

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5863

**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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ronald
Ronnie Earle

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #

CITY:

STATE:

ZIP CODE

P.O. Box 2092

Austin, Tx 78768

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 263-5235

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Joe
Long

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY:

STATE:

ZIP CODE

919 Congress Ave. Ste. 1000

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 472-1554

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

9 / 24 / 04

10 / 23 / 04

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 02 / 04

Primary

Runoff

General

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

** 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission #ers)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	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 \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,600.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 86.23

4. TOTAL POLITICAL EXPENDITURES \$ 761.23

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 63,921.21

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald Earle this the 25th day of Oct., 2004, to certify which, witness my hand and seal of office.

Linda K. Maxwell LINDA K. MAXWELL
Signature of officer administering oath Printed name of officer administering oath 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: <u>1</u>	
2 FILER NAME <u>Ronald D. Earle</u>		3 ACCOUNT # (Ethics Commission file #)	
4 Date: <u>10/15/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>David Shayer</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <u>2502 Emerson St Palo Alto CA 94301</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: <u>10/20/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Steve Wolens (Baron & Budd, P.C.)</u>	Amount of contribution (\$) <u>2500.00</u>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <u>3102 Oak Lawn Ave., Ste. 1100 Dallas TX 75219-4281</u>			
Principal occupation / Job title (See Instructions) <u>attorney</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code		
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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5900 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F 1

2 FILER NAME Ronald D. Earle

3 ACCOUNT # Ethics Commission Form

4 Date <u>9/30/04</u>	5 Payee name <u>David Escamilla</u>	7 Amount (\$) <u>100.00</u>
6 Payee address City State Zip Code <u>5703 Spurflower Dr. Austin TX 78759</u>		

8 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

Date <u>10/15/04</u>	Payee name <u>Bruce Elfant</u>	Amount (\$) <u>100.00</u>
Payee address City State Zip Code <u>1205 Fairwood Austin TX 78722</u>		

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 <u>10/23/04</u>	Payee name <u>Austin Police Benevolent Society</u>	Amount (\$) <u>475.00</u>
Payee address City State Zip Code <u>400 W. 14th St. Austin TX 78701</u>		

Purpose of payment (See instructions regarding type of information required.)
table for Austin Police Officers' Ball

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

Date	Payee name	Amount (\$)
	Payee address City State Zip Code	

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

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

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