

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5279

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:  
1/3

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Hon. RON  
NICKNAME LAST SUFFIX  
DAVIS

OFFICE USE ONLY

Date Received

03 JAN 13 11:00  
FILED  
BANK DEPOSIT  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

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

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Mr. LOUIS  
NICKNAME LAST SUFFIX  
SIMMS

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
7501 BARCELONA DR.  
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  
07/01/2002 12/31/2002

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)  
Other -- County Commissioner  
Pct. 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

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 #)**  
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**

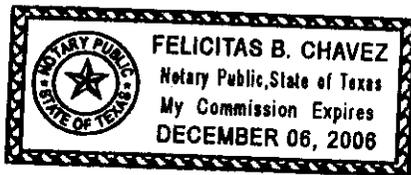
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 50.00**

**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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NORARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RON DAVIS, this the 13<sup>th</sup> day of January 2008, to certify which, witness my hand and seal of office.

Felicitas B. Chavez Felicitas B. Chavez Notary Public  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
3/3

2 FILER NAME  
Hon. RON DAVIS

3 ACCOUNT # (Ethics Commission filers)  
02

4 Date  
11/07/2002

5 Payee name  
Combined Charities

7 Amount  
(\$)  
50.00

6 Payee address; City; State; Zip Code  
314 W. 4th Street  
Austin TX 78701

8 Purpose of expenditure (See instructions regarding type of information required.)  
To help people in the community

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