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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4374

FORM JC/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 12

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge | FIRST: J. | MI: David | NICKNAME | LAST: Phillips | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE: 207 E. MILTON AUSTIN, TX 78704

5 CAMPAIGN TREASURER NAME

TITLE | FIRST | MI: Self | NICKNAME | LAST | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (512) 445-0414

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 JC/OH - FR)

9 PERIOD COVERED

Month / Day / Year: 1 / 1 / 99 THROUGH Month / Day / Year: 6 / 30 / 99

10 ELECTION

ELECTION DATE Month / Day / Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Judge, Travis County Court at Law #1

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: N/A

Address / PO Box | Apt / Suite # | City | State | Zip Code

☐ additional pages

OFFICE USE ONLY

Date Received: FILED 99 JUL 21 PM 4

HD / PM | Amount

Date Processed

Date Imaged

Receipt #

GO TO PAGE 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
J. David Phillips	

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: NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4. **TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 4034.31

18 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 19_____, to certify which, witness my hand and seal of office.

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J): 1

2 FILER NAME: J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out of state PAC NONE. 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)

9 Contributor's principal occupation	10 Contributor's job title
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	

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

Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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

Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J): 1

2 FILER NAME J. David Phillips

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 Pledgor's principal occupation	11 Pledgor's job title
12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
14 If pledgor is a child, law firm of parent(s) (if any)	

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

Pledgor's principal occupation	Pledgor's job title
Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
If pledgor is a child, law firm of parent(s) (if any)	

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

Pledgor's principal occupation	Pledgor's job title
Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
If pledgor is a child, law firm of parent(s) (if any)	

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J): 1

2 FILER NAME: J. David Phillips

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: NONE ☐ out of state PAC

8 Lender address, City, State, Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Frim

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

☐ none

18 GUARANTOR INFORMATION

☐ not applicable

19 Name of guarantor

20 Guarantor address, City, State, Zip Code

21 Amount Guaranteed ($)

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Frim

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

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: 1

2 FILER NAME J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
	NONE	

8 Purpose of expenditure

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 ($)

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 ($)

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 ($)

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

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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: J. David Phillips

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($) / Reimbursement from political contributions intended
	5 Payee name: NONE	
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ 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

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

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: J. David Phillips

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

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

2 FILER NAME J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION	4 Name of lender SELF ~~NONE~~
	5 Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☑ not applicable	6 Name of guarantor
	7 Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code

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

ASSETS VALUED AT $500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M

2 FILER NAME J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

NONE

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4375

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: 14

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Ronald | MI: D | NICKNAME: Ronnie | LAST: Earle | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO BOX 2092 | APT / SUITE #: | CITY: Austin | STATE: TX | ZIP CODE: 78768

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Ellsabeth | 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: 1 / 1 / 99 THROUGH 6 / 30 / 99

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: none

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

☐ additional pages

OFFICE USE ONLY

Date Received: FILED JUL 15 4 33 PM '99 TEXAS ETHICS COMMISSION

Receipt # | HD / PM | Amount | Date Processed | Date Imaged

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	$ 0
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 28833.54

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 672.14
4.	**TOTAL POLITICAL EXPENDITURES**	$ 2867.46

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

LINDA K. MAXWELL
Notary Public, State of Texas
My Commission Expires
MARCH 12, 2000

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.

Ronald Earle
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald Earle, this the 15th day of July 1999, to certify which, witness my hand and seal of office.

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

Ronnie Earle Political Contributions Other Than Pledges or Loans

Schedule A-1

Jan. 1, 1999-June 30, 1999

FULLNAME	ADDRESS	CITY	ST	ZIP	REC 99	DATE	OUT-OF-ST. PAC?
Dr. & Mrs. Clark Hubbs	5719 Marilyn Dr	Austin	TX	78757	100	2/26/99	
Rooster Andrews	PO Box 2163	Austin	TX	78768	200	6/25/99	
Patricia Ayres	5705 Scout Island Cv	Austin	TX	78731	250	6/25/99	
Fulbright & Jaworski TX Comm.	600 Congress Ave., Ste. 2400	Austin	TX	78701	1000	6/25/99	
Sanford L. Gottesman	1900 Scenic Dr	Austin	TX	78703	500	6/25/99	
Ronya Kozmetsky	P.O. Box 2253	Austin	TX	78768-	1000	6/25/99	
Joe R. Longley & Phil Maxwell	P.O. Box 12667	Austin	TX	78711	1000	6/25/99	
B.J. "Red" McCombs	P.O. Box BH003	San Antonio	TX	78201	500	6/25/99	
Lynn & Mary Scott Nabers	111 Congress Ave., Suite 1200	Austin	TX	78701	1000	6/25/99	
The Honorable Ann Richards	98 San Jacinto Blvd., Suite 1440	Austin	TX	78701	1000	6/25/99	
Jack Roberts	7702 Pleasant Meadow Circle	Austin	TX	78731	1000	6/25/99	
Alexander & Gabrielle Sheshunoff	98 San Jacinto Blvd., 19th Fl.	Austin	TX	78701	1000	6/25/99	
Leon Thompson	1301 S. Capital of TX Hwy., #A232	Austin	TX	78746	500	6/25/99	
Ben & Melanie Barnes	98 San Jacinto Blvd., Ste. 250	Austin	TX	78701	1000	6/29/99	
Frank & Debbie Branson	6920 Turtle Creek Blvd.	Dallas	TX	75205	500	6/29/99	
Don Cephus	7501 Sandia Loop	Austin	TX	78735	500	6/29/99	
Slack & Davis, L.L.P.	8911 Capital of TX Hwy., Ste. 2110	Austin	TX	78759	1000	6/29/99	
Texas Auto. Dlrs. Assn. PAC	PO Box 1028	Austin	TX	78767	1000	6/29/99	
Russell T. Kelley	400 W. 15 St., Ste. 320	Austin	TX	78701	1000	6/29/99	
Lowell H. Lebermann, Jr.	P. O. Box 5339	Austin	TX	78763	1000	6/29/99	
Joe Long	919 Congress Ave., Ste. 1000	Austin	TX	78701	1000	6/29/99	
Mignon McGarry	P.O. Box 1501	Austin	TX	78767	500	6/29/99	
McGinnis, Lochridge & Kilgore	919 Congress Avenue, Suite 1300	Austin	TX	78701	1000	6/29/99	
Wholesale Beer Dist. Of TX PAC	823 Congress Ave., Ste. 1313	Austin	TX	78701	500	6/29/99	
George C. Shipley	919 Congress Avenue, Suite750	Austin	TX	78701-	1000	6/29/99	
Robert Spellings	823 Congress Ave., Ste. 706	Austin	TX	78701	500	6/29/99	
Tom Stacy	823 Congress Ave., Ste. 1111	Austin	TX	78701	1000	6/29/99	
Kerry Tate	4504 Tortuga Cove	Austin	TX	78731	1000	6/29/99	
TX Trial Lawyers Assn. PAC	P.O. Box 788	Austin	TX	78767	5000	6/29/99	
Total, January 1 - June 30, 1999					26550		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2

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)
6-29-99	Roy Butler PO Box 9190 Austin TX 78766	2283.54	food and entertainment

9 Principal occupation (Optional)	10 Employer (Optional)

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

Principal occupation (Optional)	Employer (Optional)

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

Principal occupation (Optional)	Employer (Optional)

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

Principal occupation (Optional)	Employer (Optional)

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

Principal occupation (Optional)	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.

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 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 (optional)	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 (optional)	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 (optional)	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 (optional)	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 (optional)	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.

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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 files)

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

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5

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 ($)
2-2-99	A.T. & T. Universal Mastercard PO Box 9999 Columbus GA 31997-0001	80.98

8 - Purpose of expenditure: finance charges

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 ($)
3-27-99	Book People 603 N. Lamar Austin TX 78703	19.45

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 ($)
5-3-99	Book People 603 N. Lamar Austin TX 78703	12.08

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 ($)
1-2-99	Book People 603 N. Lamar Austin TX 78703	17.15

Purpose of expenditure: publications

** 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: 5

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 ($)
6-30-99	A.T.&T. Universal Mastercard PO Box 9999 Columbus GA 31997-0001	13.66

8 Purpose of expenditure: finance charges

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 ($)
6-30-99	Foley's 2901 S. Capital of Texas Hwy. Austin TX	70.36

Purpose of expenditure: gifts

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-31-99	AT&T Universal Mastercard PO Box 9999 - Columbus GA 31997-0001	49.23

Purpose of expenditure: finance charges

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-30-99	Saba Blue Water Cafe 208-D W. 4th Street Austin TX 78701	108.00

Purpose of expenditure: meals

-- 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: 5

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 ($)
3-3-99	Pusser's Pub and Restaurant Ft Lauderdale, Florida	96.83

8 Purpose of expenditure: 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 ($)
6-3-99	Karen Sonleitner Campaign PO Box 26524 Austin TX 78755	100.00

Purpose of expenditure: campaign 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 ($)
3-23-99	University of Texas School of Social Work 1925 San Jacinto Blvd. Austin TX 78712-1203	110.00

Purpose of expenditure: meal expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-8-99	Pat Montgomery PO Box 1748 Austin TX 78767	60.00

Purpose of expenditure: office coffee

-- 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: 5

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 ($)
2-2-99	Continental Airlines Austin Municipal Airport	340.00

8 Purpose of expenditure: airfares

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 ($)
3-3-99	A.T.&T. Universal Mastercard PO Box 9999 Columbus GA 31997-0001	73.43

Purpose of expenditure: finance charges

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-2-99	A.T.&T. Universal Mastercard PO Box 9999 Columbus GA 31997-0001	11.30

Purpose of expenditure: finance charges

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-2-99	Book People 603 N. Lamar Austin TX 78703	44.33

Purpose of expenditure: publications

-- 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: 5

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 ($)
5-31-99	Fado Irish Pub and Restaurant 214 W. 4th Street Austin TX 78701	150.00

8 Purpose of expenditure: 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 ($)
6-1-99	Avenue Florist and Gifts 1208 S. Congress Austin TX 78704	58.40

Purpose of expenditure: funeral flowers

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-31-99	Margaret Keys PO Box 5709 Austin TX 78763-5709	281.16

Purpose of expenditure: consultant

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-25-99	Boyne Mountain Boyne Falls Michigan	60.00

Purpose of expenditure: air-port shuttle

-- 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 ($)	Reimbursement from political contributions intended
6-30-99	Ronald D. Earle PO Box 2092 Austin TX 78768 reimbursement for auto mileage	165.23	[X]
6-30-99	New York Times Home Delivery New Jersey publications	273.73	[X]
			[ ]
			[ ]
			[ ]

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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 ($)
		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

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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 ($)
		0
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
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 ($)

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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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