	TE/OFFICEHO N FINANCE RE			FORM C/OH Cover Sheet pg 1
The C/OH Instructio	N GUIDE OXPlains how to		CCOUNT# Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	-	RST VEN	Mt	OFFICE USE ONLY
		STON	SUFFIX	· · · · Date Received
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUIT		STATE; ZIP CODE	Dere Hand-delivered or Date Postmarked
Change of Address	WALLER	$_{Tx7}$	7484	
5 CAMPAIGN TREASURER NAME		RST	2ALSTON	Receipt # Amount
		ST	SUFFIX	Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLE POBOX 18 WALLER	5	CITY: STATE: 484	ZIP CODE
7 CAMPAIGN TREASURER PHONE	area code phone ni (936) 931-19		EXTENSION	
B REPORT TYPE	January 15 30th	i day before election	Runoff	15th day after campaign treasurer appointment (officaholder only)
	July 15 8th	day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year 10/09/02	THROUGH		Day Year 8/02
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	<u> </u>	-
<u></u>	11/05/02	Primary	Runoff	General Special
11 OFFICE	OFFICE HELD (if any)			· · · ·
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	 Direct campaign expenditures a Candidates are required to disclose 	re campaign expenditure this information only if i	as made by others without the hey receive notification of the	e candidate's prior consent or approval. a direct campaign expenditure
BY OTHER INDIVIDUALS	Name			
additional pages	Address / PO Box; Apt. / Suite #;	City; State; Zip Con	le	· .
	l			

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Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

COVER SHEET PG 2

FORM C/OH

14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)		
16 SUPPORTING POLITICAL COMMITTEE(S)	This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures matheve been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report the information only if they receive notice of such expenditures				
:	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		1			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting penod. (Sign affidavit bek	w and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	s		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 3500°		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	S		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4930 33 (4780 33)		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	s		
19 AFFIDAVIT					
		I swear, or affirm, under penalty of penalty and correct and includes all in me under Title 15. Election Code.			

WANDA L. SANDERS NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES MAY 8, 2004

Owen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Owen Ration</u>, this the <u>28</u> day <u>October</u>, 20<u>02</u>, to certify which, witness my hand and seal of office. <u>Manda R. Sanders</u> <u>UPANDA 1.5ANDERS</u> <u>NOTARY</u> Signature of officer administering oath Printed name of officer administering oath

Printed on recycled paper

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	8	(FOR FOR	SCHEDULE A MS C/OH, C/OH-SS, SC-C/OI SC-SPAC, SPAC, & SPAC-S
The Instruction Guide explains how to complete this form.		1 Total pages this !	Schedule A1:
2 FILER NAME AUCH Ralston		3 ACCOUNT # (Eth	hics Commission filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#: Greg Travis)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicab
6 Contributor address; City; State; Zip Code 1500 (ity West B/Vd Ste 455 Houston TX 77042	••••••••••••••••••••••••••••••••••••••	15000	1
9 Principal occupation (Optional)	10 Employer (Option	al)	
Date Euliname of contributor Dout-of-state PAC (10#:))	Amount of contribution (\$)	In-kind contribution description (if applicab
10/21/02 Contributor address: City: State; Zip Code 2103 Lakeside Fend Ct.		500°°	
Principal occupation (Optional)	Employer (Option	al)	
Date Full name of contributor Dout-of-state PAC (ID#: Ronald Multinar	'	Amount of contribution (\$)	In-kind contribution description (if applicab
1921/02 Contributor address; City; State; Zip Code 11490 Westheimer Rd Howston TX 77077	Suite 700	20000	
Principal occupation (Optional)	Employer (Option	al)	L
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicab
10/U/02 Contributor address; City: State: Zip Code 6335 GUIFton Suite 200 Houston Tx 77081	D	25000	
Principal occupation (Optional)	Employer (Option	al)	
Date Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicab
10/21/02 Thomas Lap Bley 10/21/02 1419 Green Tree Dr.		2000	
Principal occupation (Optional)	Employer (Option	al)	
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see instru			

Texas Ethics Commission 2.4 P.O.

P.O. Box 12070

70ں__Austin, Texas 78711

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SCHEDULE A1

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	BUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 3
2 FILER NAMI	Our Palston		3 ACCOUNT # (EI	hics Commission filers)
4 Date	5 Full name of contributor []out-of-state PAC (ID#:_ GFTG GENY Pate 6 Contributor address; City; State; Zip Code 13333 NW FWY Suu		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1921/02	6 Contributor address; City; State; Zip Code 13333 NW FWY Suc Howston TX 77040	ti 300	20000	
9 Principal occu	ipation (Optional)	10 Employer (Option	at)	
Date	Full name of contributor Dout-of-state PAC (10#: DM Rafferty)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21/02	Contributor address; City; State; Zip Code 35427 Mayer Road		10000	
Principal occu	pation (Optional)	Employer (Option	al)	l
				
Date	Full name of contributor Dout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/24/02	Contributor address; City; State; Zip Code 20982 FM 359		500°	
Principal occu	Hempstead Tx 77445	Employer (Option	al)	l
				······································
Date	Full name of contributor Dout-of-state PAC (1D#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/26/02	Welcome Wilson contributor address: City: State: Zip Code 5858 Westheimer Suite 800 HOUSTON TX 77051		50000	
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#: Howard Castleberry	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/26/02	Contributor address; City: State; ZipCode 6671 SWFWY Swite 200 HOUSTON, TX 77074		30000	
Principal occu	pation (Optional)	Employer (Optiona	al)	Le
lf contr	ATTACH ADDITIONAL COPIES			ing requirements
	••••••••••	<u>0</u> ut		

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	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS		(FOR FORM	SCHEDULE A1 IS C/OH, C/OH-SS, SC-C/OH, IC-SPAC, SPAC, & SPAC-SS)
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this S	chedule A1: 3
FILER NAM	"Owen Ralston		3 ACCOUNT # (Eth)	cs Commission filers)
Date	5 Full name of contributor Dout-of-state PAC (ID#:	}	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
0/26/0	2,6 Contributor address; City; State; Zip Code POBDX:56706 Howstom, TX: 17256		30000	
Principal occ	upation (Optional)	Employer (Option	al)	
Date .	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
10/26/02	2) Continuou address; City; State; Zip Code POBOK 131685 HOUD FITU TX 77219		300°	
Principal occ	upation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occ	upation (Optional)	Employer (Option	al)	
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 occ	upation (Optional)	Employer (Option	al)	
Date	Full name of contributor of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			
Principal occ	upation (Optional)	Employer (Option	al)	
If cont	ATTACH ADDITIONAL COPIES O ributor is out-of-state PAC, please see instructi			ng requirements.

Texas Ethics Commission

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Austin, Texas 78711-207

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POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: U
2 FILER NAME OWEN Ralston		3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Katy TIMES		7 Amount (\$)
10/10/02 6 Payer address; City; State; Zip Code POPPY 678 Katy TX 17449		9500
8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH ** name Office sought Office held
ad		
Date Payee name		Amount (\$)
Date Payee name Katy Times 10/30/02 Potor City: - State: Zip Code PODOY Control Code Katy Tx 17449 Purpose of payment (See instructions regarding type of information		11000
Purpose of payment (See instructions regarding type of information required.)	Complete if div Candidate / Officeholder n	rect expenditure to benefit C/OH •• name Office sought Office held
ad		
Date Payee name Katy Times Payee address; City, State; Zip Code POPDY 678 Katy Tx 17449	· · · · · · · · · · · · · · · · · · ·	Amount (\$) 119 <u>50</u>
Purpose of payment (See instructions regarding type of information required.)	Complete if dia Candidate / Officeholder n	rect expenditure to benefit C/OH •• name Office sought Office held
ad		
Date Payee name The Panther 10/23 PV A M University Prairie View TX 77	144 с	Armount (\$) 3409 17-24
Purpose of payment (See instructions regarding type of information required.)		rect expenditure to benefit C/OH ame Office sought Office held
ad	· · · · · · · · · · · · · · · · · · ·	
ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED
Printed on recycled paper		Revised 04/04/200

Texas Ethics Commission J. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 4 2 FILER NAME
 Owen Ralston

 I Date
 5 Payee name

 Waller
 Jones

 10/9/02
 6 Parree address;
 City; State; Zip Code
 3 ACCOUNT # (Ethics Commission filers) 4 7 Amount (\$) Waller Tx 17484 Purpose of payment (See instructions regarding type of information 8 9 ** Complete if direct expenditure to benefit C/OH ** required.) Candidate / Officeholder name Office sought Office held ad Date Hotline Press Amount (\$) City; State; Zip Code Payee address; 10/11/02 6 Austin Tx 77445 Purpose of payment (See instructions regarding type of information ·· Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held ad Palee name HOTUNC PRESS Payee address; City; State; Zip Code 1116 Austin St. Date Amount (\$) 10/23 Hempstead TX77445 Purpose of payment (See instructions regarding type of information ·· Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held ad Date Payaename Amount (\$) to toourri Pavee address: City; State; Zip Code 114.20 Tomball Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 6 Printed on recycled paper Revised 04/04/2000

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POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME OWEN Ralston	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name	7 Amount (\$)
10/18/02 6 Payee address: City; State; Zip Code Rt 2 BOX 50 Hempstead TX 77445	173.08
Hempstead TX 77445	
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
Printing of mailout Cards	
Date Payee name OliVer Kitcman	Amount (\$)
10/21/02 Payee address; City; State; Zip Code	81,45
Brookshire TX.	
Purpose of payment (See instructions regarding type of information required (Minhwse) to pay 1/2 of Maibut expense	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholdor name Office sought Office held
Date Payee name JOMAON GRAPHIES	Amount (\$)
IDII602 Payee address: 509 City: State; Zip Code	7600
Waller T 4 77484	
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Complete if direct expenditure to benefit complete Complete if direct expenditure to benefit Complete if direct expenditure to benefit Complete if direct expenditure to benefit Complete expenditure
ad	
Date Payee name Johanson Graphics	Amount (\$)
10/23 Payee address; City; State; Zip Code	94.40
Purpose of payment (See instructions regarding type of information	
required.)	Complete if direct expenditure to benefit C/OH Complete if direct expenditure to benefit complete expension of the complete expension of t
ue	
	S OF THIS FORM AS NEEDED
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POLITICAL EXPENDITURES	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 4 3 ACCOUNT # (Ethics Commission filers)
aven Rakston	
4 Date 5 Payee name Times Tribune	7 Amount (\$)
10/10/02 6 Payee address; City; State; Ztp Code POBOX 1549	230°
Brookshire TX 77	
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
ads	
Date Payee name News Citizen	Amount (\$)
0/11/02 Payee address; City; State; Zip Code	144 72
Hempstead TX 17	445
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 POSTMARK 10/18/02 1507 Ricefield Houston Tx 77084	Amount (\$) 2649,98
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Complete if direct expenditure to benefit C/OH Complete if direct expenditure to benefit C/OH Complete if direct expenditure to benefit C/OH
mailout, pastage + label	
Date Payee name	Amount (\$)
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 COPIE	S OF THIS FORM AS NEEDED
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	CAL EXPENDITURES	(512) 46	schedule G
The Instruction	Guide explains how to complete this form.	1 Total pages Sche	dule G:
2 FILER NAME	Owen Ralston	3 ACCOUNT # (EI	nics Commission filers)
4 Date	5 Payee name	•	8 Amount (\$)
10/18/02	6 Payee address: City: State; Zip Code Rt 2 BOX 50 Hempstead TX 77445		(450≌
	Purpose of expenditure (See instructions regarding type of information rec Printing of Mailout Card	juired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code	<i></i>	
	Purpose of expenditure (See instructions regarding type of information rec	juired.)	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		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information re	quired.)	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	įuired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED	

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