

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5168

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
02

2 Total pages this report:
1/4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Hon. FIRST: RON MI:
NICKNAME: LAST: DAVIS SUFFIX:

OFFICE USE ONLY

Date Received

02 JUL 15 10:37 AM '02
Ethics Commission
TRAVIS COUNTY
OFFICE OF THE CLERK
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 16665
Austin TX 78761

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Louis MI:
NICKNAME: LAST: Simms SUFFIX:

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7501 Barcelona Drive
Austin TX 78752

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 453-5322

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 THROUGH Month Day Year
01/01/2002 06/30/2002

10 ELECTION

ELECTION DATE: Month Day Year: 11/03/2004
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Other -- Travis County Commi -
ssioner Pct. 1

12 OFFICE SOUGHT (if known)
Other -- Travis County Commi -
ssioner Pct. 1

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Hon. RON DAVIS

15 ACCOUNT # (Ethics Commission filers)
02

16 NOTICE FROM 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 0.00

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

\$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

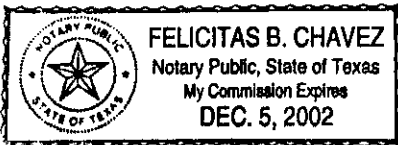
\$ 299.62

OUTSTANDING LOAN TOTALS

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

\$ 0.00

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.

Ron Davis
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RON DAVIS, this the 15th day of July 2002, to certify which, witness my hand and seal of office.

Felicitas B. Chavez
Signature of officer administering oath

Felicitas B. Chavez
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
3/4

2 FILER NAME
Hon. RON DAVIS

3 ACCOUNT # (Ethics Commission filers)
02

4 Date
04/24/2002

5 Payee name
Cinco De Mayo

6 Payee address; City; State; Zip Code
314 West 11th Street Suite 52
Austin TX 78701

7 Amount
(\$)
25.00

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

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

Date
03/04/2002

Payee name
Kerley Scholarship

Payee address; City; State; Zip Code
3114 East 13th Street
Austin TX 78702

Amount
(\$)
15.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation to kerley Scholarship

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

Date
04/17/2002

Payee name
PODER

Payee address; City; State; Zip Code
55 North IH 35 #205 B
Austin TX 78702

Amount
(\$)
25.00

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

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

Date
01/14/2002

Payee name
Randall's

Payee address; City; State; Zip Code
6800 Berkman Drive
Austin TX 78723

Amount
(\$)
25.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation of food for political campaign

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

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages report:
4/4

2 FILER NAME
Hon. RON DAVIS

3 ACCOUNT # (Ethics Commission files)
02

4 Date
01/02/2002

5 Payee name
Travis County Democratic Party

7 Amount
(\$)
100.00

6 Payee address; City; State; Zip Code
P.O. Box 684263
Austin TX 78768

8 Purpose of expenditure (See instructions regarding type of information required.)
Fund-raiser for Democrats

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

Date
05/21/2002

Payee name
US Postal Service

Amount
(\$)
38.00

Payee address; City; State; Zip Code
8225 Cross Park Dr.
Austin TX 78754

Purpose of expenditure (See instructions regarding type of information required.)
P.O. Box Fee

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

Date
05/07/2002

Payee name
Villager Newspaper

Amount
(\$)
50.00

Payee address; City; State; Zip Code
1223 Rosewood Avenue
Austin TX 78702

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

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

Date
06/18/2002

Payee name
Walmart

Amount
(\$)
21.62

Payee address; City; State; Zip Code
1030 Normood Park Blvd
Austin TX 78754

Purpose of expenditure (See instructions regarding type of information required.)
Office supply, ink cartridge for printer

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