

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5921

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Ronald NICKNAME Ronnie LAST Earle	MI D. SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked RECEIVED COUNTY CLERK TRAVIS COUNTY TEXAS JAN 19 4 08 PM '04 RECORD
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	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512) PHONE NUMBER 263-5235	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Joe NICKNAME Long LAST	MI R. SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 919 Congress Ave., Ste. 1000		
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 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 Day Year THROUGH Month Day Year 10/24/04 12/31/04		
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"/> 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 D. Earle

16 ACCOUNT # (if from Commission (None))

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 \$ - 0 -

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 \$ 77.54

4. TOTAL POLITICAL EXPENDITURES \$ 1710.02

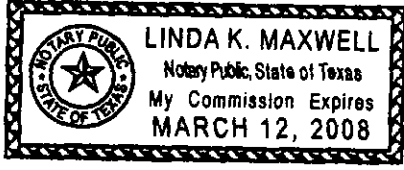
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 62211.19

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ronald Earle*, this the *18th* day of *Jan.*, 2005, to certify which, witness my hand and seal of office.

Linda K. Maxwell LINDA K. MAXWELL Notary
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: **2**

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

4 Date 10/26/04	5 Payee name KUT FM	7 Amount (\$) 100.00
6 Payee address: City, State, Zip Code (512) 499-4334 Austin TX		

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
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Date 11/11/04	Payee name Omega at The Crossings	Amount (\$) 347.68
Payee address: City, State, Zip Code 13500 FM 2769 Austin TX		

Purpose of payment (See instructions regarding type of information required.) Conference expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/12/04	Payee name Omega at The Crossings	Amount (\$) 556.32
Payee address: City, State, Zip Code 13500 FM 2769 Austin TX		

Purpose of payment (See instructions regarding type of information required.) Conference expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/18/04	Payee name Travis County Combined Charities Campaign	Amount (\$) 350.00
Payee address: City, State, Zip Code 2000 E. MLK Blvd. Austin TX 78702		

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
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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: **2**

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

4 Date 11/29/04	5 Payee name The Cheesecake Factory	7 Amount (\$) 64.48
	6 Payee address: City: State: Zip Code 10000 Research Blvd. Austin TX 78759	

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
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Date 12/5/04	Payee name Pease Activity Fund	Amount (\$) 100.00
	Payee address: City: State: Zip Code 1106 Rio Grande Austin TX 78701	

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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Date 12/8/04	Payee name Mindy McCracken	Amount (\$) 114.00
	Payee address: City: State: Zip Code P.O. Box 1748 Austin TX 78767	

Purpose of payment (See instructions regarding type of information required.) office fundraising	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

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