

**CANDIDATE/OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS**

**3529** form C/OH  
PG 1

See C/OH Instruction Guide for detailed instructions.

1 Account # 2 Total pages filed: 4

<p>3 CANDIDATE OFFICEHOLDER NAME</p>	<p>TITLE FIRST ML RON</p> <p>NICKNAME LAST SUFFIX DAVIS</p>	<p>OFFICE USE ONLY</p> <p>DATA PROCESSOR COUNTY CLERK TRAVIS COUNTY, TEXAS</p> <p>JUL 9 11 55 AM '97</p> <p>FILED</p>
<p>4 CANDIDATE OFFICEHOLDER ADDRESS</p>	<p>ADDRESS/PO BOX: APT./SUITE # CITY STATE ZIP CODE: P.O. Box 16665 Austin Texas 78761</p>	
<p>5 CANDIDATE OFFICEHOLDER NAME</p>	<p>TITLE FIRST ML Louis</p> <p>NICKNAME LAST SUFFIX Simms</p>	<p>Receipt #</p> <p>HD/PM Amount</p> <p>Date Process</p>
<p>6 CAMPAIGN TREASURER ADDRESS</p>	<p>STREET ADDRESS (NO PO BOX) APT./SUITE # CITY STATE ZIP CODE: 7501 Barcelona Dr. Austin Texas 78752</p>	
<p>7 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION (512) 453-5322</p>	
<p>8 REPORT TYPE</p>	<p><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)</p> <p><input checked="" type="checkbox"/> July <input type="checkbox"/> Eight day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (attach C/OH-FR)</p>	
<p>9 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year January 1st 1997 June 30th '97</p>	
<p>10 ELECTION</p>	<p>ELECTION DAY Month Day Year</p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>
<p>11 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>12 OFFICE SOUGHT (if any) County Commissioner Precint 1</p>
<p>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p>	<p>** 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, **</p> <p>Name N/A</p> <p>Address/PO E Address/PO Box; Apt./Suite #; City, State; Zip Code N/A</p>	

C/OH REPORT:
SUPPORT & TOTALS

form C/OH

PG 2

14 C/OH NAME RON DAVIS 15 Account #

16 SUPPORTING POLITICAL COMMITTEE(S)
\*\* This listing includes political expenditures by political committee for candidates or officeholder. These expenditures may have been made without the candidate's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*
COMMITTEE TYPE ( ) GENERAL (X) SPECIFIC
COMMITTEE NAME Ron Davis Campaign
COMMITTEE ADDRESS P.O. Box 16665 Austin TX 78761
COMMITTEE CAMPAIGN TREASURER NAME Louis Simms
COMMITTEE CAMPAIGN TREASURER ADDRESS 7501 Barcelona Dr. Austin, TX 78752

17 NO REPORTABLE ACTIVITY ( ) Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

Table with 3 columns: Description, Amount, Total. Rows include: (1) TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS... (2) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$50.00 (3) TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD (4) TOTAL POLITICAL EXPENDITURES OF \$ 50 OR LESS, UNLESS ITEMIZED (5) TOTAL POLITICAL EXPENDITURES \$20.00

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP/SEAL ABOVE

Signature of Candidate or Officeholder (Handwritten signature of Ron Davis)

Sworn to and subscribed before me, by the said RON DAVIS this 7th day of July 19 97, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Rhonda White
Print name of officer administering oath: Rhonda White
Title of officer administering oath: Assist Branch Mgr

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

Schedule A

See Instruction Guide for detailed instructions.

2 FILER NAME							RON DAVIS		1 Total pages Schedule A					
4 Date							5 Full name of contributor		6 Contributor address: City: State: Zip Code		3 ACCOUNT #			
							out of state PAC		7 Amount of Contribution (\$)		8 In-kind contribution Description (if Applicable)			
9 Principal occupation							10 Employer (optional)							
Date 6/2/97							Full name of contributor Joseph Cunningham		6 Contributor address: City: State: Zip Code 1904 Miles Ave. Austin, TX 78745-4943		Amount of Contribution (\$) \$50.00		In-kind contribution Description (if Applicable)	
Principal occupation							Employer (optional)							
Date							Full name of contributor		6 Contributor address: City: State: Zip Code		Amount of Contribution (\$)		In-kind contribution Description (if Applicable)	
							out of state PAC							
Principal occupation							Employer (optional)							
Date							Full name of contributor		6 Contributor address: City: State: Zip Code		Amount of Contribution (\$)		In-kind contribution Description (if Applicable)	
							out of state PAC							
Principal occupation							Employer (optional)							
Date							Full name of contributor		6 Contributor address: City: State: Zip Code		Amount of Contribution (\$)		In-kind contribution Description (if Applicable)	
							out of state PAC							
Principal occupation							Employer (optional)							
Date							Full name of contributor		6 Contributor address: City: State: Zip Code		Amount of Contribution (\$)		In-kind contribution Description (if Applicable)	
							out of state PAC							
Principal occupation							Employer (optional)							

PREVIOUS

G. Total

\$50.00

TOTAL

\$50.00

**POLITICAL EXPENDITURES**

**Schedule F**

See Instruction Guide for detailed instructions.

1 Total pages Schedule F

2 FILER NAME **RON DAVIS**

3 ACCOUNT #

4 Date  
5/22/97

5 Payee name  
Postmaster

7 AMOUNT  
(\$)

6 Payee address: City: State: Zip Code

8225 Cross Park Dr.  
Austin, TX 78710-9651

\$20.00

8 Purpose of expenditure

P.O. Box

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

Candidate/Officeholder name Office held/sought

Date

Payee name

AMOUNT  
(\$)

Payee address: City: State: Zip Code

\$0.00

Purpose of expenditure

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

Candidate/Officeholder name Office held/sought

Date

Payee name

AMOUNT  
(\$)

Payee address: City: State: Zip Code

\$0.00

Purpose of expenditure

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

Candidate/Officeholder name Office held/sought

Date

Payee name

AMOUNT  
(\$)

Payee address: City: State: Zip Code

\$0.00

Purpose of expenditure

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

Candidate/Officeholder name Office held/sought

PREVIOUS

G. Total \$20.00

TOTAL \$20.00