

CANDIDATE/OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

3530 form C/OH
PG 1

See C/OH Instruction Guide for detailed instructions.

1 Account #

2 Total pages filed: 3

3 CANDIDATE OFFICEHOLDER NAME	TITLE	FIRST	ML	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
		RON		
		DAVIS		

FILED
 JUL 9 11 55 AM '97
 CLERK
 TRAVIS COUNTY, TEXAS

4 CANDIDATE OFFICEHOLDER ADDRESS	ADDRESS/PO BOX:	APT/SUITE #:	CITY:	STATE:	ZIP CODE:
	P.O. Box 16665		Austin	Texas	78761

5 CANDIDATE OFFICEHOLDER NAME	TITLE	FIRST	ML	Date Process
	NICKNAME	LAST	SUFFIX	
		Louis		
		Simms		

6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX	APT/SUITE #:	APT/SUITE #:	CITY	STATE	ZIP CODE
	7501 Barcelona Dr.			Austin	Texas	78752

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	453-5322	

8 REPORT TYPE	<input checked="" 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)
	<input 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)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	July	1th	1996		December	31th	*96

10 ELECTION	ELECTION DAY			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (If any)	12 OFFICE SOUGHT (if any)
		County Commissioner Precinct 1

13 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	N/A
	Address/PO E Address/PO Box; Apt./Suite #; City, State; Zip Code	N/A

C/OH REPORT:
SUPPORT & TOTALS

form C/OH
PG 2

14	C/OH NAME RON DAVIS	15	Account #
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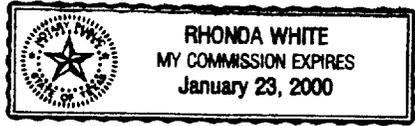
16 SUPPORTING POLITICAL COMMITTEE(S) () additional pages	** This listing includes political expenditures by political committee for candidates or officeholder. These expenditures may have been made without the candidate's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE	COMMITTEE NAME	OFFICE USE
	() GENERAL	Ron Davis Campaign	
	(x) SPECIFIC	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	

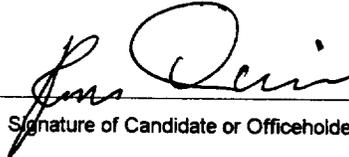
17	NO REPORTABLE ACTIVITY	() Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)
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18 CONTRIBUTION AND LOAN TOTALS	(1)	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
	(2)	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
	(3)	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	
EXPENDITURE TOTALS	(4)	TOTAL POLITICAL EXPENDITURES OF \$ 50 OR LESS, UNLESS ITEMIZED	\$30.00
	(5)	TOTAL POLITICAL EXPENDITURES	\$70.00

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.

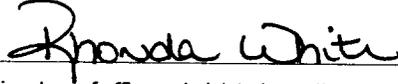




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

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	Assist Branch Mgr Title of officer administering oath
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POLITICAL EXPENDITURES

Schedule F

See Instruction Guide for detailed instructions.		1 Total pages Schedule F
2 FILER NAME RON DAVIS		3 ACCOUNT #
4 Date 10/25/97	5 Payee name HT College	7 AMOUNT (\$) \$40.00
6 Payee address: City: State: Zip Code 900 Chicon Austin, TX 78702		
8 Purpose of expenditure Student Government		9 **Complete if direct expenditure to benefit C/OH** Candidate/Officeholder name Office held/sought
Date	Payee name	AMOUNT (\$) \$0.00
Payee address: City: State: Zip Code		
Purpose of expenditure		**Complete if direct expenditure to benefit C/OH**
		Candidate/Officeholder name Office held/sought
Date	Payee name	AMOUNT (\$) \$0.00
Payee address: City: State: Zip Code		
Purpose of expenditure		**Complete if direct expenditure to benefit C/OH**
		Candidate/Officeholder name Office held/sought
Date	Payee name	AMOUNT (\$) \$0.00
Payee address: City: State: Zip Code		
Purpose of expenditure		**Complete if direct expenditure to benefit C/OH**
		Candidate/Officeholder name Office held/sought

PREVIOUS

G. Total \$40.00

TOTAL \$40.00