CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE OWEN	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST RALSTON	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER ADDRESS	1	CITY; STATE; ZIP CODE	7.15.02		
Change of Address	WALLER TX 7	7484	Date Hand-delivered of Date Postmarked		
5 CAMPAIGN TREASURER NAME	TITLE FIRST	RAISTON	Receipt # Amount		
	NICKNAME LAST THOMAS	SUFFIX	Date Processed Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	ITE #; CITY; STATE;	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THRO	UGH 07/15/			
10 ELECTION	Month Day Year ELECTION TY 1 05/02 Primary		General Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOLIGHT (IF KNOWN COUNTY			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expe Candidates are required to disclose this information	enditures made by others without the cand	didate's prior consent or approval.		
BY OTHER INDIVIDUALS	Name				
•	Address / PO Box; Apt. / Suite #; City; State;	Zip Code			
additional pages					
GO TO PAGE 2					

4

Printed on recycled paper

Revised 05/11/2000



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

· · · · · · · · · · · · · · ·			
14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL.	COMMITTEE ADDRESS	
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME TOY RAUS TON THE COMMITTEE CAMPAIGN TREASURER ADDRESS TO BOY IRE SOLUTIONS	
	р	POBOX 185 WALLER	12 11484
7 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavil bek	ow and submit pages 1 and 2 only.}
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$522.00
		. POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,229.29
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ \$
	4. TOTAL	POLITICAL EXPENDITURES	\$2448.65
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
,	7	I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	erjury, that the accompanying report information required to be reported by
	WANDA L. SAN NOTARY PUBLIC, STATE OF MY COMMISSION EXPIR MAY 8, 2004	DERS OUT SIgnature of Candi	alston date or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE		
Sworn to and subscri	~	the said July Ralstone rtify which, witness my hand and seal of office.	, this the day
Signature of officer ad	A. Sand Inhinistering oath	Printed name of officer administering oath	A Company of the comp

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 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 29 02 6 Contributor address; City; State; Zip Code 28523 HEGAR	2500
HOCKIEY TX 77447	
9 Principal occupation (Optional)	10 Employer (Optional)
Date Full name of contributor out-of-state PAC (ID#: To HN ISOM	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code POBOX 38	10000
WALLER TX 77484	
Principal occupation (Optional)	Employer (Optional)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution
JWKIKER Contributor address; City; State; Zip Code 24081 Jones Rd HEMPSTEAD TX 77445	contribution (\$) description (if applicable)
Principal occupation (Optional)	Employer (Optional)
Date Full name of contributor out-of-state PAC (ID#: JERRY NEWELL	Amount of In-kind contribution contribution (\$) description (if applicable)
JERRY NEWELL Contributor address; City, State; Zip Code 9402 GodStone	8506
Spring Tx 77379	
Principal occupation (Optional)	Employer (Optional)
Date Full name of contributor out-of-state PAC (ID#:_ WILLIAM FENDLEY) Amount of In-kind contribution contribution (\$) description (if applicable)
6/22/02 Contributor address; City: State; Zip Code 29442 HEGAR Rel HOCKLEY TX 77447	3350€
Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ωx 12070

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	Schedule A1;
2 FILER NAME	OWEN RAISTON		3 ACCOUNT # (Eth	ics Commission filors)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ DAVID MINZE		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/29/02	6 Contributor address; City; State; Zip Code 6205 FRANZ POBOX 663 KATY T	×77492	40000	
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_ MIKE Schroeder		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code 3734 Eula Morga KATY TX 77493	en	20000	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code 3606 PITTS Rel KATY TX 77493		500°	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor cut-of-state PAC (ID#:_ MIChael Leff)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code 2325 Vogel Lane Brookshive Tx 7742;	3	20000	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City: State; Zip Code 2000 5 DARY ASN FORD HOUSTON TY 77077	-Suite 600	12700	
Principal occup	pation (Optional)	Employer (Option	al)	
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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	ON GUIDE explains how to complete this form.	<u> </u>	1 Total pages this	Schedule A1:
FILER NAME	OWEN PALSTON		3 ACCOUNT # (EII	nics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID) TED KRENE'K	#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
129/02	6 Contributor address; City; State; Zip Cox 2330 VOGEL LN BROOKSHIRE TX 7742	de 23	10000	1
Principal occu	epation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID)		Amount of contribution (\$)	In-kind contribution description (if applicable
5/29/02	THOMAS BROWN Contributor address; City; State; Zip Cox 40834 KEIIEY PJ HEMPSTEAD TX 7744		126000	1 -
Principal occu	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor Out-of-state PAC (ID	#:	Amount of contribution (\$)	In-kind contribution description (if applicable
/29/02	Clifton WARD Contributor address; City; State; Zip Cox POBOX 58 HOCKLEY TX 77447	de	16000	
Principal occu	pation (Optional)	Employer (Option	nal)	I
Date	Full name of contributor Out-of-state PAC (ID	#:) Amount of contribution (\$)	In-kind contribution description (if applicable
29/oz	Contributor address; City; State; Zip Cox 19423 SCYUGGS Rd HEMPSTEAD TX 7744	_	15000	
Principal occu	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor DEBBIE HAWILTON	#:	Amount of contribution (\$)	In-kind contribution description (if applicable
129/02	Contributor address; City; State; Zip Cox POBOX 164 HEMPSTEAD TX 774	afs.	20000	 -
	pation (Optional)	Employer (Option		<u> </u>

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

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The Instruction	GUIDE explains how to complete this form.		1 Total pages this S	Schedule A1:
2 FILER NAME	OWEN PALSTON		3 ACCOUNT # (EI	nics Commission filers)
4 Date	5 Full name of contributor OUEN PALSTON)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/29/02	6 Contributor address; City; State; Zip Code POBOY1637	,	8500	
	WALLER TX 77484			
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor	~	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/oz	Contributor address; City; State; Zip Code POBOY 162 POTENTIAL TO THE PACK (IDS:		50°	
	PATTISON TX 7746	6		
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor)	Amount of	In-kind contribution
	HERBERT JOHNSON Contributor address; City; State; Zip Code 53 11 FYENSHAM CIRC.		contribution (\$)	description (if applicable)
6/29/02	Contributor address; City; State; Zip Code		7000	<u> </u>
, ,	5311 Frensham circ	<i> E</i>	U50°	
	HOUSTON TX 77041			
Principal occup	pation (Optional) ENG/NEER	Employer (Option:	ai)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	JACK DENNISON		contribution (\$)	description (if applicable)
lobalos	Contributor address; City; State; Zip Code	_	2500	
0/04/02	Contributor address; City; State; Zip Code 2016 DEWEY POBOX WALLER TX 77484	532		
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	LYNN NARRAMORE		CONTINUE CONT	description (napplicable)
6/29/02	Contributor address; City; State; Zip Code 2260 BOW/ER RJ		2500	
	WALLER TX 77484			
Principal occup	pation (Optional)	Employer (Optiona	al)	

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

The barrauction Guice explains how to complete this form. 1 Total pegas this Schedulus Ai: 2 FILER NAME OWEN PASTON 4 Date 5 Full name of contributor Out-deside PAC (IDN: MILL TON WH) TIMIG WILLOW WH) TIMIG WILLOW WH) TIMIG WILLOW TX 77446 9 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77446 9 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77446 3 ACCOUNT # (Ethica Commission Mers) 7 Amount of contribution (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77446 3 IS HERE FOR D Dr. BEDINSHIRE TX 77423 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77447 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77447 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77447 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77447 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77447 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77447 Principal occupation (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77447 Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-deside PAC (IDN: MILLOW TX 77484 Principal occupation (Optional) Employer (Optional) Principal occupation (Optional) Principal occupation (Optional) Full name of contributor Out-deside PAC (IDN: MILLOW TX 77484) Principal occupation (Optional) Principal	The Name of contributor	O I I I I	THAN LEDGES ON LOANS	<i>-</i>		SC-SPAC, SPAC, & SPAC-SS)
OWEN PASSION 4 Date 5 Full name of contributor Out-deate PAC (IDIT) 7 Amount of contribution (S) M L TON W H TIME 100 00 What I TON W H TIME 100 00 Principal occupation (Optional) 10 Employer (Optional) Date Full name of contributor Out-deate PAC (IDIT) Out-deate PAC (IDIT) Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-deate PAC (IDIT) Out-deate PAC (IDIT) Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-deate PAC (IDIT) Out-deate PAC (IDIT) Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-deate PAC (IDIT) Out-deate PAC (IDIT) Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-deate PAC (IDIT) Out-deate PAC (IDIT) Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-deate PAC (IDIT) Ontribution (S) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-deate PAC (IDIT) Ontribution (S) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Principal occupation (Optional) In-kind contribution Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Out-deate PAC (IDIT) Ou	OWEN PASSON 4 Date	The Instruction	אי Guide explains how to complete this form.		1 Total pages this	Schedule A1:
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Principal occupation (Optional) Date Full name of contributor WARGARET SALWAS Contributor address; City, State; Zip Code BYAPOR Principal occupation (Optional) Date Full name of contributor WILLIAM Fend PAC (IDI: Contributor address; City, State; Zip Code BYAPOR Principal occupation (Optional) Date Full name of contributor WILLIAM FENDLEY Contributor address; City, State; Zip Code 29442 HEGAR HECKLEY TX 77447 Principal occupation (Optional) Date Full name of contributor TURNER COllie + Bracen PAC Contributor address; City, State; Zip Code DO BOY 130089 Full name of contributor Found-state PAC (IDI: TURNER CONTRIbutor address; City, State; Zip Code DO BOY 130089 Full name of contributor CARL KULHANCE Contributor address; City, State; Zip Code DO BOY 150089 Full name of contributor CARL KULHANCE Contributor address; City, State; Zip Code CONTRIBUTOR address; City, State; Zip Code DO BOY 150089 Full name of contributor CARL KULHANCE Contributor address; City, State; Zip Code CONTRIBUTOR address; City, State; Zip Code DO BOY 150089 Full name of contributor CARL KULHANCE Contributor address; City, State; Zip Code DO BOY 15008 Amount of description (if applicable) Contributor address; City, State; Zip Code CONTRIBUTOR address; City,	Principal occupation (Optional) Date Full name of contributor MARGARET SALNAS Contributor address; City, State; Zip Code BLOOM STATE TY TY423 Principal occupation (Optional) Date Full name of contributor WI LULIAM FENDLEY Contributor address; City, State; Zip Code 259 Principal occupation (Optional) Date Full name of contributor WI LULIAM FENDLEY Contributor address; City, State; Zip Code 29442 HEGAR HECKLEY TX T7447 Principal occupation (Optional) Date Full name of contributor Full name of contributor Contributor address; City, State; Zip Code 29442 HEGAR HECKLEY TX T77447 Principal occupation (Optional) Employer (Optional) Employer (Optional) Full name of contributor TURNER Collie + BYADEN PAC Contributor address; City, State, Zip Code PO BOY 130089 HOUS TON TX 17219 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) Contributor address; City, State, Zip Code PO BOY 130089 HOUS TON TX 17219 Principal occupation (Optional) Employer (Optional) Amount of contribution contributor address; City, State, Zip Code CONTRIBUTOR address; City,	4 Date)		_
Principal occupation (Optional) Date Full name of contributor out-of-state PAC (Dist: Amount of contribution (\$) In-kind contribution (\$) description (if applicable) WARGARET SALNAS 250 2	Principal occupation (Optional) 10	6/29/02	6 Contributor address: City: State: Zip Code POBOY 2/25 Praine VIEW TX 77440	(p	10000	
MARGARET SALINAS Contributor address; City: State: Zip Code 318 HERE FORD Dr. BLOOKSHIRE TX 77423 Principal occupation (Optional) Date Full name of contributor PRUDLEY Contributor address: City: State: Zip Code 29442 HEGAR HOCKLEY TX 77447 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Date Full name of contributor TURNER Collie + Bracen PAC Contributor address: City: State: Zip Code POBOX 130089 HOUSTON TX 7749 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) Date Full name of contributor Contributor address: City: State: Zip Code POBOX 130089 HOUSTON TX 7749 Principal occupation (Optional) Employer (Optional) Employer (Optional) Contributor address: City: State: Zip Code POBOX 130089 HOUSTON TX 7749 Principal occupation (Optional) CALL KUHHANCL Contributor address: City: State: Zip Code POBOX 1533 WALLER TX 77484	MARGARET SALINAS Contributor address: City: State: Zip Code 318 HEREFORD Dr. BRONKSHIRE TX 77423 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Date Full name of contributor NI LUI AM FENDLEY Contributor address: City: State: Zip Code 29442 HEGAR HORLEY TX 77447 Principal occupation (Optional) Employer (Optional) Employer (Optional) Amount of contribution TURNER Collife + BYDDYPR Contributor address: City: State: Zip Code DO BOX 130089 HOUSTON TX 77219 Principal occupation (Optional) Employer (Optional) Employer (Optional) Amount of contribution (if applicable) Date Full name of contributor TURNER Collife + BYDDYPR Contributor address: City: State: Zip Code DO BOX 130089 HOUSTON TX 77219 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) Contributor address: City: State: Zip Code DO BOX 1833 WALLER TX 77484	9 Principal occu			al)	
Principal occupation (Optional) Date Full name of contributor WI LUI AM FENDLEY Contributor address: City: State; Zip Code HOLLICAN Principal occupation (Optional) Date Full name of contributor Principal occupation (Optional) Date Full name of contributor TURNER Collie + BYADEN PAC Contributor address: City: State; Zip Code W/29/02 Principal occupation (Optional) Date Full name of contributor TURNER Collie + BYADEN PAC Contributor address: City: State; Zip Code POBOY 1360899 HOUS TON TX 17719 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Full name of contributor Contributor address: City: State; Zip Code POBOY 1360899 HOUS TON TX 17719 Principal occupation (Optional) Date Full name of contributor CARL KULHANEL Contributor address: City: State: Zip Code POBOY 1533 WALLER TX 77484	Principal occupation (Optional) Date Full name of contributor WI WI AWAWER FOLIDLEY Contributor address: City: State; Zip Code Amount of contribution (\$) In-kind contribution description (if applicable) In-kind contribution (\$) In-kind contribution (\$) In-kind contribution description (if applicable) Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) In-kind contribution description (if applicable) Full name of contributor TURNER Collie + Braden PAC (ID#: OBOY 136089 HOUSTON TX 17719 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) Contributor address; City: State; Zip Code OBOY 136089 HOUSTON TX 17719 Principal occupation (Optional) Employer (Optional) Amount of contribution description (if applicable) CARL KULHANGL Contributor address; City: State; Zip Code POBOY 1533 WALLER TX 77484	Date .)		
Principal occupation (Optional) Date Full name of contributor William Feyloley Contributor address; City, State; Zip Code 29442 HEGAR Hackley Tx 77447 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Date Full name of contributor Trunke Collie + Brader Po Box 130089 Hous Ton Tx 17219 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) 500° Full name of contributor out-of-state PAC (IDI): Ton Note Contributor address; City, State; Zip Code Full name of contributor Carlo Tx 17219 Principal occupation (Optional) Employer (Optional) In-kind contribution description (if applicable) Contributor address; City, State; Zip Code Contributor address; City, State; Zip Code Ton Box 1633 Waller Tx 77484	Principal occupation (Optional) Date Full name of contributor WI LUI AM FENDIDLEY Contributor address; City, State; Zip Code 29442 HEGAR Hackley Tx 77447 Principal occupation (Optional) Date Full name of contributor Trunker Collie + Braden PAC (IDH: Contributor address; City, State; Zip Code 750 Principal occupation (Optional) Date Full name of contributor Contributor address; City, State; Zip Code POBOX / 30089 HOUS TON Tx 77219 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution (if applicable) Full name of contributor Carlo Box / 30089 HOUS TON Tx 77219 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) Contributor address; City, State; Zip Code Carlo Box / 1808 Contributor address; City, State; Zip Code POBOX / 1808 WALLER Tx 77484	429/or			2500	 -
WILLIAM FRUDLEY Contributor address; City. State: Zip Code 29442 HEGAR HOCKLEY TX 77447 Principal occupation (Optional) Employer (Optional) Employer (Optional) Date Full name of contributor TURNER Collie + Brader PAC Contributor address; City. State: Zip Code PO BOX 130089 HOUS TON TX 77219 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) Cantributor address; City. State: Zip Code CARL KULHANCK Contributor address; City: State: Zip Code POBD X 1633 WALLER TX 77484	William Fendley Contributor (\$) description (ff applicable)	Principal occu	· · · · · · · · · · · · · · · · · · ·	Employer (Option	al)	
Contributor address; City, State; Zip Code 29442 HEGAR Hackley Tx 77447 Principal occupation (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable)	Contributor address; City, State; Zip Code 29442 HEGAR Hackley Tx 77447 Principal occupation (Optional) Employer (Optional) Employer (Optional) Amount of contribution Turner Collie + Braden PAC Contributor address; City, State; Zip Code Po Box 130089 Hous Ton Tx 7709 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) Contributor address; City, State; Zip Code CARL KULHANAL Contributor address; City; State; Zip Code Pobo 100000000000000000000000000000000000	Date)		
Principal occupation (Optional) Date Full name of contributor TURNER Collie + Braden PAC Contributor address; City: State; Zip Code POBOX 130089 HOUS TON TX 77219 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) In-kind contribution description (if applicable) ### Tourise of Contributor Cantill name of contributor Cantill name of contributor Cantill Nuthand Contributor address; City: State; Zip Code POBOX 1633 WALLER TX 77484 Contributor address; City: State; Zip Code	Principal occupation (Optional) Date Full name of contributor TURNER Collie + Bracen PAC Contributor address; City: State; Zip Code POBOX 130089 HOUS TON TX 77219 Principal occupation (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Employer (Optional) Full name of contributor CARL KULHANEL Contributor address; City: State; Zip Code POBOX 1533 WALLER TX 77484 In-kind contribution description (if applicable)	6/29/02	Contributor address; City, State; Zip Code 29442 HEGAR		25000	
TURNER Collie + Braden Pac contribution (\$) description (if applicable) 6/29/02 Contributor address; City; State; Zip Code Principal occupation (Optional) Principal occupation (Optional) Employer (Optional) Employer (Optional) Amount of contribution description (if applicable) CARL KULHANCK Contributor address; City; State; Zip Code POBD Y 1633 WALLER TX 77484 Contribution (\$) Contribution (\$) Amount of contribution (\$) In-kind contribution description (if applicable)	TURNER Collie + Braden PAC Contributor address; City; State; Zip Code Po Box 13co89 Hous Ton Tx 77219 Principal occupation (Optional) Employer (Optional) Employer (Optional) Amount of contribution description (if applicable) CARL KULHANEL Contributor address; City; State; Zip Code Po Box 1633 WALLER Tx 77484 contribution (\$) description (if applicable)	Principal occu		Employer (Option	al)	<u> </u>
Principal occupation (Optional) Employer (Optional) Date Full name of contributor CARL KULHANEL Contributor address; City; State; Zip Code POBD X 1633 WALLER TX 77484 Employer (Optional) Amount of contribution (\$) In-kind contribution description (if applicable)	Principal occupation (Optional) Employer (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#:		TURNER COLLIE + BYAD	ON PAC		
Principal occupation (Optional) Employer (Optional) Date Full name of contributor CARL KULHANEK Contributor address; City; State; Zip Code POBD ¥ 1633 WALLER TX 77484 Employer (Optional) Amount of contribution (\$) In-kind contribution description (if applicable)	Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#:	6/29/02	Contributor address; City; State; Zip Code PO BOY 130089 HOUS TON TX 77219		500°	
CARL KULHANCK Contributor address; City; State; Zip Code POBD X 1633 WALLER TX 77484 Contribution (\$) description (if applicable) 100° Contribution (\$) Contribution (\$) Contribution (\$) Contribution (\$)	CARL KULHANEL Contributor address; City; State; Zip Code POBD ¥ 1633 WALLER TX 77484 contribution (\$) description (if applicable) 100° 100	Principal occu		Employer (Option	al)	<u> </u>
6/29/02 POBOX1633 WALLER TX 77484 Contributor address; City; State; Zip Code 100000 1000000	6/29/02 POBOX1633 WALLER TX 77484 Contributor address; City; State; Zip Code 1000000000000000000000000000000000000	Date	CARL KULHANOL)		
		6/29/02	Contributor address; City; State; Zip Code POBO Y 1633		10000	T
		Principal occu		Employer (Options	at)	

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∠5 ⊰O. Box 12070

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

				
The Instruction	N GUIDE explains how to complete this form.	V 4.6.	1 Total pages this	Schedule A1:
2 FILER NAME	OWEN PAISTON		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ DEBBIE FLINT)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/29/02	6 Contributor address; City; State; Zip Code 36712 TOMPKING P. HEMPSTEAD TX 7744.		10000	
9 Principal occu	pation (Optional)	10 Employer (Option	i nai)	1
Date	Full name of contributor out-of-state PAC (ID#:_ DARLEEN R. ST. JEAN	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code POBOX588 PATTISON TX 77466	,	50=	
Principal occu	pation (Optional)	Employer (Option	j ial)	
Date	Full name of contributor out-of-state PAC (ID#:_ HAROW BIACK)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code 808 645 57.	_	5000	
Principal occuj	HEMPSTEAD TX 77445 pation (Optional)	Employer (Option	aal)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code 15611 FM 362 5. WALLER TX 77484		5000	
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_ FRANK POKLUDA		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code BOWLER Pd WALLER TX 77484		450°9	20000 Sausage
Principal occup	pation (Optional)	Employer (Option	al)	1
		<u> </u>		

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission filers)
ONE	N RALSTON			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/29/02	KENNETH HARVEY 6 Contributor address; City; State; Zip Code 39183 WEST RU HEMPSTEAD TX 7749		10000	
9 Principal occu	pation (Optional)	10 Employer (Options	al)	
Date .	Full name of contributor Out-of-state PAC (ID#:_ CHARLES HURLEY)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02			10000	
Principal occu	HCM PSTEAD TY 77445 pation (Optional)	Employer (Options	al)	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:_ Tudy HAM, Hox)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code #EMPSTEAD TY		10000	
Principal occuj	pation (Optional)	Employer (Optiona	al)	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code HEMPSTEAD TX		10000	
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor ☐ out-of-state PAC (ID#		0	
Date	GURGE POLK.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code POBOX 389 WALLEJZ TX 77484		50000	
Principal occur	pation (Optional)	Employer (Optional	nt)	<u> </u>
			···.	

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	พ Guide explains how to complete this form.		1 Total pages this	Schedule A1:	
2 FILER NAME	OWEN RALSTON		3 ACCOUNT # (Et	hics Commission filers)	
4 Date 6/21/02	5 Full name of contributor Out-of-state PAC (IDH:_ DARRELL Bloodwor 6 Contributor address; City; State; Zip Code POBOY9 WALLER TX 7748		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) 634.59 5upplies for fundraiser	
9 Principal occu	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#: DANNELL BLOOD WORTH) Contributor address; City; State; Zip Code POBOX 9 WALLER TX 7748		Amount of contribution (\$)	In-kind contribution description (if applicable) 1200° BANO BOO Deposition Faieground	
Principal occur	pation (Optional)	Employer (Option	al)		
0/29/02	Full name of contributor	th.	Amount of contribution (\$)	In-kind contribution description (if applicable) 1504, 25 Meat	
Principal occu	pation (Optional)	Employer (Option	al)		
Date 6/29/02	Full name of contributor out-of-state PAC (ID#:_ Bill Jordon Contributor address: City; State; Zip Code 28358 HWY 6 Hempskad Tx 77	145	Amount of contribution (\$)	In-kind contribution description (if applicable) IDD 60 Suchbreev SCNICC	
Principal occu	pation (Optional)	Employer (Option	al)		
Date 6/27/02	Full name of contributor out-of-state PAC (ID#:_ ANN DAVIS Contributor address; City; State; Zip Code POBOY 451 KATY TX 7749Z		Amount of contribution (\$)	In-kind contribution description (if applicable) 40 AD	
Principal occu	pation (Optional)	Employer (Option	al)		

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SoutO. Box 12070

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	N Guide explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME	EN RAISTON		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_ AR AND OIITE G/NN		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/29/02	6 Contributor address; City; State; Zip Code		- 	100- Patriot BASKET W/ Afghan
9 Principal occu	pation (Optional)	10 Employer (Option	al)	<u> </u>
Date .	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0/29	Contributor address; City; State; Zip Code			Metal Hat PACK
Principal occu	pation (Optional)	Employer (Option	al)	
Date 6/29	Full name of contributor out-of-state PAC (ID#:_ART + ANN DAVIS Contributor address; City; State; Zip Code KATY TX 776		Amount of contribution (\$)	In-kind contribution description (if applicable) 200 WOOD CUT OUT 2 PICTURES Wood Engraving Dack
Principal occup	pation (Optional)	Employer (Option	al)	
Date 6/29	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
•	Waller TX 77484		1	WOOD CHAIR
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable) 4. Astro Tickets
Principal occu	pation (Optional)	Employer (Option	a!)	<u> </u>
	ATTACH ADDITIONAL CODIE	e oe tule contra	e NEEDED	

POLITICAL CONTRIBUTIONS

SCHEDULE A1

OTHER	THAN PLEDGES OR LOAN	S	(FOR FOR	MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N Guide explains how to complete this form.		1 Total pages this	Schedule A1;
2 FILER NAME	DWEN RALSTON		3 ACCOUNT # (Et	thics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ JOHN HENRY COUNT 6 Contributor address; City; State; Zip Code	4Store	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
910 700	WALLER TX			Windmill
9 Principal occup	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#: Clay + Laurie Walk	Ver)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code			50°2 12-c p's 2-Tshirts
Principal occup	pation (Optional)	Employer (Option		2 1000
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address: Sity; State; Zip Code Waller 17484			50 00 Bowie Knife
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#: Ruth BUS)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code			7500 Cleaning Staff
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#: Namamore Glass)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/02	Contributor address; City; State; Zip Code			MIRROR
Principal occur	WALLER TY Dation (Optional)	Employer (Option	al)	MIRROR
· ,	-			

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POLITICAL CONTRIBUTIONS SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) OTHER THAN PLEDGES OR LOANS 1 Total pages this Schedule A1: The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 5 Full name of contributor In-kind contribution out-of-state PAC (ID#:___ 7 Amount of Citizens for Excellence in Gov PAC

6 Contributor address; City; State: Zip Code contribution (\$) description (if applicable) 500°° 20' Flag Pole Principal occupation (Optional) 10 Employer (Optional) In-kind contribution description (if applicable) Amount of contribution (\$) Windchines Principal occupation (Optional) Employer (Optional) Full name of contributor | out-of-state PAC (ID#: CTATY + Bevery Smith
Contributor address; City; State; Zip Code Amount of In-kind contribution contribution (\$) description (if applicable) 500° HAL COUNTRY weekend Principal occupation (Optional) Employer (Optional) Amount of In-kind contribution contribution (\$) description (if applicable) Principal occupation (Optional) Employer (Optional) Amount of In-kind contribution contribution (\$) Principal occupation (Option Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC, SS)

OTHER	THAN FLEDGES ON EOANS		<u>-</u>	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	5 Full name of contributorout-of-state PAC (ID#:C+izens for State Excellence) 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) 500 20' Flag Pole	
9 Principal occu	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:	gerald	Amount of contribution (\$)	In-kind contribution description (if applicable) Output Whatchines	
Principal occupation (Optional) Employer (Optional)					
Date 6/29/02	Full name of contributor out-of-state PAC (ID#:_Cary + Bevery Smith Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) 500000000000000000000000000000000000	
Principal occupation (Optional) Employer (Optional)					
Date 6/29/02	Full name of contributor Out-of-state PAC (ID#:	Naller Co.	Amount of contribution (\$)	In-kind contribution description (if applicable) 50 00 BASKET	
Principal occu	pation (Optional)	Employer (Option	af)		
4/23/02	Full name of contributor Contributor Contributor address City; State; Zip Code Waller 1471484		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)			

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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 RALSTON			3 ACCOUNT # (Ethics Commission filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ HOYACE NAI 6 Contributor address; City; State; Zip Code 910 Gresham		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
1115102	810 Gresham Brookshire Tx 77423)	50°	 	
9 Principal occup	pation (Optional)	10 Employer (Optional)			
Date ,	Full name of contributor Out-of-state PAC (ID#: TOMMY Sanders	}	Amount of contribution (\$)	In-kind contribution description (if applicable)	
6/29/02	TOMMY Sanders Contributor address; City; State; Zip Code 5808 CL 325			poncho	
	Navasota 7x 77868			BONE	
Principal occupation (Optional)		Employer (Optional)			
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			 	
Principal occupation (Optional) Employer (Optional)					
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				
Principal occupation (Optional)		Employer (Optional)			
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			 	
Principal occup	pation (Optional)	Employer (Option	al)	<u> </u>	

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POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: 2 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Wen P-ALSTON 5 Payee name Vinyl Graphics 6 Payee address; City; State; Amount 821.59 City; State; Zip Code WALLER TX 77484 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held SIGNS Johnson AD WORKS · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Bumper stickers + Stickers Payee name Communications Payee address; City, State; Zip Code POBOX 276 Amount Porookshire Tx 77423 · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Prochures Payee pame NEWS CITIZEN · Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name Office held Advertisment ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIC	CAL EXPENDITURES		SCHEDULE F		
The Instruction Guide explains how to complete this form.		1 To	tal pages Schedule F:		
2 FILER NAME OWER Ralston		3 ACCOUNT # (Ethics Commission filers)			
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 pays	ment (See instructions regarding type of information	Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held		
3/14/02	Payee name JOHN HENRY Country Payee address; City; State; Zip Code WAWER TX 77484	1 Store	Amount (\$)		
required.)	rent (See instructions regarding type of information upplies for Signs	Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH ** Office sought Office held		
Date .	Payee name Oy Thomas Payee address: City, State; Zip Code PO 60X185 WALLER		Amount (\$)		
Purpose of pay required.)	ment (See instructions regarding type of information 324 miles	•• Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held		
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)		
Purpose of pay required.)	ment (See instructions regarding type of information	Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held		
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	CAL EXPENDITURES FROM PERSONAL FUNDS	्र ्युर्स् 512) 4६		SCHEDULE G	
The Instruction Guide explains how to complete this form.			dule G:		
2 FILER NAME	EN RAISTON	3 ACCOUNT # (Et)	nics Com	mission filers)	
4 Date	Johnson Graphics		8	Amount (\$)	
6/6/02	Payee address; City; State; Zip Code POBO ¥ 509 T ¥ 77484 Purpose of expenditure (See instructions regarding type of information req	W/	Reimbursement		
	INVITATIONS + BUSINESS CAROS			from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement from political contributions intended	
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code			,,	
	Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement from political contributions intended	
Date	Payee name	· · · · · · · · · · · · · · · · · · ·		Amount (\$)	
	Payee address; City; State; Zip Code				
	Purpose of expenditure (See instructions regarding type of information rec	uired.)		Reimbursement from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement from political contributions intended	

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