## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  OWELT	(di	OFFICE USE ONLY			
NAIVIE	NICKNAME LAST RAISTO	SUFFIX	Pate Received Reced. 1/6/07			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CO POB 1637 Waller	TX 77484	CHERYL PETERS, COUNTY CLERK WALLER COUNTY TEXAS BY  DEPUTY  Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 372-9828	EXTENSION	Receipt # Amount			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Thomas NICKNAME LAST Brown	MI SUFFIX	Date Processed  Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI 40834 Ke/leyRd, H		ZIP CODE 17445			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-6357	EXTENSION				
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election		Exceeded \$500 limit  15th day after campaign treasurer appointment (officeholder only)			
10 PERIOD COVERED	Month Day Year 10/10/06 THRO	UGH //6	/ 07			
11 ELECTION	ELECTION DATE Month Day Year  11 / 07/06 Primary		General Special			
12 OFFICE	County Judge	13 OFFICE SOUGHT (if known	n)			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	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					
BY OTHER INDIVIDUALS	Name .					
additional pages	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

<u></u>						
15 C/OH NAME (	WEN A	Palston	16 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	•• 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(S)	СОММІТТЕЕ ТУРЕ	COMMITTEE NAME				
l	GENERAL.					
	_	COMMITTEE ADDRESS				
	SPECIFIC		•			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00			
EXPENDITURE TOTALS	3. TOTAL	\$ O				
·	4. TOTAL	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL F	\$ 2975.59				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TO AY OF THE REPORTING PERIOD	HE \$			
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.						
A STATE OF THE PARTY OF THE PAR	Some	Owen Signature of Cano	alston lidate or Officeholder			
AFFIX NOTARY STAM	p / SEAL ABOVE bed before me, by	the said Duen Ralston	_, this the day			
of 20 D7 to certify which, witness my hand and seal of office.						
Signature of afficer ad	Potos Impristed to compare the compared to the	Clory Peters  Printed name of officer administering oath	nenty Clerk itle of officer administering eath			
L Cigniciano or Amoer au						

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form.

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAM	ME OWEN Ralst	on	3 ACCOUNT# (Eth	ics Commission fi <del>ler</del> s)	
4 Date	5 Full name of contributor	,	7 Amount of	8 In-kind contribution	
10/26/06	Henriksen Personal Of	perating,	contribution (\$)	description (if applicable)	
•	6 Contributor address: City; State; Zip Code 883/5796/E Lanc		Triangue (CIII Abbitist) as	1	
	Houston TX 77024		(If travel outside of Texas, complete Schedule T)		
	upation / Job title (See Instructions)  HONE SULVICES	10 Employer (See	Instructions)		
Date	David Dentrurst - Lt	GOV	Amount of contribution (5)		
	Contributor address: Viry State: Zip Code			CDROM	
	PABOX 756 AUSTIN TX	78767-0	756	:	
			iii traval oslisida c	if Texas commete Schedule 71	
Principal occ	opation / Job litic (See Instructions)	Employer (Sce			
Date.	Full pame of contributor		Amenium (\$)	In-kind contribution description (d'applicable)	
	Contributor socress, City; State; Zip Code		Comprehensive and the second		
				1	
	Little unsurance		CONTRACTOR OF THE PROPERTY OF	of Texas, complete Schedule T)	
•	upation / Job title (See Instructions)	Emplayer (Sue	histockons)	g Spager from Group, in gar semblers Spage against principal semblers have been from Shall Brieflag at Shall Spage against semblers and semblers and semblers at Shall Spage against semblers and semble	
Oece	Full name of contributor [] unassess-cuts		Amount of confinentiation (\$)	in-kind countration coscopton (if kupicsbie)	
	T		Committee of the Commit	, সংগ্রেক্ত সাধান পুরু এক পার বিশ্ব বি বিশ্ব বিশ্ব বিশ্র বিশ্ব বিশ্র বিশ্ব ব	
	Communications City State Zip Code			•	
	Service of the servic		:	• >	
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** (C. 20)	\$ Common and the comm		accelelination (2)	afermenifyrica (fr. septempenes)	
			· F		
	Contributor address; Oity, State: Zip Core;	•	f :	ş.	
	•		-		
			iii kinyel uulside (	of Texas, complete Schedule 17	
Principal occ	useuon / Job (ma ritea (harrodiona)	Employer (See			
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDEL

if contributor is put-of-state PAC, please see instruction guido foradditional reporting requirements.