CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4260

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: 20

OFFICE USE ONLY

Date Received

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Ronald | MI: D

NICKNAME: Ronnie | LAST: Earle | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P O Box 2092 | APT / SUITE #: | CITY: Austin | STATE: Tx | ZIP CODE: 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): PO Box 2092 | APT / SUITE #: | CITY: Austin | STATE: Tx | ZIP CODE: 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 / 98 THROUGH Month Day Year: 12 / 31 / 98

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	$ 75.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3375.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 686.72
4.	TOTAL POLITICAL EXPENDITURES	$ 4348.67

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
PATRICIA L. BARTON
Notary Public, State of Texas
My Commission Expires
JULY 29, 1999

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald Earle, this the 15th day of Janvary, 19 99, to certify which, witness my hand and seal of office.

Patricia Barton

Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3

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)
9-28-98	Jack K. Dillard 1005 Congress Ave. Ste 950 Austin TX 78701	300.00	

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)
9-16-98	Isaac and June Kalb 1000 Dalton Lane Austin TX 78742	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)
10-8-98	Al Erwin 3345 Bee Caves Rd. Ste. 212 Austin TX 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)
11-9-98	Charles Grigson 604 W. 12th St. 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)
	none	0	

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: 3

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)
7-3-98	Alexander Sheshunoff 98 San Jacinto Blvd. Austin TX 78701	1000.00	

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)
7-3-98	Richard Schott 3513 Lakeland Dr. Austin TX 78731	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)
7-3-98	Locke Purnell Rain Harrell 100 Congress Ave. Ste 300 Austin TX 78701	250.00	

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)
7-3-98	Linebarger Heard Goggan et al. Po Box 17428 Austin TX 78760	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)
7-3-98	Amon Burton 1306 Guadalupe Austin TX 78701	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.

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 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	none	0	

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)

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: 3

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)
7-22-98	George Ramsey III 515 Congress Ave, Ste. 400 Austin TX 78701	250.00	

☐ out of state PAC

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)
7-22-98	Nancy P. Moody 3605 Cherry Lane Austin TX 78703	200.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-22-98	Hilgers and Watson PO Box 2063 Austin TX 78768	100.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-22-98	David Carlock 8111 Preston Road Ste. 550 Dallas TX 75225-6308	100.00	

☐ out of state PAC

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-5-98	John Carl Daywood 600 Sabine Ste. 200 Austin TX 78701	100.00	

☐ out of state PAC

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.

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out of state PAC 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)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 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 Amount ($)
9-18-98	Karen Sonleitner Campaign PO Box 26524 Austin TX 78755	100.00

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 ($)
9-18-98	Mobilecomm 2455 NE Loop 410 San Antonio TX 78217	12.03

Purpose of expenditure: telephone

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-4-98	Texas Democratic Party 919 Congress Ave. Ste. 600 Austin TX 78701	100.00

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 ($)
11-3-98	Texas Democratic Party 919 Congress Ave. Ste. 600 Austin TX 78701	100.00

Purpose of expenditure: Contribution

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

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 ($)
9-27-99	Crowne Plaza St. Anthony Hotel San Antonio TX	167.35

8 Purpose of expenditure: lodging and meals

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 ($)
11- -98	Thundercloud Subs Austin TX	54.33

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 ($)
11-30-99	Renaissance Washington Hotel Washington DC	100.00

Purpose of expenditure: travel 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 ($)

Purpose of expenditure:

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

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 ($)
7-16-98	Margaret Gomez Campaign 2102 Bergman Austin TX	100.00

8 Purpose of expenditure: political 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 ($)
7-3-98	Mobilecomm 2455 NE Loop 410 San Antonio TX 78217	11.16

Purpose of expenditure: telephone

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-2-98	Mobilecomm 2455 NE Loop 410 San Antonio TX 78217	22.83

Purpose of expenditure: telephone

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-3-98	Mobilecomm 2455 NE Loop 410 San Antonio TX 78217	23.35

Purpose of expenditure: telephone

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME Ronald O. Earle

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out of state PAC

none

8 Lender address; City; State; Zip Code

9 Loan Amount ($) 0

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

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 ($)
11-17-98	League of Women Voters c/o F. McIntyre 6305 Treadwell. Austin 78757	50.00

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 ($)
11-3-98	League of Women Voters c/o F. McIntyre 6305 Treadwell Austin TX 78757	100.00

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 ($)
9-21-98	Old World Bakery (for family of Kierse Paul) 814 W. 12th Austin TX 78701	100.00

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 ($)
9-4-98	Safeplace PO Box 19454 Austin TX 78760	100.00

Purpose of expenditure: donation

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

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 ($)
8-11-98	Bruce Todd CPA 111 Congress Ave. Ste. 1200 Austin TX 78701	426.28

8 Purpose of expenditure: fundraising

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 ($)
9-4-98	Bruce Todd CPA 111 Congress Ave. Ste. 1200 Austin TX 78701	84.94

Purpose of expenditure:

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-3-98	Texas Department of Criminal Justice PO Box 13401 Capitol Station Austin TX 78711-3401	70.00

Purpose of expenditure: tickets for staff to attend dinner

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-3-98	Austin AFL-CIO PO Box 684644 Austin TX 78768-4644	95.00

Purpose of expenditure: Labor Day ad

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME: Ronald O. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-2-98	Bruce Todd C.P.A. 111 Congress Ave. Ste. 1200 Austin TX 78701	1009.52

8 Purpose of expenditure: fundraising

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 ($)
7-15-98	Book People 603 N. Lamar Austin TX 78703	84.11

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 ($)
8-2-98	Book People 603 N. Lamar Austin TX 78703	27.05

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 ($)
10-22-98	Book People 603 N. Lamar Austin TX 78703	4.28

Purpose of expenditure: publications

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

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 (S)
7-16-98	US Office Products PO Box 2067 Austin TX 78768	233.43

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 (S)
9-21-98	Book People 603 N. Lamar Austin TX 78703	41.40

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 (S)
11-13-98	RealJustice PO Box 229 Bethlehem PA 18016	105.00

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 (S)
11-5-98	Hill Country Teen Court 3211 Stratford Hills Lane Austin TX	100.00

Purpose of expenditure: donation

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 ($)
12-31-98	Ronald D. Earle PO Box 2092 Austin TX 78768	reimbursement for auto mileage	239.89 ☒ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($) ☐ 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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	0

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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 ($)
	None	0
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($)
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 ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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 ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on C/OH page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder