Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

FORM COR-C/OH

5814

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	~~MS/MRS~~ MR FIRST: Ronald M: D. NICKNAME: Ronnie LAST: Earle SUFFIX:
4 ORIGINAL REPORT TYPE	[X] January 15 [ ] Runoff [ ] Other (specify) [ ] July 15 [ ] Exceeded $500 limit [ ] 30th day before election [ ] 15th day after treasurer appointment (officeholder only) [ ] 8th day before election [ ] Final report
5 ORIGINAL PERIOD COVERED	Month Day Year: 7 01 03 THROUGH Month Day Year: 12 31 03
6 EXPLANATION OF CORRECTION	Attached page was inadvertently omitted from January 15, 2004 report. It was discovered during preparation of July 15, 2004 report.

7 AFFIDAVIT

DAWN M. MCLEAN
Notary Public, State of Texas
My Commission Expires
AUGUST 21, 2007

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by RONALD EARLE 07-14-04 this the 14th day of JULY, 2004

to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
[signature]	DAWN McLEAN	NOTARY PUBLIC

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Ronald Earle

3 ACCOUNT # Ethics Commission files

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
12/04/03	News Library.com News Library.com	4.95

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 sought Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
12/10/03	Dell host 888-832-7166 USA	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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
12/3/03	Austin Music Foundation P.O. Box 5159 Austin TX 78763	250.00

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	Payee name / Payee address: City: State: Zip Code	Amount ($)
12/31/03	Travis County Democratic Party P.O. Box 684263 Austin TX 78768	1250.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED