

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4803

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: <div style="font-size: 2em; text-align: center;">16</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <div style="text-align: center; font-size: 1.5em;">Ronald D.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Ronnie Earle</div>	OFFICE USE ONLY Date Received: <i>12:30</i> o'clock <i>18th</i> day of <i>JAN</i> <i>2001</i> Dana DeBeauvoir County Clerk, Travis County, Texas MWD Receipt # _____ Amount _____ HD / PM _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">P.O. Box 2092 Austin TX 78768</div>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <div style="text-align: center; font-size: 1.5em;">Joe R.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Long</div>		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">919 Congress Ave., Suite 1000, Austin TX 78701</div>		
7 CAMPAIGN TREASURER PHONE	AREA CODE <div style="font-size: 1.2em;">(512)</div>	PHONE NUMBER <div style="font-size: 1.2em;">472-1554</div>	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.2em;">10/29/2000 12/31/2000</div>		
10 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11/7/2000</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">Travis County District Attorney</div>	12 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Same</div>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 <div style="font-size: 1.5em; text-align: center;">none</div> Address / PO Box: Apt. / Suite #: City: State: Zip Code		

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. **

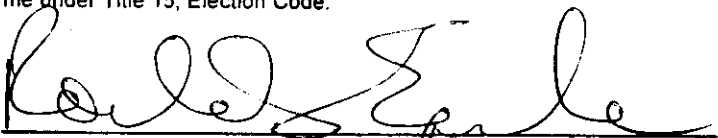
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 505.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24605.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 373.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 45185.31
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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RONALD D. EARLE this the 16th day of JANUARY 2001, to certify which, witness my hand and seal of office.

Patricia K. Kelly PATRICIA K. KELLY NOTARY PUBLIC
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

Ronald D. Earle

**Schedule A: Political Contributions Other than Pledges or Loans
for the period October 29, 2000 through December 31, 2000**

Total pages
Schedule A: 1

Baker Botts	1600 San Jacinto Center/98 San Jacinto Blvd.	Austin, Texas 78701	11/17/00	\$	1,000.00
Joseph C. Aragona	78 St. Stephens School Road	Austin, Texas 78748	11/2/00	\$	2,500.00
Mohammad Assadi	3605 Robbins Road	Austin, Texas 78731	11/3/00	\$	1,000.00
Ben Barnes	98 San Jacinto Blvd., Suite 250	Austin, Texas 78701	11/1/00	\$	3,000.00
Betty Blackwell	1306 Nueces Street	Austin, Texas 78701	10/31/00	\$	500.00
Boozer & Maples	707 Rio Grande, Suite 100	Austin, Texas 78701	11/1/00	\$	250.00
Sheinfeld, Maley & Kay	1001 Famin, Suite 3700	Houston, Texas 77002	10/26/00	\$	200.00
Dick Brown	1109 Lavaca, Suite 400	Austin, Texas 78701	10/27/00	\$	1,000.00
Dan R. Bullock	Box 5627	Austin, Texas 78763	11/1/00	\$	250.00
John F. Campbell	805 W. 10th Stree, Suite 400	Austin, Texas 78701	11/2/00	\$	100.00
F. William Carr, Jr.	P.O. Box 92589	Austin, Texas 78709	11/5/00	\$	500.00
C. Bryan Case, Jr.	1201 Hill Forest Drive	Austin, Texas 78749	10/29/00	\$	300.00
Martha P. Cotera	1502 Norris Drive	Austin, Texas 78704	11/2/00	\$	100.00
Clint Eisenberg	207 W. 34th Street	Austin, Texas 78705	11/3/00	\$	100.00
Jack Erskine	4304 Green Cliffs	Austin, Texas 78746	10/27/00	\$	250.00
Marc Winkelman	304 Hillcrest Court	Austin, Texas 78746	10/28/00	\$	250.00
Thomas Fulmer	7515 Ladle Lane	Austin, Texas 78749	10/31/00	\$	250.00
Jeffery C. Garvey	114 W. 7th Street, Suite 1300	Austin, Texas 78701	10/30/00	\$	5,000.00
Elizabeth M. Hampton	1631 Westlake Drive	Austin, Texas 78746	11/1/00	\$	100.00
Rick Hawkins	2800 Stratford Drive	Austin, Texas 78746	10/31/00	\$	2,000.00
Alfred and Ellen King	2709 Taylors Drive	Austin, Texas 78703	9/30/00	\$	100.00
W. Neal Kocurek	2801 Deer Creek Circle	Austin, Texas 78703	10/31/00	\$	150.00
Willie Kocurek	513 W. 41st Street	Austin, Texas 78751	10/31/00	\$	100.00
Ronya Kozmetsky	Box 2253	Austin, Texas 78768	10/25/00	\$	1,000.00
Bill Milburn	Box 26507	Austin, Texas 78755	11/1/00	\$	500.00
Philip A. Nelson, Jr.	2803 Townes Lane	Austin, Texas 78703	10/27/00	\$	500.00
Philip Presse	819 1/2 W. 11th Street	Austin, Texas 78701	10/25/00	\$	100.00
Bernard Rapoport	Box 2508	Waco, Texas 76797	11/1/00	\$	2,000.00
Thad Son	104 Cold Water Lane	Austin, Texas 78734	11/2/00	\$	400.00
Robert Spellings	3203 Bridle Path	Austin, Texas 78731	11/6/00	\$	500.00
Joseph B. Swanner	3210 Gentry	Austin, Texas 78746	10/26/00	\$	100.00

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B: /	
2 FILER NAME <i>Ronald D. Earle</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <i>None</i> <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Principal occupation		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Principal occupation		10 Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution 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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <i>1</i>
---	---------------------------------------

2 FILER NAME <i>Ronald D. Earle</i>	3 ACCOUNT # (Ethics Commission filers)
--	--

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

5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) <i>none</i>
----------------	--	-----------------------------------

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 <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer
-------------------------	-------------

Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

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:
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

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: **5**

2 FILER NAME **Ronald D. Earle**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/11/00

5 Payee name
China Star Restaurant
6 Payee address; City; State; Zip Code
6134 E Hwy 290 Austin TX 78723

7 Amount (\$)
385.05

8 Purpose of expenditure (See instructions regarding type of information required.)
campaign food expense.

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

Date
11/1/00

Payee name
HigliLife Cafe
Payee address; City; State; Zip Code
407 E. 7th Austin TX 78701

Amount (\$)
14.00

Purpose of expenditure (See instructions regarding type of information required.)
meal expense.

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

Date
11/27/00

Payee name
All Things Wireless
Payee address; City; State; Zip Code
937 Reint St., Austin TX 78751

Amount (\$)
108.25

Purpose of expenditure (See instructions regarding type of information required.)
phone.

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

Date
11/27

Payee name
HEB
Payee address; City; State; Zip Code
Hancock Center Austin TX 78751

Amount (\$)
128.02

Purpose of expenditure (See instructions regarding type of information required.)
food for reception

** 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: **5**

2 FILER NAME **Ronald D. Earle**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/27/00

5 Payee name
U.S. Postmaster
6 Payee address; City; State; Zip Code
4300 Speedway Austin TX 78751

7 Amount (\$)
231.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Postage

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

Date
11/27

Payee name
Office Max
Payee address; City; State; Zip Code
907 W. 5th Austin TX 78703

Amount (\$)
61.79

Purpose of expenditure (See instructions regarding type of information required.)
office supplies and copying

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

Date
11/27

Payee name
Office Max
Payee address; City; State; Zip Code
907 W. 5th Austin TX 78703

Amount (\$)
46.69

Purpose of expenditure (See instructions regarding type of information required.)
office supplies

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

Date
11/27

Payee name
Advantage Rent-A-Car
Payee address; City; State; Zip Code
3615 Manor Rd. Austin TX 78723

Amount (\$)
310.12

Purpose of expenditure (See instructions regarding type of information required.)
auto rental

** 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: **5**

2 FILER NAME **Ronald D. Earle** 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/9/00	5 Payee name Kevin Kennedy 6 Payee address; City; State; Zip Code 2400 S. 4th St. Austin TX 78704	7 Amount (\$) 250.00
--------------------------	--	--------------------------------

8 Purpose of expenditure (See instructions regarding type of information required.) consulting	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 11/27/00	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 630060 Dallas TX 75363	Amount (\$) 755.91
-------------------------	---	------------------------------

Purpose of expenditure (See instructions regarding type of information required.) telephone expenses	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 12/15/00	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 630060 Dallas TX 75363	Amount (\$) 280.46
-------------------------	---	------------------------------

Purpose of expenditure (See instructions regarding type of information required.) telephone expenses	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 (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Ronald D. Earle
 Itemized Political Expenditures
 for the period October 29, 2000 through December 31, 2000

Total pages
 Schedule F: 5

Date	Payee	Address	City	State	Zip	Purpose	Amount (\$)
12/15/00	S. W. Bell Telephone	P.O. Box 4844	Houston	Tx	77001	telephone	65.59
11/9/00	S. W. Bell Telephone	P.O. Box 4844	Houston	Tx	77001	telephone	375.08
10/31/00	Sprint	P.O. Box 219718	Kansas City	Mo	64121	telephone	58.09
11/30/00	Sprint	P.O. Box 219718	Kansas City	Mo	64121	telephone	42.44
11/20/00	Jason Earle	P.O. Box 2092	Austin	Texas	78768	reimburse advertising	420.40
11/5/00	Elisabeth Earle	P.O. Box 2092	Austin	Texas	78768	reimburse catering	75.95
11/9/00	David Butts	1914 Patton	Austin	Texas	78723	consulting fees	4000.00
11/9/00	Lynda Hallmark	409 East Main	Llano	Texas	78643	consulting fees	7500.00
11/27/00	Lynda Gammage	409 East Main	Llano	Texas	78643	consulting fees	2500.00
12/13/00	Lynda Gammage	409 East Main	Llano	Texas	78643	consulting fees	1600.00
11/27/00	Lynda Gammage	409 East Main	Llano	Texas	78643	Supplies	112.36
12/15/00	Lynda Gammage	409 East Main	Llano	Texas	78643	Postage	66.00
11/1/00	Nokoa	1154-B Angelina Street	Austin	Texas	78702	advertising	2347.50
11/9/00	Nokoa	1154-B Angelina Street	Austin	Texas	78702	advertising	919.00
11/2/00	Rindy Miller Bates	501 N IH-35 Suite 115	Austin	Texas	78702	advertising	8000.00
11/9/00	Rindy Miller Bates	501 N IH-35 Suite 115	Austin	Texas	78702	advertising	6544.50
11/6/00	Travis County Democrats	1949 S IH-35	Austin	Texas	78741	advertising	2219.80

Ronald D. Earle
 Itemized Political Expenditures
 for the period October 29, 2000 through December 31, 2000

Total pages
 Schedule F: 5

Date	Payee	Address	City	State	Zip	Purpose	Amount (\$)
11/9/00	American Printers	1606 Headway Circle	Austin, Texas	Texas	78754	printing costs	606.00
11/9/00	Worley Printing	3217 N IH-35	Austin, Texas	Texas	78722	printing costs	1018.09
12/12/00	Wells Fargo Bank	1200 Montego Way-Bldg C	Walnut Creek	CA	94598	bank fees	74.44
10/30/00	Travis County Democrats	1949 S IH-35	Austin, Texas	Texas	78741	political contribution	1250.00
10/30/00	Travis County Democrats	1949 S IH-35	Austin, Texas	Texas	78741	political contribution	500.00
11/1/00	Teleclip, Inc.	811 Barton Springs Road	Austin, Texas	Texas	78704	publications	81.19
11/9/00	Teleclip, Inc.	811 Barton Springs Road	Austin, Texas	Texas	78704	publications	54.13
10/30/00	A. T. & T.	P. O. Box 8212	Aurora	IL	60572	telephone	49.06
11/27/00	A. T. & T.	P. O. Box 8212	Aurora	IL	60572	telephone	55.21
11/30/00	Hyatt Hotel	208 Barton Springs Road	Austin, Texas	Texas	78704	entertainment	981.10
12/21/00	The Mayflower	1127 Connecticut Ave. NW	Washington, DC	DC	20036	hotel and meals	576.88
11/30/00	Opal Divine's	700 W. 6th Street	Austin, Texas	Texas	78701	meals	80.75
12/17/00	Kelly's Irish Time	14 F St. NW	Washington, DC	DC	20001	meals	67.00

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 <i>Ronald D. Earle</i>	3 ACCOUNT # (Ethics Commission filers)
--	--

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	<i>None</i>
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> 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: <i>1</i>
2 FILER NAME <i>Ronald D. Earle</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name <i>N/A</i>	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
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

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 <i>none</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 <hr style="border-top: 1px dotted black;"/> 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
---------------	---	----------------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	--	-------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED