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

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

4470

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed.

OFFICE USE ONLY
Acct. #
Date Received
JAN 13 9 50 AM '00
FILED
HD/PM
Date Processed
Date Imaged

2 CANDIDATE NAME
TITLE FIRST MI
Ronald D.
NICKNAME LAST SUFFIX
Earle

3 CANDIDATE MAILING ADDRESS
ADDRESS / PO BOX APT / SUITE #. CITY. STATE. ZIP CODE
P.O. Box 2092
Austin TX 78768

4 CANDIDATE PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 263-5235

5 OFFICE HELD (If any)
Travis County District Attorney

6 OFFICE SOUGHT (If known)
Same

7 CAMPAIGN TREASURER NAME
TITLE FIRST MI NICKNAME LAST SUFFIX
Joe R. Long

8 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE. ZIP CODE
919 Congress Ave., Suite 1000
Austin TX 78701

9 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 495-1554

10 NEPOTISM STATEMENT and CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code.

Signature of Candidate

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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, APT / SUITE #, CITY, STATE, ZIP CODE

P.O. Box 2092
Austin TX 78768

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Joe | MI: R.

NICKNAME | LAST: Long | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

919 Congress Ave., Suite 1000, Austin TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 472-1554 | 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 / 99 THROUGH Month / Day / Year: 12 / 31 / 99

10 ELECTION

ELECTION DATE Month / Day / Year: 11 / / 2000

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Travis County District Attorney

12 OFFICE SOUGHT (if known): Same

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

GO TO PAGE 2

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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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ 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)	$ 9700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS UNLESS ITEMIZED	$ 563.83
	4. **TOTAL POLITICAL EXPENDITURES**	$40118.29
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.

Ronald Earle

Signature of Candidate or Officeholder

PATRICIA K. KELLY
MY COMMISSION EXPIRES
September 22, 2002

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RONALD EARLE, this the 17TH day of JANUARY, ~~19~~ 2000, to certify which, witness my hand and seal of office.

Patricia K. Kelly — Signature of officer administering oath

PATRICIA K. KELLY — Print name of officer administering oath

NOTARY PUBLIC — Title of officer administering oath

Revised 05/18/1998

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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: 4

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)
7/9/99	☐ out of state PAC Joe Christie 901 S. MoPac Expwy., Austin TX 78746	250.00	

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)
7/9/99	☐ out of state PAC Patricia Hayes 5903 Lonesome Valley Trail Austin TX 78731	100.00	

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)
7/9/99	☐ out of state PAC Locke Liddell & Sapp L.L.P. 100 Congress Ave, Suite 300 Austin TX 78701	500.00	

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)
7/9/99	☐ out of state PAC Kristy Ozmun & Bill Cryer 3702 Green Trails S. Austin TX 78731	100.00	

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)
7/9/99	☐ out of state PAC Provost & Umphrey Law Firm P.O. Box 4905 Beaumont TX 77704	500.00	

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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor / 7 Pledgor address: City: State: Zip Code	☐ out of state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)		
Date	Full name of pledgor / Pledgor address: City: State: Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor / Pledgor address: City: State: Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor / Pledgor address: City: State: Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor / Pledgor address: City: State: Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)		

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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: 4

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission fixers)

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)
7/14/99	Dick Brown 1108 Lavaca, Suite 400 Austin TX 78701	500.00	

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)
7/14/99	Roy Spence 828 W. 6th St. Austin TX 78703	1000.00	

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)
8/11/99	Robert Johnson Jr. 1122 Colorado, Suite 208 Austin TX 78701	500.00	

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)
10/5/99	Hartley H. Hampton 700 Louisiana, 40th Floor Houston TX 77002	500.00	

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)
10/5/99	Helm Pletcher Bowen & Saunders 2929 Allen Pkwy., Suite 2700 Houston TX 77019	500.00	

Principal occupation (Optional) | Employer (Optional)

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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

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 ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address: City: State: Zip Code	Amount of pledge ($)	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)		

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

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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: 4

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)
10/5/99	☐ out of state PAC Ivy, Crews & Elliott, P.C. 8140 N. Mopac, Bldg. 2-150 Austin TX 78759	500.00	

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)
12/28/99	☐ out of state PAC Jack Roberts 7702 Pleasant Meadow Circle Austin TX 78731	1000.00	

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)
12/28/99	☐ out of state PAC Russell T. Kelley 400 W. 15th St., Suite 320 Austin TX 78701	1000.00	

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)
12/29/99	☐ out of state PAC Armbrust, Brown & Davis 100 Congress Ave., Suite 1300 Austin TX 78701	250.00	

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)
12/29/99	☐ out of state PAC Ben Barnes 98 San Jacinto Blvd., Suite 250 Austin TX 78701	1000.00	

Principal occupation (Optional) | Employer (Optional)

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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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	☐ out of state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation (optional) | 11 Employer (optional)

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

Principal occupation (optional) | Employer (optional)

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

Principal occupation (optional) | Employer (optional)

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

Principal occupation (optional) | Employer (optional)

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

Principal occupation (optional) | Employer (optional)

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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: 4

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)
12/29/99	Melanie Barnes 98 San Jacinto Blvd., Suite 250 Austin TX 78701	1000.00	

9 Principal occupation (Optional)	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)
12/29/99	Brown McCarroll & Oaks Hartline 111 Congress Ave., Suite 1400 Austin TX 78701	500.00	

Principal occupation (Optional)	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 (Optional)	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 (Optional)	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 (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: ⇨ ⇨ ⇨ = ⇨ ⇨ $ 0

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	☐ out of state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation (optional)	11 Employer (optional)

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

Principal occupation (optional)	Employer (optional)

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

Principal occupation (optional)	Employer (optional)

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

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	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.

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: 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 ($)
7/8/99	New Directions in Corrections P. O. Box 152139 Austin TX 78715	64.79

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 ($)
7/13/99	Bruce Todd 111 Congress, Suite 1200 Austin TX 78701	4123.21

Purpose of expenditure: Consulting Services

** 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	Volunteer Council P. O. Box 1269 Austin TX 78767	200.00

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 ($)
7/16-7/21/99	The Breakers Hotel 1 S. County Rd. Palm Beach FL 33480	373.87

Purpose of expenditure: Lodging and food at Conference

** 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 ($)
8/8/99	Scott McCown Campaign 1311 E. 6th St., Austin TX 78702	100.00

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 ($)
8/8/99	Worley Printing 3217 N. IH 35 Austin TX 78722	352.90

Purpose of expenditure: printing

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/9/99	Travis County P.O. Box 1748 Austin TX 78767	50.00

Purpose of expenditure: office coffee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/8/99	Alpenhof Steakhaus 16018 Hamilton Pool Rd. Austin TX 78738	107.00

Purpose of expenditure: meal expenses

← 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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS. ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

7 Name of lender ☐ out of state PAC

9 Loan Amount ($)

6 Is lender a financial institution? Y N

8 Lender address: City: State: Zip Code

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

Name of lender ☐ out of state PAC

Loan Amount ($)

Is lender a financial institution? Y N

Lender address: City: State: Zip Code

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.

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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 ($)
10/14/99	College of Preachers 3510 Woodley Rd. NW Washington D.C. 20016	70.00

8 Purpose of expenditure: lodging at conference

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 ($)
11/2/99	Unity Church 2806 Del Curto Rd. Austin Tx 78704	20.00

Purpose of expenditure: seminar fee

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
11/2/99	Unity Church 2806 Del Curto Rd. Austin TX 78704	40.00

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 ($)
11/5/99	Alpenhof Steakhaus 16018 Hamilton Pool Rd. Austin TX 78738	264.20

Purpose of expenditure: meal expenses

→ 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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code	7 Amount ($)

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

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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 ($)
11/8/99	Chorus Austin P.O. Box 354 Austin TX 78758	250.00

8 Purpose of expenditure: donation

9 ← Complete if direct expenditure to benefit C/CH ← Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
12/1/99	Travis County P.O. Box 1748 Austin TX 78767	40.00

Purpose of expenditure: office coffee

← Complete if direct expenditure to benefit C/CH ← Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
12/14/99	Thundercloud Subs 903 W. 12th St. Austin TX 78701	59.79

Purpose of expenditure: meal expenses

← Complete if direct expenditure to benefit C/CH ← Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
12/15/99	Muscular Dystrophy Association 3300 E. Sunrise Dr. Tucson AZ 85718	100.00

Purpose of expenditure: donation

← Complete if direct expenditure to benefit C/CH ← 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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

6 Payee address: City: State: Zip Code

7 Amount ($)

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

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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 ($)
12/15/99	GSD&M 828 W. 6th St. Austin TX 78703	22870.85

8 Purpose of expenditure: Media Services

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 ($)
12/21/99	Opinion Analysts, Inc. 906 Rio Grande Austin TX 78701	7000.00

Purpose of expenditure: Consulting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/27/99	Opinion Analysts, Inc. 906 Rio Grande Austin TX 78701	1750.00

Purpose of expenditure: Consulting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/30/99	Travis County Democratic Party 1311 E. 6th Austin TX 78702	1000.00

Purpose of expenditure: filing fee

→ 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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code	7 Amount ($)

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

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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: 3

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
8/23/99	New York Times Home Delivery New Jersey	Publications	18.20	☑
9/20/99	New York Times Home Delivery New Jersey	Publications	27.20	☑
10/19/99	New York Times Home Delivery New Jersey	Publications	38.00	☑
11/15/99	New York Times Home Delivery New Jersey	Publications	38.00	☑
12/13/99	New York Times Home Delivery New Jersey	Publications	38.00	☑

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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: 3

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
7/16-22/99	The Breakers Hotel 1 S. County Rd. Palm Beach FL 33480	meals at conference	137.94	☑
7/[illegible]/99	Charley's Crab 456 S. Ocean Blvd. Palm Beach FL 33480	meal at conference	23.34	☑
7/19/99	E. R. Bradley's 111 Bradley Place Palm Beach FL 33480	meal at conference	23.00	☑
7/20/99	New York Times Home Delivery New Jersey	Publications	8.25	☑
8/12/99	Hyatt Regency Princeton 102 Carnegie Center Princeton NJ 08540		113.42	☑

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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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

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 ($)
12/31/99	Ronald D. Earle P.O. Box 2092 Austin TX 78768	reimbursement for auto mileao	252.00 ☑ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure	Amount ($) ☐ 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address: City: State: Zip Code	7 Amount ($)
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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