

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5602

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE</b> explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 01292004	2 Total pages this report:  1/10
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI RON	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX DAVIS		
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 16665 Austin TX 78761	Date Received: 2004 FEB -9 AM 10:05 Date Hand-delivered or Date Postmarked:	
	5 CAMPAIGN TREASURER NAME		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Louis	Receipt # Amount Date Processed Date Imaged	
	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 Drive Austin TX 78752		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 453-5322		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2004    01/29/2004		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03/09/2004		
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  <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  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**  
RON DAVIS

**15 ACCOUNT #** (Ethics Commission filers)  
01292004

**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)

\$ 2825.00

**EXPENDITURE TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 4606.42

**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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RON DAVIS, this the 6<sup>th</sup> day of February 2004, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
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: 3/9	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission file) 01292004	
4 Date 01/15/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Beall	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable) Phones and equipment - rental
6 Contributor address; City; State; Zip Code 2002 Justin Lane Austin TX 78757			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sally Butts	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4506 Rosedale Ave Austin TX 78756			
Principal occupation (Optional)		Employer (Optional)	
Date 01/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carter & Burgess Political Committee	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2705 Bee Cave Road, Suite 300 Austin TX 78746			
Principal occupation (Optional)		Employer (Optional)	
Date 01/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roy Elder	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7311 Gunnison Pass Austin TX 78724			
Principal occupation (Optional)		Employer (Optional)	
Date 01/15/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thomas Henderson	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable) Campaign HQ rental
Contributor address; City; State; Zip Code P.O. Box 1415 Austin TX 78767			
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: 4/9	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission filers) 01292004	
4 Date 01/03/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Hill ..... 6 Contributor address: City: State: Zip Code 450 N.W. 34th Street Fort Lauderdale FL 33311	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/14/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michael Kleinman ..... Contributor address: City: State: Zip Code 1710 Giles St Austin TX 78722	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bertha Means ..... Contributor address: City: State: Zip Code 7400 Valbum Dr Austin TX 78731	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/14/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thomas Meredith ..... Contributor address: City: State: Zip Code 70 Pascal Lane Austin TX 78746	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/14/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paula Mixson ..... Contributor address: City: State: Zip Code 2020 Northridge Drive Austin TX 78723	Amount of contribution (\$) 25.00	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: 5/9	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission file) 01292004	
4 Date 01/14/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nancy Scanlan	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4513 Balcones Dr. Austin TX 78731			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Warneke Jr.	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 310 Legrande Austin TX 78704			
Principal occupation (Optional)		Employer (Optional)	
Date 01/23/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joe Whittemore	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 217 Breakaway Road Cedar Park TX 78613			
Principal occupation (Optional)		Employer (Optional)	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/9	
2 FILER NAME RON DAVIS		3 ACCOUNT # (Ethics Commission Form) 01292004	
4 Date 01/07/2004	5 Payee name Campaign HQ 6 Payee address; City; State; Zip Code 1224 E. 12th Street Austin TX 78702	7 Amount (\$) 600.00	
8 Purpose of expenditure (See instructions regarding type of information required.) Cash for campaign HQ and contract services		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 01/23/2004	Payee name Campaign HQ Payee address; City; State; Zip Code 1224 E. 12th Street Austin TX 78702	Amount (\$) 600.00	
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 01/14/2004	Payee name Comerica Bank-Texas Payee address; City; State; Zip Code P.O. Box 650282 Dallas TX 75265	Amount (\$) 17.00	
Purpose of expenditure (See instructions regarding type of information required.) Service charges		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 01/08/2004	Payee name Grande Communications Payee address; City; State; Zip Code 13505 Rumat Road Austin TX 78727	Amount (\$) 70.88	
Purpose of expenditure (See instructions regarding type of information required.) Cable for HQ		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages report: 7/9	
<b>2</b> FILER NAME RON DAVIS		<b>3</b> ACCOUNT # (Ethics Commission Item) 01292004	
<b>4</b> Date 01/27/2004	<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 (\$) 77.81
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Stakes for yard signs		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 01/03/2004	Payee name Marguerite Jones  Payee address; City; State; Zip Code 6909 Ten Oaks Circle  Austin TX 78744		Amount (\$) 240.00
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	
Date 01/10/2004	Payee name Marguerite Jones  Payee address; City; State; Zip Code 6909 Ten Oaks Circle  Austin TX 78744		Amount (\$) 240.00
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 01/16/2004	Payee name Marguerite Jones  Payee address; City; State; Zip Code 6909 Ten Oaks Circle  Austin TX 78744		Amount (\$) 240.00
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	

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages report:  
8/9**2** FILER NAME  
RON DAVIS**3** ACCOUNT # (Ethics Commission Form)  
01292004**4** Date  
01/23/2004**5** Payee name  
Marguerite Jones**7** Amount  
(\$)  
240.00**6** Payee address; City; State; Zip Code  
6909 Ten Oaks Circle  
Austin TX 78744**8** Purpose of expenditure (See instructions regarding type of information required.)  
Contract services**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
01/16/2004Payee name  
Kelly GraphicsAmount  
(\$)  
539.74Payee address; City; State; Zip Code  
1322 Lost Creek Blvd  
Austin TX 78746Purpose of expenditure (See instructions regarding type of information required.)  
PrintingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
01/22/2004Payee name  
Kelly GraphicsAmount  
(\$)  
1571.79Payee address; City; State; Zip Code  
1322 Lost Creek Blvd  
Austin TX 78746Purpose of expenditure (See instructions regarding type of information required.)  
PrintingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
01/10/2004Payee name  
Office MaxAmount  
(\$)  
21.64Payee address; City; State; Zip Code  
5451 N. IH 35  
Austin TX 78723Purpose of expenditure (See instructions regarding type of information required.)  
Office supplyComplete 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:  
9/9

2 FILER NAME  
RON DAVIS

3 ACCOUNT # (Ethics Commission Use)  
01292004

4 Date  
01/23/2004

5 Payee name  
Office Max  
-----  
6 Payee address; City; State; Zip Code  
5451 N. IH 35  
Austin TX 78723

7 Amount  
(\$)  
59.52

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

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

Date  
01/08/2004

Payee name  
Opinion Analysts  
-----  
Payee address; City; State; Zip Code  
906 Rio Grande  
Austin TX 78701

Amount  
(\$)  
50.40

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

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

Date  
01/16/2004

Payee name  
Opinion Analysts  
-----  
Payee address; City; State; Zip Code  
906 Rio Grande  
Austin TX 78701

Amount  
(\$)  
37.64

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

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