

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5813

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: 9												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: FIRST: Ronald MI: D. NICKNAME: Ronnie LAST: Earle SUFFIX:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">OFFICE USE ONLY</th> </tr> <tr> <td>Date Received</td> <td></td> </tr> <tr> <td>Date Hand-Delivered or Date Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td></td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received		Date Hand-Delivered or Date Postmarked		Receipt #		Date Processed		Date Imaged	
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Date Received															
Date Hand-Delivered or Date Postmarked															
Receipt #															
Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 2092 APT. / SUITE #: Austin TX 78768 CITY: STATE: ZIP CODE:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"> TRAVIS COUNTY TEXAS 15 PM JUN 15 2004 RECEIVED </td> </tr> </table>		TRAVIS COUNTY TEXAS 15 PM JUN 15 2004 RECEIVED											
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 263-5235 EXTENSION:														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: FIRST: Joe MI: R. NICKNAME: Long LAST: SUFFIX:														
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 919 Congress Ave., Ste 1000 APT. / SUITE #: Austin TX 78701 CITY: STATE: ZIP CODE:														
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 472-1554 EXTENSION:														
9 REPORT TYPE	<input 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 checked="" 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)														
10 PERIOD COVERED	Month: 01 Day: 01 Year: 04 THROUGH Month: 06 Day: 30 Year: 04														
11 ELECTION	ELECTION DATE: Month: 11 Day: 02 Year: 04 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
12 OFFICE	OFFICE HELD (if any): Travis County District Attorney	13 OFFICE SOUGHT (if known): Travis County District Attorney													
14 NOTICE OF 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

15 C/OH NAME Ronald Earle

16 ACCOUNT # EW00000000000000000000

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED

\$ 0

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

\$ 950.00

EXPENDITURE TOTALS

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

\$ 805.87

4. TOTAL POLITICAL EXPENDITURES

\$ 3511.79

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

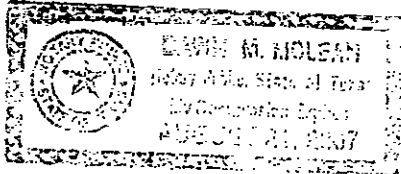
\$ 64470.32

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me under Title 15 Election Code

Ronald Earle
Signature of Candidate or Officeholder

APPLY NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RONALD EARLE this the 14th day of July, 2007, to certify which, witness my hand and seal of office

[Signature]
Signature of officer administering oath

DAWN M. NOLEAN
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A. **1 of 1**

2 FILER NAME **Ronald Earle** 3 ACCOUNT # (Enter Commission fees)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Information unavailable at this time and will be submitted on Correction Affidavit (COR-C/CH) as soon as it is available.	6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
--------	--	--	--	--

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Info. unavailable at this time and will be submitted on Correction Affidavit (COR-C/CH) as soon as it is available.	Contributor address: City: State: Zip Code	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
------	--	--	--	--

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Info. unavailable at this time and will be submitted on Correction Affidavit (COR-C/CH) as soon as it is available.	Contributor address: City: State: Zip Code	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
------	--	--	--	--

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Info. unavailable at this time and will be submitted on Correction Affidavit (COR-C/CH) as soon as it is available.	Contributor address: City: State: Zip Code	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
------	--	--	--	--

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Contributor address: City: State: Zip Code	Amount of contribution (\$) _____	In-kind contribution description (if applicable)
------	--	--	-----------------------------------	--

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1 of 6

2 FILER NAME *Ronald Earle*

3 ACCOUNT # (Ethics Commission filer)

4 Date
1/9/04

5 Payee name
Adam's Mark Hotel

7 Amount (\$)
245.76

6 Payee address: City: State: Zip Code
*1550 Court Place
Denver CO 80202*

8 Purpose of payment (See instructions regarding type of information required.)
lodging and travel expense

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

Date
1/28/04

Payee name
Austin Women's Political Caucus
Payee address: City: State: Zip Code
*P.O. Box 163
Austin TX 78767*

Amount (\$)
65.00

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

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

Date
1/30/04

Payee name
Four Seasons Hotel
Payee address: City: State: Zip Code
*98 San Jacinto
Austin TX 78701*

Amount (\$)
129.46

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

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

Date
1/30/04

Payee name
Living Justice Press
Payee address: City: State: Zip Code
St. Paul MN 55105

Amount (\$)
90.00

Purpose of payment (See instructions regarding type of information required.)
publications

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 6
2 FILER NAME Ronald Earle		3 ACCOUNT # (Ethics Commission files)
4 Date 1/31/04	5 Payee name United Airlines	7 Amount (\$) 577.55
6 Payee address: City: State: Zip Code 1-800-241-6522		
8 Purpose of payment (See instructions regarding type of information required.) airfare		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/4/04	Payee name New York Times	Amount (\$) 2.95
Payee address: City: State: Zip Code (646) 698-8249 NY, NY		
Purpose of payment (See instructions regarding type of information required.) internet expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/26/04	Payee name KUT 90.5 FM	Amount (\$) 100.00
Payee address: City: State: Zip Code 26th & Guadalupe Austin TX		
Purpose of payment (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/29/04	Payee name Four Seasons Hotel	Amount (\$) 61.42
Payee address: City: State: Zip Code 98 San Jacinto Austin TX 78701		
Purpose of payment (See instructions regarding type of information required.) meal expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 6
2 FILER NAME Ronald Earle		3 ACCOUNT # (Ethics Commission files)
4 Date 3/31/04	5 Payee name New York Times 6 Payee address: City: State: Zip Code (800) 698-4637 NY, NY	7 Amount (\$) 481.00
8 Purpose of payment (See instructions regarding type of information required.) publications		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/11/04	Payee name Network Solutions Payee address: City: State: Zip Code (570) 708-8788 USA	Amount (\$) 99.95
Purpose of payment (See instructions regarding type of information required.) internet services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/15/04	Payee name William Wayne Justice Fund, UT Law School Payee address: City: State: Zip Code 727 E. Dean Keeton St. Austin TX 78703	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/2/04	Payee name Save Our Springs Payee address: City: State: Zip Code P.O. Box 684881 Austin TX 78768	Amount (\$) 60.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4 of 6
2 FILER NAME Ronald Earle		3 ACCOUNT # (Ethics Commission filers):
4 Date 5/2/04	5 Payee name Bruce Elfant 6 Payee address: City: State: Zip Code 1205 Fairwood Rd. Austin TX	7 Amount (\$) 100.00
8 Purpose of payment (See instructions regarding type of information required.) Political contribution		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6/8/04	Payee name Budget RentalCar Payee address: City: State: Zip Code San Francisco Airport San Francisco CA	Amount (\$) 105.00
Purpose of payment (See instructions regarding type of information required.) travel expense		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 6/8/04	Payee name Courtyard Marriott Payee address: City: State: Zip Code 175 Railroad Street Santa Rosa CA 95401	Amount (\$) 271.05
Purpose of payment (See instructions regarding type of information required.) travel expense		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/12/04	Payee name Dellhost Payee address: City: State: Zip Code 888-832-7166 USA	Amount (\$) 21.27
Purpose of payment (See instructions regarding type of information required.) internet services		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5 of 6**

2 FILER NAME: **Ronald Earle**

3 ACCOUNT # (omit dashes):

4 Date: **2/10/04**

5 Payee name: **Dell host**

7 Amount (\$): **21.27**

6 Payee address: **888-832-7166**
City: State: Zip Code

8 Purpose of payment (See instructions regarding type of information required): **internet services**

9 Complete if direct expenditure to benefit C/OH: Candidate: Officeholder name: Office: Office title:

Date: **4/20/04**

Payee name: **Purehost**

Amount (\$): **19.95**

Payee address: **(877) 787-3461**
USA
City: State: Zip Code

Purpose of payment (See instructions regarding type of information required): **internet services**

Complete if direct expenditure to benefit C/OH: Candidate: Officeholder name: Office: Office title:

Date: **5/10/04**

Payee name: **Purehost**

Amount (\$): **19.95**

Payee address: **(877) 787-3461**
USA
City: State: Zip Code

Purpose of payment (See instructions regarding type of information required): **internet services**

Complete if direct expenditure to benefit C/OH: Candidate: Officeholder name: Office: Office title:

Date: **6/8/04**

Payee name: **Purehost**

Amount (\$): **19.95**

Payee address: **(877) 787-3461**
USA
City: State: Zip Code

Purpose of payment (See instructions regarding type of information required): **internet services**

Complete if direct expenditure to benefit C/OH: Candidate: Officeholder name: Office: Office title:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F
6 of 6

2 FILER NAME
Ronald Earle

3 ACCOUNT # (Enter Commission file #)

4 Date
6/4/04

5 Payee name
Mixx Restaurant

7 Amount (\$)
93.12

6 Payee address: City, State, Zip Code
Santa Rosa CA

8 Purpose of payment (See instructions regarding type of information required)
meal expense

9 * Complete if direct expenditure to benefit C/O's *
Candidate / C/O holder name: Address: Office use:

Date
3/10/04

5 Payee name
Dellhost
6 Payee address: City, State, Zip Code
**888-832-7166
USA**

7 Amount (\$)
21.27

8 Purpose of payment (See instructions regarding type of information required)
internet services

9 * Complete if direct expenditure to benefit C/O's *
Candidate / C/O holder name: Address: Office use:

Date: Payee name: Payee address: City, State, Zip Code

Amount (\$)

8 Purpose of payment (See instructions regarding type of information required)

9 * Complete if direct expenditure to benefit C/O's *
Candidate / C/O holder name: Address: Office use:

Date: Payee name: Payee address: City, State, Zip Code

Amount (\$)

8 Purpose of payment (See instructions regarding type of information required)

9 * Complete if direct expenditure to benefit C/O's *
Candidate / C/O holder name: Address: Office use:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED