Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3706

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 29

OFFICE USE ONLY

Date Received

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

FILED JAN 14 4 56 PM '98 JOANN COURTY COUNTY CLERK TRAVIS COUNTY TEXAS

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Ronald | MI: D

NICKNAME: Ronnie | LAST: Earle | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 2092
Austin Tx 78768

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Elisabeth | MI: A.

NICKNAME | LAST: Earle | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 2092
Austin Tx 78768

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 315-1645 | EXTENSION

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ 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: 7 / 1 / 97 THROUGH Month Day Year: 12 / 31 / 97

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Travis County District Attorney

12 OFFICE SOUGHT (if known)

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

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Ronald D. Earle

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 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 TYPE
- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME: Ronald Earle

COMMITTEE ADDRESS: PO Box 2092 Austin TX 78768

COMMITTEE CAMPAIGN TREASURER NAME: Elisabeth Earle

COMMITTEE CAMPAIGN TREASURER ADDRESS: PO Box 2092 Austin TX 78768

[ ] additional pages

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.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 350.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 14595.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 944.39
4.	TOTAL POLITICAL EXPENDITURES	$ 19165.12

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

Signature of Candidate or Officeholder

NOTARY PUBLIC STATE OF TEXAS
LINDA K. MAXWELL
Notary Public, State of Texas
My Commission Expires
MARCH 12, 2000

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald Earle, this the 14th day of January 1998, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Linda K. Maxwell
Print name of officer administering oath: LINDA K. MAXWELL
Title of officer administering oath: Notary Public

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-11-97	Philip R. Presse 819 1/2 W. 11th St. Austin TX 78701	100.00	

9 Principal occupation	10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-97	J. Eric T. Sandberg, Jr. 910 Congress Ave. Austin TX 78701	100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-24-97	L. Kent Abney 98 San Jacinto Blvd. Ste. 620 Austin TX 78701	250.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-24-97	L. Dean Cobb PO Box 1747 Austin TX 78767	100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-24-97	Mr. and Mrs. Douglass Y. Nichols 4713 Chiappero Trail Austin TX 78731	100.00	

Principal occupation	Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-24-97	Irwin Salmanson 4702 Cat Mountain Dr. Austin TX 78731	100.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-25-97	John F. Morehead 98 San Jacinto Blvd. Ste. 1400 Austin TX 78701	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-25-97	Richard Schott 3513 Lakeland Dr. Austin TX 78731	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-30-97	Mary Dietz 600 Congress Ave. Ste 2400 Austin TX 78701	300.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-30-97	Dicky Grigg 48 East Avenue Austin TX 78701	495.00	

Principal occupation: Employer (optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-30-97	Willie Kocurek 513 W. 41st Street Austin TX 78751	100.00	

9 Principal occupation	10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-30-97	Ned Price 2903 Glenview Austin TX 78703	100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-30-97	Ross Baldwin 7609 Islander Austin TX 78749	200.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-30-97	Rhett Dawson 1717 W. 6th St. Ste. 260 Austin TX 78703	100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-30-97	Eric B. Tucker 1250 Capitol of Texas Hwy Austin TX 78610	125.00	

Principal occupation	Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-31-97	Jessamine J. Arnold 4006 Brandi Court Austin Tx 78759	100.00	

9 Principal occupation | 10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-31-97	Charla Pouland 11816 Riverview Way Aledo Tx 76008	100.00	

Principal occupation | Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-4-97	Tom Bergstrom 412 Josephine Dr. Austin Tx 78704	100.00	

Principal occupation | Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-4-97	O. Philip Breland Jr. 301 Congress Ave. Ste 1500 Austin Tx 78701	125.00	

Principal occupation | Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-4-97	Marjorie A. Joseph 4302 Far West Blvd. Austin Tx 78731	100.00	

Principal occupation | Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-6-97	Don B. Mauro 400 W. 15th St, Suite 700 Austin Tx 78701	250.00	

9 Principal occupation:

10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-6-97	Drs. Georgia and Carey Legett, Jr. 2904 Swisher St. Austin Tx 78705	100.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-6-97	Gary R. Rodgers 10922 Preston Trails Drive Austin Tx 78747	100.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-8-97	James A. Howard 3704 Meadowbank Austin Tx 78703	100.00	

Principal occupation:

Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-8-97	Joe R. Longley and Philip Maxwell 1609 Shoal Creek Blvd. Ste 100 Austin TX 78701	1000.00	

Principal occupation:

Employer (optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-13-97	Melanie Barnes 1706 Windsor Rd. Austin TX 78703	1000.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-97	Bernard Rapoport PO Box 2608 Waco TX 76797	3000.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-97	Wyeth Wiedeman 5708 Trailridge Road Austin TX 78731	1000.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-15-97	Rox, Duke and Danay Covert PO Box 1744 Austin TX 78767	500.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-15-97	Daphne and Ben Vaughan 2403 Sweetbrush Drive Austin TX 78703	250.00	

Principal occupation: Employer (optional):

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-22-97	Ted B. Lyon, Jr. 18601 LBJ Freeway, Suite 525 Mesquite TX 75150	100.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-2-97	William P. Allison 700 Windsong Trail Austin Texas 78746	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-2-97	Kyle Collins 1605 E. 7th Street Austin TX 78702	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-2-97	John Fainter Jr. 919 Congress Avenue Suite 1300 Austin TX 78701	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-2-97	Gustavo Garcia Jr. 1002 Rio Grande St. Austin TX 78701	100.00	

Principal occupation: Employer (optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9-2-97	Christopher Gunter 600 W. Ninth St. Austin TX 78701	100.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-2-97	Felix V. Leal 4111 Medical Parkway, Suite 100 Austin TX 78756	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-2-97	Bob Kuhn 603 W. Eighth St. Austin TX 78701	500.00	

Principal occupation: Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-2-97	Ned Granger 605 W. 10th Street Austin TX 78701	1000.00	

Principal occupation: Employer (optional):

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-11-97	Kristy Ozmun and Bill Cryer 3702 Green Trails S. Austin TX 78731	100.00	

Principal occupation: Employer (optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9-26-97	David Hilgers PO BOX 2063 Austin TX 78768	250.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-26-97	Red Little and Gary Cole PO BOX 2503 Tyler TX 75710	250.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-14-97	Tom Elam 1211 Bluff St. Wichita Falls Texas 76301	100.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-14-97	Jerry Hall PO BOX 982005 Ft. Worth TX 76182	250.00	

Principal occupation: Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-17-97	Jill M. Ryan 11849 Rim Rock Trail Austin TX 78737	100.00	

Principal occupation: Employer (optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-5-97	Marge Kinsella 13614 Highway 71 West Austin TX 78738	300.00	

9 Principal occupation

10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-97	Mark Toohey 5317 Hanging Cliff Cove Austin TX 78759	500.00	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
		0	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
		0	

Principal occupation

Employer (optional)

Date	Full name of contributor ☐ out of state PAC / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
		0	

Principal occupation

Employer (optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out of state PAC none 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation	11 Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
		0	

9 Principal occupation	10 Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

Date	Full name of contributor ☐ out of state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation	Employer (optional)

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 0

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out of state PAC

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out of state PAC

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12-15-97	Foundation for Ethics and Meaning 951 Cragmont Ave. Berkeley, CA 94708	75.00

8 Purpose of expenditure: subscription

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12-4-97	Mobilcomm 2455 N.E. Loop 410 Suite 101 San Antonio TX 78217	11.29

Purpose of expenditure: pager rental

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12-10-97	Book People 603 N. Lamar Blvd. Austin Tx 78703	59.00

Purpose of expenditure: publications

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12-5-97	Gary Dugger Campaign 8507 Lewis Mtn. Dr. Austin, Texas	100.00

Purpose of expenditure: contribution

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-17-97	U.S. Postal Service Postmaster Austin TX 78710	435.84

8 Purpose of expenditure: postage

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-3-97	Ken Oden Campaign 1506 Gaston Avenue Austin TX 78703	250.00

Purpose of expenditure: campaign contributions

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-9-97	Austin AFL-CIO PO Box 684644 Austin TX 78768-4644	105.00

Purpose of expenditure: advertisement

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-17-97	Karen Sonleitner Campaign PO Box 26524 Austin TX 78755	125.00

Purpose of expenditure: campaign contribution

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-23-97	Jim Branton Campaign PO Box 929 San Antonio Tx 78294-0929	250.00

8 Purpose of expenditure: campaign contribution

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-23-97	South Austin Democrats c/o Travis County Democratic Party 505 West Lynn Austin Tx 78703	160.00

Purpose of expenditure: contribution

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-29-97	AT&T Wireless PO Box 78225 Phoenix AZ 85062-8225	172.56

Purpose of expenditure: telephone expense

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-30-97	Bruce Todd CPA 111 Congress Avenue Austin Tx 78701	105.00

Purpose of expenditure: fundraising expense

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-16-97	AT&T Wireless PO Box 78225 Phoenix AZ 85062-8225	174.30

8 Purpose of expenditure: telephone expense

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-27-97	Bruce Todd C.P.A 111 Congress Avenue Austin TX 78701	553.37

Purpose of expenditure: fundraising expense

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-1-97	AT&T Wireless PO Box 78225 Phoenix AZ 85062-8225	170.54

Purpose of expenditure: telephone expense

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-8-97	Mobil Comm 2455 NE Loop 410 Suite 101 San Antonio TX 78217	11.38

Purpose of expenditure: pager rental

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-17-97	Center for Battered Women P O Box 19454 Austin Tx 78701	40.00

8 Purpose of expenditure: donation

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-15-97	Bruce Todd C.P.A. 111 Congress Avenue Austin Tx 78701	501.90

Purpose of expenditure: fundraising expense

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-16-97	Austin Civic Chorus PO Box 354 Austin Tx 78767-0354	150.00

Purpose of expenditure: donation

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-20-97	University of Texas Law School Foundation 727 E. 26th Street Austin Texas 78705	100.00

Purpose of expenditure: donation

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12-15-97	Pat Montgomery PO Box 1748 Austin TX 78767	50.00

8 Purpose of expenditure: office coffee

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-23-97	First State Bank 400 W. 15th Street Austin TX 78701	5000.00

Purpose of expenditure: repayment of note principal

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-23-97	First State Bank 400 W. 15th Street Austin TX 78701	5000.00

Purpose of expenditure: repayment of note principal

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
		0

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-31-97	A.D.A.P.T 1319 Lamar Sq. Dr. Suite 101 Austin, Texas 78704	60.00

8 Purpose of expenditure: contribution

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-23-97	First State Bank 400 W. 15th Street Austin Tx 78701	399.99

Purpose of expenditure: interest payment

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-14-97	Texas Bar Foundation PO Box 12487 Austin Tx 78711-2487	150.00

Purpose of expenditure: donation

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-16-97	Austin State School Volunteer Council PO Box 1269 Austin TX 78767-1269	100.00

Purpose of expenditure: donation

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-24-97	First State Bank 400 W. 15th Street Austin TX 78701	90.39

8 Purpose of expenditure: interest payment

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-1-97	Fado Irish Pub and Restaurant 214 W. 4th Street Austin TX 78701	40.00

Purpose of expenditure: meals

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-31-97	Fado Irish Pub and Restaurant 214 W. 4th Street Austin TX 78701	43.00

Purpose of expenditure: meals

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12-12	Airport Florist Inc. 3848 Airport Blvd. Austin TX 78702	79.78

Purpose of expenditure: flowers for memorials

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-2-97	Bruce Todd C.P.A 111 Congress Avenue Austin Tx 78701	1495.38

8 Purpose of expenditure: fundraising expense

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-24-97	Center for Battered Women PO Box 19454 Austin Tx 78701	50.00

Purpose of expenditure: donation

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-23-97	Mobil Comm 2455 NE Loop 410 Suite 101 San Antonio Tx 78217	11.21

Purpose of expenditure: pager rental

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-23-97	Smart-Mail of Austin Inc. 2011 Anchor Lane Austin Tx 78723	238.38

Purpose of expenditure: clerical and mailing costs

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8-15-97	Rodolfo Magallanes PO Box 1748 Austin TX 78767	54.13

8 Purpose of expenditure: reimbursement for publications

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-14-97	MobilComm 2455 NE Loop 410 Suite 101 San Antonio Tx 78217	11.26

Purpose of expenditure: pager rental

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-4-97	Smart-Mail of Austin Inc. 2011 Anchor Lane Austin Tx 78723	1045.00

Purpose of expenditure: clerical and mailing costs

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-23-97	Airport Florist Inc. 3848 Airport Blvd. Austin Tx 78702	136.62

Purpose of expenditure: flowers for memorials

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-21-97	Office Depot 2101 South Lamar Austin Tx 78704	91.99

8 Purpose of expenditure: office supplies

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-28-97	Mobil Comm 2455 NE Loop 410 Suite 101 San Antonio TX 78217	11.21

Purpose of expenditure: pager rental

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-23-97	KLRU-TV PO Box 7158 Austin Tx 78701	165.00

Purpose of expenditure: donation

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-23-97	KMFA 3001 N. Lamar Blvd. Suite 100 Austin Tx 78705	60.00

Purpose of expenditure: donation

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 12

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-23-97	Book People 603 N. Lamar Blvd. Austin Tx 78703	14.06

8 Purpose of expenditure: publications

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-31-97	Book People 603 N. Lamar Blvd. Austin Tx 78703	12.83

Purpose of expenditure: publications

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-15-97	Book People 603 N. Lamar Blvd. Austin Tx 78703	14.06

Purpose of expenditure: publications

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-7-97	Book People 603 N. Lamar Blvd. Austin Tx 78703	12.83

Purpose of expenditure: publications

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount ($)	
12-31-97	Ronald D. Earle Po Box 2092 Austin TX 78768	reimbursement for auto mileage	233.43	☒ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($)	☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
	none	

8 Purpose of payment	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($)
	none	

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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