

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5535

# FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers) 12312003	<b>2 Total pages this report:</b>  1/40														
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td></td> <td>RON</td> <td></td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>DAVIS</td> <td></td> </tr> </table>	TITLE	FIRST	MI		RON					NICKNAME	LAST	SUFFIX		DAVIS		<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount  Date Processed  Date Imaged
	TITLE	FIRST	MI														
	RON																
NICKNAME	LAST	SUFFIX															
	DAVIS																
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX:</td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:10%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td>P.O. Box 16665</td> <td></td> <td>Austin TX</td> <td></td> <td>78761</td> </tr> </table> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	P.O. Box 16665		Austin TX		78761						
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE													
P.O. Box 16665		Austin TX		78761													
<b>5 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td></td> <td>Louis</td> <td></td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Simms</td> <td></td> </tr> </table>	TITLE	FIRST	MI		Louis					NICKNAME	LAST	SUFFIX		Simms		
	TITLE	FIRST	MI														
	Louis																
NICKNAME	LAST	SUFFIX															
	Simms																
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:10%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td>7501 Barcelona Drive</td> <td></td> <td>Austin TX</td> <td></td> <td>78752</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	7501 Barcelona Drive		Austin TX		78752						
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7501 Barcelona Drive		Austin TX		78752													
<b>7 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td>( 512 )</td> <td>453-5322</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	( 512 )	453-5322											
AREA CODE	PHONE NUMBER	EXTENSION															
( 512 )	453-5322																
<b>8 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)						
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<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)														
<b>9 PERIOD COVERED</b>	Month      Day      Year <b>THROUGH</b> Month      Day      Year 07/01/2003      12/31/2003																
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 03/09/2004	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special															
<b>11 OFFICE</b>	OFFICE HELD (if any) Other -- Travis County Commi - ssionner Pct 1	<b>12 OFFICE SOUGHT (if known)</b> Other -- Travis County Commi - ssionner Pct 1															
<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	.. 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																
<input type="checkbox"/> additional pages																	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
RON DAVIS

15 ACCOUNT # (Ethics Commission filers)  
12312003

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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17380.15
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 10772.51
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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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 NORARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RON DAVIS, this the 15<sup>th</sup> day

of January 2004 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Form) 12312003	
4 Date 10/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nelda Acevedo	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3431 Shady Valley Dr. Austin TX 78748			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fred & Diane Akers	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 990 Manor TX 78653			
Principal occupation (Optional)		Employer (Optional)	
Date 08/09/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Armbrust & Brown, L.L.P.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Congress Ave Suite 1300 Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Shannon Armstrong	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2403 Pemberton Pl. Austin TX 78703			
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mary M. Miller Arnold	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3404 Southhill Dr. Austin TX 78703			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS CDH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Form) 12312003	
4 Date 10/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Patricia Ayres 6 Contributor address; City; State; Zip Code 5705 Scout Island Cove Austin TX 78731	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 07/09/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BMcPAC Contributor address; City; State; Zip Code 111 Congress Ave Suite 1400 Austin TX 78701	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BMcPAC Contributor address; City; State; Zip Code 111 Congress Ave Austin TX 78701	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Timy Baranoff Contributor address; City; State; Zip Code 2307 Tower Drive Austin TX 78703	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dan Barton Contributor address; City; State; Zip Code 4002 Rosedale Ave Austin TX 78756	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission files) 12312003	
4 Date 10/15/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Beall	7 Amount of contribution (\$) 200.15	8 In-kind contribution description (if applicable) Telephone installation
6 Contributor address; City; State; Zip Code 2001 Justin Lane Austin TX 78757			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Beall	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable) Phones and equipment - rental
Contributor address; City; State; Zip Code 2001 Justin Lane Austin TX 78757			
Principal occupation (Optional)		Employer (Optional)	
Date 12/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Beall	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable) Phones and equipment - rental per month
Contributor address; City; State; Zip Code 2001 Justin Lane Austin TX 78757			
Principal occupation (Optional)		Employer (Optional)	
Date 11/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hubert Bell	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2000 Bank of America Center Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 09/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) A. Bryce Bryce	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1209 W. 5th St. Ste.,200 Austin TX 78703			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS COH & SPAC)

The instruction Guide explains how to complete this form.		1 Total pages this report: 6/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Blank) 12312003	
4 Date 10/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bury + Partner	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3345 Cave Rd #200 Austin TX 78748			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 07/09/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Terry Cambell	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1200 121th Ave NE STE C143 Bellevue TX 98004			
Principal occupation (Optional)		Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jane Chamberlin	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3904 Becker Ave Austin TX -78751			
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roberto Chapa Sr.	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2516 Mountain View Dr. Austin TX 78752			
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jennifer Clark	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 Long Oak Austin TX 78704			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS COH & SPAC)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages this report: 7/40	
<b>2</b> FILER NAME RON DAVIS		<b>3</b> ACCOUNT # (Ethics Commission files) 12312003	
<b>4</b> Date 10/29/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pamela Mayo Clark  <b>6</b> Contributor address; City; State; Zip Code 2203 Ten Road Austin TX 78744	<b>7</b> Amount of contribution (\$) 35.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation (Optional)		<b>10</b> Employer (Optional)	
Date 11/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) George Cofer  Contributor address; City; State; Zip Code 3306 Gentry Austin TX 78746	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mary Donsbach  Contributor address; City; State; Zip Code 5005 Glencoe Cir Austin TX 78745	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Double R Grocery #2  Contributor address; City; State; Zip Code 4501 E Martin Luther King Jr. Blvd Austin TX 78721	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Double R Grocery #2  Contributor address; City; State; Zip Code 4501 E Martin Luther King Jr. Blvd Austin TX 78721	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS COH & SPAC)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.				1 Total pages this report: 8/40	
2 FILER NAME RON DAVIS			3 ACCOUNT # (Ethics Commission Form) 12312003		
4 Date 10/22/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert Dove	7 Amount of contribution (\$) 25.00		8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 5402 Fairmont Cir Austin TX 78745					
9 Principal occupation (Optional):			10 Employer (Optional)		
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Scott Dukette	Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4410 Twisted Tree Dr. Austin TX 78735					
Principal occupation (Optional)			Employer (Optional)		
Date 12/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tyra Duncan-Hall	Amount of contribution (\$) 35.00		In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 5203 Welcome Gin Austin TX 78759					
Principal occupation (Optional)			Employer (Optional)		
Date 09/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Christopher Ellis	Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2013 Rue De St. Tropez Austin TX 78746					
Principal occupation (Optional)			Employer (Optional)		
Date 12/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wallace English	Amount of contribution (\$) 150.00		In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3616 Quietie Dr. Austin TX 78754					
Principal occupation (Optional)			Employer (Optional)		



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 9/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Uses) 12312003	
4 Date 11/04/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvina Faiar	7 Amount of contribution (\$) 15.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1705 Fawn Dr. Austin TX 78741			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sudde Fath	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1005 Bluebell Lane Austin TX 78704			
Principal occupation (Optional)		Employer (Optional)	
Date 10/22/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Juli Fellow,PHD	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4131 Spicewood Springs,N0.G6 Austin TX 78759			
Principal occupation (Optional)		Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Henry H. Gilmore	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11105 S. Bay Lane Austin TX 78739			
Principal occupation (Optional)		Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert J. Girling,III	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2501 El Greco Cv Austin TX 78703			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS CJOH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Bars) 12312003	
4 Date 10/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hector Gonzales	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 20121 FM 969 Manor TX 78653		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carol Goodrich	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 20700 FM 969 Elgin TX 78621		
Principal occupation (Optional)		Employer (Optional)	
Date 12/26/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Granger and Mueller,P.C.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 605 W. 10th Street Austin TX 78701		
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Graves,Dougherty,Hearon & Moody	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 98 Austin TX 78767		
Principal occupation (Optional)		Employer (Optional)	
Date 07/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Gregory	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2939 Westlake Cove Austin TX 78746		
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 11/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Form) 12312003	
4 Date 10/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wayne Gronquist	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1104 Nueces Street Austin TX 78701			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kathleen Hackett	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7004 Fred Morse Dr. Austin TX 78723			
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Half Associate State Pac	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8616 Northwest Plaza Dr. Dallas TX 75225			
Principal occupation (Optional)		Employer (Optional)	
Date 11/10/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bryan Hall	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1300 Windsor Rd Austin TX 78703			
Principal occupation (Optional)		Employer (Optional)	
Date 12/26/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Benny Hawkins	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2101 Equestrian Trail Austin TX 78727			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 12/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Bars) 12312003	
4 Date 11/15/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thomas Henderson 6 Contributor address; City; State; Zip Code P.O. Box 1415 Austin TX 78767	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable) Ron Davis Campaign - HQ office space
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thomas Henderson Contributor address; City; State; Zip Code P.O. Box 1415 Austin TX 78767	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable) Ron Davis Campaign - HQ office space
Principal occupation (Optional)		Employer (Optional)	
Date 11/04/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. W.R. Hudson Contributor address; City; State; Zip Code 2805 Hatley dr. Austin TX 78746	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martha James Contributor address; City; State; Zip Code 4100 Jackson Ave Austin TX 78731	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Len Jordan Contributor address; City; State; Zip Code 1805 W. 46th St. Austin TX 78736	Amount of contribution (\$) 15.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 13/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission files) 12312003	
4 Date 10/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kelly Graphics	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1322 Lost Creek Blvd Austin TX 78746			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jane Laessle	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3210 Oakmont Blvd Austin TX 78703			
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leon Lasdon	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 7134 Valburn Drive Austin TX 78731			
Principal occupation (Optional)		Employer (Optional)	
Date 07/09/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Law Office of Robert R. Kamm	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 405 W. 14th St. Austin TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 11/10/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lowell Lebermann	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3834 Promontory Austin TX 78744			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 14/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Bars) 12312003	
4 Date 12/23/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke Liddell & Sapp LLP	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Travis Street, Suite 3400 Austin TX 77002			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry Lorenz	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1311A East 6th Street Austin TX 78702			
Principal occupation (Optional)		Employer (Optional)	
Date 11/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard Lowerre	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 725 Patterson Austin TX 78703			
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hilbert Maldonado	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3304 Vintage Drive Round Rock TX 78664			
Principal occupation (Optional)		Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kenneth Manning	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2407 W. 10th Street Austin TX 78703			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 15/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Form) 12312003	
4 Date 10/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barr Mansion ..... 6 Contributor address; City; State; Zip Code 10463 Sprinkle Rd. Austin TX 78754	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jim Marston ..... Contributor address; City; State; Zip Code 2810 Townes Ln Austin TX 78703	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roberto Martinez ..... Contributor address; City; State; Zip Code 5905 Thames Dr. Austin TX 78723	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/04/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mary Mathis, CPA ..... Contributor address; City; State; Zip Code 4807 Spicewood Spring Rd. Austin TX 78759	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 07/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Craig McCoy ..... Contributor address; City; State; Zip Code P.O. Box 142114 Austin TX 78714	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 16/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Uses) 12312003	
4 Date 12/19/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Myra McDaniel	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3910 Knollwood Austin TX 78731			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gordon McKinley	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8440 Burnet Rd. Austin TX 78757			
Principal occupation (Optional)		Employer (Optional)	
Date 11/04/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barbara Merello	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10407 Golden Quail Dr. Austin TX 78758			
Principal occupation (Optional)		Employer (Optional)	
Date 10/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) R.E. Merritt	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1100 Silver Hill Dr. Austin TX 78746			
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nancy W.Hohengarten Campaign	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 129 Austin TX 78767			
Principal occupation (Optional)		Employer (Optional)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS CION & SPAC)

The <i>INSTRUCTION GUIDE</i> explains how to complete this form.		1 Total pages this report: 17/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Mem.) 12312003	
4 Date 10/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) October Fund-raiser - Cash ..... 6 Contributor address; City; State; Zip Code P.O. Box 16665 Austin TX 78761	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Volma R. Overton ..... Contributor address; City; State; Zip Code 1403 Springdale Road Austin TX 78721	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ruth Parshall ..... Contributor address; City; State; Zip Code 4210 Avenue G Austin TX 78751	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/04/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Janis Pinnelli ..... Contributor address; City; State; Zip Code P.O. Box 50038 Austin TX 78763	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Beverly Reeves ..... Contributor address; City; State; Zip Code 3415 Barker Austin TX 78731	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS COM & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 18/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Uses) 12312003	
4 Date 10/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Harold Robinson	7 Amount of contribution (\$) 10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2309 Shoal Creek Blvd Austin TX 78705			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Roche	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7421 Waldon Dr. Austin TX 78750			
Principal occupation (Optional)		Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert L. Russell	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1804 Brackenridge St Austin TX 78704			
Principal occupation (Optional)		Employer (Optional)	
Date 10/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert Rutishauser	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6101 Mount Villa Cove Austin TX 78731			
Principal occupation (Optional)		Employer (Optional)	
Date 11/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Scanlan	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 163630 Austin TX 78716			
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 19/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission file) 12312003	
4 Date 12/19/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. P.M. Schenkkan ..... 6 Contributor address; City; State; Zip Code 3308 Bowman  Austin TX 78703	7 Amount of contribution (\$)  250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Virginia Schilz ..... Contributor address; City; State; Zip Code 3616 Claburn Drive  Austin TX 78759	Amount of contribution (\$)  50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/07/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robin Schneider ..... Contributor address; City; State; Zip Code 2609 Sherwood Ln  Austin TX 78704	Amount of contribution (\$)  50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/05/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Edward Simms ..... Contributor address; City; State; Zip Code 2107 East 12th Street  Austin TX 78702	Amount of contribution (\$)  125.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Craig Smith ..... Contributor address; City; State; Zip Code 1908 Barton Pyk  Austin TX 78704	Amount of contribution (\$)  50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 20/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Uses) 12312003	
4 Date 10/29/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Smith	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code P.O. Box 537 Austin TX 78767		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Larry Smith	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1100 West Cesar Chavez Austin TX 78703		
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linda Moore Smith	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4906 Broadhill Dr. Austin TX 78723		
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jan Soifer	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5408 Hurback Drive Austin TX 78731		
Principal occupation (Optional)		Employer (Optional)	
Date 10/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Helen Spear	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2615 Pecos Austin TX 78703		
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 21/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Uses) 12312003	
4 Date 12/03/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) S, Lee Stone ..... 6 Contributor address; City; State; Zip Code 183 Piney Ridge Dr Bastrop TX 78602	7 Amount of contribution (\$) 35.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Monte Swearingen ..... Contributor address; City; State; Zip Code 20306 FM 969 Austin TX 78653	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/24/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Texana Pac II ..... Contributor address; City; State; Zip Code 816 Congress Ave Ste 1280 Austin TX 78701	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rita Thompson ..... Contributor address; City; State; Zip Code 8613 Collingwood Austin TX 78748	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Todd ..... Contributor address; City; State; Zip Code 709 East Monroe St. Austin TX 78704	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 22/40	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission form) 12312003	
4 Date 10/22/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Deva Toshu 6 Contributor address; City; State; Zip Code 1104 Regan Terrace Austin TX 78704	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cal Varner Contributor address; City; State; Zip Code 1211 East 11th St. Austin TX 78702	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code 2300 First City Tower Houston TX 77002	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Keith Weber Contributor address; City; State; Zip Code 20100 Belinda Lane Manor TX 78653	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William White-McLellan Contributor address; City; State; Zip Code 11 Sundown Parkway Austin TX 78746	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
23/40

2 FILER NAME  
RON DAVIS

3 ACCOUNT # (Ethics Commission files)  
12312003

4 Date  
11/01/2003

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
William Tammingo Architects

6 Contributor address; City; State; Zip Code  
1716 Cliffwood  
Austin TX 78753

7 Amount of contribution (\$)  
100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 24/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission file) 12312003
4 Date 09/05/2003	5 Payee name Ace Printing 6 Payee address; City; State; Zip Code P.O. Box 13522 Austin TX 78711	7 Amount (\$) 224.39
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Signs		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/29/2003	Payee name Ace Printing Payee address; City; State; Zip Code P.O. Box 13522 Austin TX 78711	Amount (\$) 440.04
Purpose of expenditure (See instructions regarding type of information required.) Campaign signs		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/14/2003	Payee name Alfred Standley & Associates Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin TX 78703	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Contract service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/18/2003	Payee name Alfred Stanley Payee address; City; State; Zip Code 1409 Hardouin Ave Austin TX 78703	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) Contract Services		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: 25/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Form) 12312003
4 Date 10/30/2003	5 Payee name Alpha Phi Alpha Fraternity	7 Amount (\$) 25.00
6 Payee address; City; State; Zip Code Texas State University Student Center San Marcos TX 78666		
8 Purpose of expenditure (See instructions regarding type of information required.) Advertisement		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/08/2003	Payee name Austin AFL/CIO	Amount (\$) 95.00
Payee address; City; State; Zip Code 1106 LaVACA aUSTIN TX 78701		
Purpose of expenditure (See instructions regarding type of information required.) Political Ad		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/09/2003	Payee name BWPC	Amount (\$) 50.00
Payee address; City; State; Zip Code 3013 E. 13th St Austin TX 78702		
Purpose of expenditure (See instructions regarding type of information required.) Donation for community service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/06/2003	Payee name Central Austin Democrats	Amount (\$) 15.00
Payee address; City; State; Zip Code P.O. Box 13522 Austin TX 78721		
Purpose of expenditure (See instructions regarding type of information required.) Donation for community service		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.		<b>1</b> Total pages report: 26/40
<b>2</b> FILER NAME RON DAVIS		<b>3</b> ACCOUNT # (Ethics Commission Bars) 12312003
<b>4</b> Date 07/13/2003	<b>5</b> Payee name Comerica Bank-Texas <hr/> <b>6</b> Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	<b>7</b> Amount (\$) 6.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Service Fee		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/13/2003	Payee name Comerica Bank-Texas <hr/> Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 6.00
Purpose of expenditure (See instructions regarding type of information required.) Service Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 09/12/2003	Payee name Comerica Bank-Texas <hr/> Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 6.50
Purpose of expenditure (See instructions regarding type of information required.) Service Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/14/2003	Payee name Comerica Bank-Texas <hr/> Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 6.50
Purpose of expenditure (See instructions regarding type of information required.) Service Fee		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: 27/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission filers) 12312003
4 Date 10/18/2003	5 Payee name Comerica Bank-Texas ----- 6 Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	7 Amount (\$) 85.00
8 Purpose of expenditure (See instructions regarding type of information required.) Petty cash campaign HQ	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/14/2003	Payee name Comerica Bank-Texas ----- Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 13.25
Purpose of expenditure (See instructions regarding type of information required.) Service Fee	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/11/2003	Payee name Comerica Bank-Texas ----- Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 10.25
Purpose of expenditure (See instructions regarding type of information required.) Service Fee	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/12/2003	Payee name Comerica Bank-Texas ----- Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) Cash for campaign HQ and contract services	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.		<b>1</b> Total pages report: 28/40
<b>2</b> FILER NAME RON DAVIS		<b>3</b> ACCOUNT # (Ethics Commission Bars) 12312003
<b>4</b> Date 12/16/2003	<b>5</b> Payee name Comerica Bank-Texas  <b>6</b> Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	<b>7</b> Amount (\$) 100.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Cash for campaign HQ		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/19/2003	Payee name Comerica Bank-Texas  Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 350.00
Purpose of expenditure (See instructions regarding type of information required.) Cash for campaign HQ and contract services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/26/2003	Payee name Comerica Bank-Texas  Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 450.00
Purpose of expenditure (See instructions regarding type of information required.) Cash for campaign HQ and contract services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/15/2003	Payee name Cothron's Safe & Lock  Payee address; City; State; Zip Code 1000 E. 5th St. Austin TX 78723	Amount (\$) 26.43
Purpose of expenditure (See instructions regarding type of information required.) Door lock parts for campaign HQ		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: 29/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Bars) 12312003
4 Date 08/28/2003	5 Payee name ESYSSO ..... 6 Payee address; City; State; Zip Code 512 East 12th Street Austin TX 78702	7 Amount (\$) 50.00
8 Purpose of expenditure (See instructions regarding type of information required.) Donation for community services		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/20/2003	Payee name East Travis County CAB ..... Payee address; City; State; Zip Code 600 W. Carrie Manor Manor TX 78662	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Christmas basket to the poor		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/13/2003	Payee name Fry's Electronics ..... Payee address; City; State; Zip Code 12707 N. Mopac Expwy. Austin TX 78727	Amount (\$) 487.07
Purpose of expenditure (See instructions regarding type of information required.) Computer for campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/17/2003	Payee name Grande Communications ..... Payee address; City; State; Zip Code 13505 Rurmet Road Austin TX 78727	Amount (\$) 70.88
Purpose of expenditure (See instructions regarding type of information required.) cable service		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: 30/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Form) 12312003
4 Date 11/10/2003	5 Payee name Grande Commuications ..... 6 Payee address; City; State; Zip Code 13505 Rurnet Road Austin TX 78727	7 Amount (\$) 70.88
8 Purpose of expenditure (See instructions regarding type of information required.) Cable service		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/11/2003	Payee name Grande Commuications ..... Payee address; City; State; Zip Code 13505 Rurnet Road Austin TX 78727	Amount (\$) 70.88
Purpose of expenditure (See instructions regarding type of information required.) Cable service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/16/2003	Payee name Hispanic Bar Association ..... Payee address; City; State; Zip Code 100 Congress Ave.,Ste. 300 Austin TX 78701	Amount (\$) 40.00
Purpose of expenditure (See instructions regarding type of information required.) Aid Community services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/15/2003	Payee name Home Depot ..... Payee address; City; State; Zip Code 7211 North IH 35 Austin TX 78752	Amount (\$) 28.55
Purpose of expenditure (See instructions regarding type of information required.) Door locks for campaign HQ		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.		<b>1</b> Total pages report: 31/40
<b>2</b> FILER NAME RON DAVIS		<b>3</b> ACCOUNT # (Ethics Commission Bers) 12312003
<b>4</b> Date 12/13/2003	<b>5</b> Payee name Home Depot  <b>6</b> Payee address; City; State; Zip Code 7211 North IH 35 Austin TX 78752	<b>7</b> Amount (\$) 32.46
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Microwave		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/13/2003	Payee name Marguerite Jones  Payee address; City; State; Zip Code 6909 Ten Oaks Circle Austin TX 78744	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Contract services campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/19/2003	Payee name Marguerite Jones  Payee address; City; State; Zip Code 6909 Ten Oaks Circle Austin TX 78744	Amount (\$) 290.00
Purpose of expenditure (See instructions regarding type of information required.) Contract services campagign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/26/2003	Payee name Kelly Graphics  Payee address; City; State; Zip Code 1322 Lost Creek Blvd Austin TX 78746	Amount (\$) 1253.86
Purpose of expenditure (See instructions regarding type of information required.) Printing		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: 32/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Bars) 12312003
4 Date 12/19/2003	5 Payee name Kelly Graphics 6 Payee address; City; State; Zip Code 1322 Lost Creek Blvd Austin TX 78746	7 Amount (\$) 204.30
8 Purpose of expenditure (See instructions regarding type of information required.) Printing		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/2003	Payee name Kelly Graphics Payee address; City; State; Zip Code 1322 Lost Creek Blvd Austin TX 78746	Amount (\$) 779.40
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/24/2003	Payee name Kinko's Payee address; City; State; Zip Code 6406 N. IH 35 Austin TX 78752	Amount (\$) 42.22
Purpose of expenditure (See instructions regarding type of information required.) Copies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/09/2003	Payee name La Prensa Newspaper Payee address; City; State; Zip Code 1704 East 5th Street Austin TX 78702	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		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.		<b>1</b> Total pages report: 33/40
<b>2</b> FILER NAME RON DAVIS		<b>3</b> ACCOUNT # (Ethics Commission files) 12312003
<b>4</b> Date 11/26/2003	<b>5</b> Payee name NAACP <hr/> <b>6</b> Payee address; City; State; Zip Code 1704 E. 12th Street Austin TX 78702	<b>7</b> Amount (\$) 160.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Tickets to NAACP Award Dinner		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/13/2003	Payee name Nokoa <hr/> Payee address; City; State; Zip Code 1154-B Angeline St Austin TX 78702	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/18/2003	Payee name Office Depot <hr/> Payee address; City; State; Zip Code 816 Tirado Austin TX 78752	Amount (\$) 165.06
Purpose of expenditure (See instructions regarding type of information required.) Printer & supplies for campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/15/2003	Payee name Office Depot <hr/> Payee address; City; State; Zip Code 816 Tirado Austin TX 78752	Amount (\$) 54.30
Purpose of expenditure (See instructions regarding type of information required.) Ink cartridge		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: 34/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Uses) 12312003
4 Date 12/30/2003	5 Payee name Office Depot ..... 6 Payee address; City; State; Zip Code 816 Tirado Austin TX 78752	7 Amount (\$) 38.55
8 Purpose of expenditure (See instructions regarding type of information required.) File cabinet		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/11/2003	Payee name Office Max ..... Payee address; City; State; Zip Code 5451 N. IH 35 Austin TX 78723	Amount (\$) 54.12
Purpose of expenditure (See instructions regarding type of information required.) Ink cartridge		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/26/2003	Payee name Opinion Anslysts ..... Payee address; City; State; Zip Code 906 Rio Grande Austin TX 78701	Amount (\$) 47.71
Purpose of expenditure (See instructions regarding type of information required.) Walk lists		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/26/2003	Payee name Opinion Anslysts ..... Payee address; City; State; Zip Code 906 Rio Grande Austin TX 78701	Amount (\$) 81.87
Purpose of expenditure (See instructions regarding type of information required.) Walk lists		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: 35/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission files): 12312003
4 Date 12/19/2003	5 Payee name Opinion Anslysts 6 Payee address; City; State; Zip Code 906 Rio Grande Austin TX 78701	7 Amount (\$) 50.21
8 Purpose of expenditure (See instructions regarding type of information required.) Walk lists		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/06/2003	Payee name Poder Payee address; City; State; Zip Code P.O. Box 6237 Austin TX 78762	Amount (\$) 20.00
Purpose of expenditure (See instructions regarding type of information required.) Community service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/22/2003	Payee name Randalls Payee address; City; State; Zip Code 6800 Berkman Dr. Austin TX 78723	Amount (\$) 42.50
Purpose of expenditure (See instructions regarding type of information required.) Refreshments for campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/01/2003	Payee name Randalls Payee address; City; State; Zip Code 6800 Berkman Dr. Austin TX 78723	Amount (\$) 90.75
Purpose of expenditure (See instructions regarding type of information required.) Refreshments for campaign HQ		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: 36/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Uses) 12312003
4 Date 11/20/2003	5 Payee name SBCA ----- 6 Payee address; City; State; Zip Code P.O. Box 5923 Austin TX 78762	7 Amount (\$) 36.00
8 Purpose of expenditure (See instructions regarding type of information required.) Community service		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/26/2003	Payee name Scott Van Osdol Photographer ----- Payee address; City; State; Zip Code 7908 Swindon Lane Austin TX 78745	Amount (\$) 216.50
Purpose of expenditure (See instructions regarding type of information required.) Photographs		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/2003	Payee name South Austin Democrats ----- Payee address; City; State; Zip Code P.O. Box 152592 Austin TX 78715	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Fund-raiser for community service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/08/2003	Payee name Sue Spears ----- Payee address; City; State; Zip Code 7318 Colony Park Austin TX 78724	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor Campaign HQ		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: 37/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Form) 12312003
4 Date 10/20/2003	5 Payee name Sue Spears 6 Payee address; City; State; Zip Code 7318 Colony Park Austin TX 78724	7 Amount (\$) 40.00
8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for buying campaign HQ supplies		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/20/2003	Payee name Sue Spears Payee address; City; State; Zip Code 7318 Colony Park Austin TX 78724	Amount (\$) 92.93
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for buying curtains and other supplies for campaign HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/21/2003	Payee name Sue Spears Payee address; City; State; Zip Code 7318 Colony Park Austin TX 78724	Amount (\$) 53.63
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for buying campaign HQ supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/30/2003	Payee name Sue Spears Payee address; City; State; Zip Code 7318 Colony Park Austin TX 78724	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Contract services		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: 38/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Mers) 12312003
4 Date 10/18/2003	5 Payee name Target ----- 6 Payee address; City; State; Zip Code 5621 N. IH 35 Austin TX 78723	7 Amount (\$) 8.63
8 Purpose of expenditure (See instructions regarding type of information required.) Supplies for campaign HQ		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/17/2003	Payee name Texas Center for Documentary PhotograPHY ----- Payee address; City; State; Zip Code 2104 E. Martin Luther King Austin TX 78702	Amount (\$) 108.25
Purpose of expenditure (See instructions regarding type of information required.) Photo service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/30/2003	Payee name Texas Environmental Democrats ----- Payee address; City; State; Zip Code 701 Rio Grande Austin TX 78701	Amount (\$) 10.00
Purpose of expenditure (See instructions regarding type of information required.) Fund-raiser for community service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/03/2003	Payee name Travis County Democrats Party ----- Payee address; City; State; Zip Code 1311 East 6th St. Austin TX 78702	Amount (\$) 1250.00
Purpose of expenditure (See instructions regarding type of information required.) Filing fee		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: 39/40
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Uses) 12312003
4 Date 11/20/2003	5 Payee name Dorothy Turner 6 Payee address: City: State: Zip Code 6914 Colony Park Austin TX 78724	7 Amount (\$) 50.00
8 Purpose of expenditure (See instructions regarding type of information required.) Aid in community service		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/06/2003	Payee name University of Texas at Austin Payee address: City: State: Zip Code P.O. Drawer 7546 Austin TX 78713	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Parking ticket while campaigning		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/15/2003	Payee name Villager Payee address: City: State: Zip Code 1223 Rosewood Ave Austin TX 78702	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/24/2003	Payee name Walmart Payee address: City: State: Zip Code Norwood Park Blvd Austin TX 78753	Amount (\$) 21.62
Purpose of expenditure (See instructions regarding type of information required.) Ink cartridge		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:  
40/40

2 FILER NAME  
RON DAVIS

3 ACCOUNT # (Ethics Commission Form)  
12312003

4 Date  
10/24/2003

5 Payee name  
Walmart

7 Amount  
(\$)  
28.11

6 Payee address; City; State; Zip Code  
Norwood Park Blvd  
Austin TX 78753

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

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

Date  
10/26/2003

Payee name  
Worley Printing

Amount  
(\$)  
221.91

Payee address; City; State; Zip Code  
3217 North IH 35  
Austin TX 78722

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

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