

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5855

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission Form)	2 Total pages filed 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Ronald LAST Earle	MI D. SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME Ronnie Earle		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX P.O. Box 2092 Austin, TX 78768	APT / SUITE # CITY STATE ZIP CODE	RECORDED
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512) 263-5235	PHONE NUMBER EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Joe LAST Long	MI R. SUFFIX	RECORDED
	NICKNAME		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (INC PO BOX PLEASE) 919 Congress Ave., Ste. 1000 Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 472-1554	PHONE NUMBER EXTENSION	
9 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"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 04 9 / 23 / 04		
11 ELECTION	ELECTION DATE Month Day Year 11 / 02 / 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"/> personal 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 # (Other Commission Reports)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$

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

\$

- 0 -

EXPENDITURE TOTALS

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

\$

353.52

4. TOTAL POLITICAL EXPENDITURES

\$

2387.88

CONTRIBUTION BALANCE

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

\$

62082.44

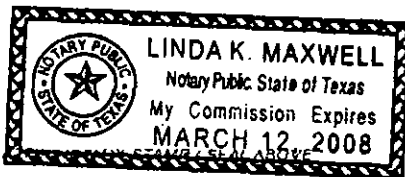
OUTSTANDING LOAN TOTALS

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

\$

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

Sworn to and subscribed before me, by the said Ronald Earle this the 18th day of Oct, 2004, to certify which, witness my hand and seal of office.

Linda K. Maxwell
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1 of 4**

2 FILER NAME **Ronald D. Earle**

3 ACCOUNT # - Ethics Commission File #:

4 Date
7/10/04

5 Payee name
Purehost
6 Payee address: City: State: Zip Code
**877-787-3461
USA**

7 Amount (\$)
19.95

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
8/9/04

Payee name
Purehost
Payee address: City: State: Zip Code
**877-787-3461
USA**

Amount (\$)
19.95

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
9/9/04

Payee name
Purehost
Payee address: City: State: Zip Code
**877-787-3461
USA**

Amount (\$)
19.95

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
7/18/04

Payee name
Four Points Sheraton
Payee address: City: State: Zip Code
**3737 N. Blackstone
Fresno CA**

Amount (\$)
208.59

Purpose of payment (See instructions regarding type of information required.)
travel and lodging 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: **2 of 4**

2 FILER NAME **Ronald D. Earle** 3 ACCOUNT # (Ethics Commission Fiers)

4 Date 7/13/04	5 Payee name Flight International Track Club	7 Amount (\$) 100.00
6 Payee address: City: State: Zip Code P.O. Box 14004 Austin TX 78761		

8 Purpose of payment (See instructions regarding type of information required.) donation	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/28	Payee name PBS	Amount (\$) 137.21
Payee address: City: State: Zip Code 800-531-4PBS USA		

Purpose of payment (See instructions regarding type of information required.) media	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/30/04	Payee name Austin AFL-CIO COUNCIL	Amount (\$) 115.00
Payee address: City: State: Zip Code P.O. Box 684644 Austin TX 78768-4644		

Purpose of payment (See instructions regarding type of information required.) advertising	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/30/04	Payee name Austin Tejano Democrats	Amount (\$) 100.00
Payee address: City: State: Zip Code 373 Tobin Dr. Buda TX 78610		

Purpose of payment (See instructions regarding type of information required.) Contribution	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 4

2 FILER NAME **Ronald D. Earle** 3 ACCQJNT # (Ethics Commission file#)

4 Date 7/23/04	5 Payee name Book People	7 Amount (\$) 14.07
6 Payee address: City: State: Zip Code 603 N. Lamar Austin TX 78703		

8 Purpose of payment (See instructions regarding type of information required.) gift	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 7/31/04	Payee name Book People	Amount (\$) 9.90
Payee address: City: State: Zip Code ABIA Airport, Austin TX 78719		

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:
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Date 8/20/04	Payee name Book People	Amount (\$) 26.60
Payee address: City: State: Zip Code 603 N. Lamar Austin TX 78703		

Purpose of payment (See instructions regarding type of information required.) book	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 9/8/04	Payee name Book People	Amount (\$) 21.60
Payee address: City: State: Zip Code 603 N. Lamar Austin TX 78703		

Purpose of payment (See instructions regarding type of information required.) book	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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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 4
2 FILER NAME Ronald D. Earle		3 ACCOUNT # (Times Team members)
4 Date 9/19/04	5 Payee name The Backstage Steakhouse 6 Payee address: City: State: Zip Code 21814 Hwy 71 W Spicewood TX 78669	7 Amount (\$) 80.82
8 Purpose of payment (See instructions regarding type of information required.) meal expense		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/21/04	Payee name The Backstage Steakhouse Payee address: City: State: Zip Code 21814 Hwy 71 W Spicewood TX 78669	Amount (\$) 70.12
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 9/23/04	Payee name Tapestry Dance Company Payee address: City: State: Zip Code 507-B Pressler Austin TX 78703	Amount (\$) 1000.00
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 7/18/04	Payee name National Rent A Car Payee address: City: State: Zip Code Fresno Yosemite Intl. Airport Fresno CA	Amount (\$) 90.60
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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		