Zip Code PO Box 756 Austin TX 78767-0756 | | | |
| (If travel outside of Texas, complete Schedule T) | | | |

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

| | | | |
|---|--|-----------------------------|--|
| 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 | | | |
| (If travel outside of Texas, complete Schedule T) | | | |

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

| | | | |
|---|--|-----------------------------|--|
| 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 | | | |
| (If travel outside of Texas, complete Schedule T) | | | |

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

| | | | |
|---|--|-----------------------------|--|
| 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 | | | |
| (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.