

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6019

# 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:  <div style="text-align: center; font-size: 2em;">11</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">Ronald      D.</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Ronnie      Earle</div>		OFFICE USE ONLY FILED FOR RECORD CLERK TRAVIS COUNTY TEXAS APR 14 PM 2:53
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX      APT / SUITE #      CITY      STATE      ZIP CODE <div style="text-align: center; font-size: 1.2em;">P.O. Box 2092 Austin TX 78768</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(512)      263-5235</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">Joe      R.</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Long</div>		Receipt #      Amount  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)      APT / SUITE #      CITY      STATE      ZIP CODE <div style="text-align: center; font-size: 1.2em;">919 Congress Ave., Ste. 1000 Austin TX 78701</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(512)      472-1554</div>		
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"/> 81st 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 <div style="text-align: center; font-size: 1.5em;">1 / 01 / 05      6 / 30 / 05</div>		
11 ELECTION	ELECTION DATE Month      Day      Year <div style="text-align: center; font-size: 1.5em;">/      /</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.5em;">Travis County District Atty.</div>	13 OFFICE SOUGHT (if known)	
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 ACCOJNT # (Ethics Commission file #)

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

GENERAL

SPECIFIC

attach a 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

\$ 75.00

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

\$ 175.00

EXPENDITURE TOTALS

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

\$ 458.09

4. TOTAL POLITICAL EXPENDITURES

\$ 7074.23

CONTRIBUTION BALANCE

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

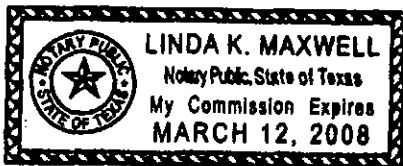
\$ 55211.96

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 D. Earle*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ronald Earle* this the 11<sup>th</sup> day of July, 2005, to certify which, witness my hand and seal of office.

*Linda K. Maxwell*  
Signature of officer administering oath

LINDA K. MAXWELL  
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: /

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

4 Date <i>5/16/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Roy Edward Pfiester</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City: State: Zip Code <i>859 Mount Washington Drive Los Angeles CA 90065</i>			

9 Principal occupation / Job title (See Instructions) *attorney* 10 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)

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)
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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)
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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: <b>8</b>
2 FILER NAME <b>Ronald D. Earle</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/11/05</b>	5 Payee name <b>Affinity Dynamics</b>	7 Amount (\$) <b>5000.00</b>
6 Payee address; City; State; Zip Code <b>5909 Sierra Grande Austin TX 78759</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>1/11/05</b>	Payee name <b>Travis County Democratic Party</b>	Amount (\$) <b>250.00</b>
Payee address; City; State; Zip Code <b>P.O. Box 684263 Austin TX 78768</b>		
Purpose of payment (See instructions regarding type of information required.) <b>donation</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>1/12/05</b>	Payee name <b>1886 Cafe at the Driskill</b>	Amount (\$) <b>\$53.92</b>
Payee address; City; State; Zip Code <b>604 Brazos St. Austin TX 78701</b>		
Purpose of payment (See instructions regarding type of information required.) <b>meal expense</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>1/20/05</b>	Payee name <b>Wells Fargo Bank</b>	Amount (\$) <b>2.50</b>
Payee address; City; State; Zip Code <b>P.O. Box 2019 Austin TX 78768-2019</b>		
Purpose of payment (See instructions regarding type of information required.) <b>bank fees</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **8**

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

4 Date <b>1/24/05</b>	5 Payee name <b>Purehost</b>	7 Amount (\$) <b>19.95</b>
6 Payee address; City; State; Zip Code <b>877 440 7873 MA</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>internet services</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>2/2/05</b>	Payee name <b>Book People</b>	Amount (\$) <b>49.63</b>
Payee address; City; State; Zip Code <b>603 N. Lamar Austin TX 78703</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Publications</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>2/16/05</b>	Payee name <b>Borders Books</b>	Amount (\$) <b>18.94</b>
Payee address; City; State; Zip Code <b>4477 S. Lamar, Ste. 600 Austin TX 78745</b>		

Purpose of payment (See instructions regarding type of information required.) <b>publications</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>2/17/05</b>	Payee name <b>Wells Fargo Bank</b>	Amount (\$) <b>2.50</b>
Payee address; City; State; Zip Code <b>P.O. Box 2019 Austin TX 78768-2019</b>		

Purpose of payment (See instructions regarding type of information required.) <b>bank fees</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **8**

2 FILER NAME **Ronald P. Earle**

3 ACCOUNT # (Ethics Commission filers)

4 Date **2/27/05** 5 Payee name **New York Times**

7 Amount (\$)

6 Payee address; City; State; Zip Code  
**800 698 4637  
 New York NY**

**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

Payee name  
**Purehost**

Amount (\$)

**3/10/05**

Payee address; City; State; Zip Code  
**877 440 7873  
 MA**

**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

Payee name  
**Book People**

Amount (\$)

**3/11/05**

Payee address; City; State; Zip Code  
**603 N. Lamar  
 Austin TX 78703**

**27.01**

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

Date

Payee name  
**Borders Books**

Amount (\$)

**3/13/05**

Payee address; City; State; Zip Code  
**4477 S. Lamar, Ste. 600  
 Austin TX 78745**

**16.95**

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: **8**

2 FILER NAME **Ronald D. Earle**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/13/05**

5 Payee name  
**Borders Books**

7 Amount (\$)

6 Payee address; City; State; Zip Code  
**Austin Convention Center  
Austin TX**

**27.01**

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  
**3/14/05**

Payee name  
**Castle Hill Cafe**

Amount (\$)

Payee address; City; State; Zip Code  
**1101 W. 5th St.  
Austin TX 78703**

**33.22**

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  
**3/17/05**

Payee name  
**Wells Fargo Bank**

Amount (\$)

Payee address; City; State; Zip Code  
**P.O. Box 2019  
Austin TX 78768-2019**

**31.50**

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

**bank fees**

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

Date  
**3/21/05**

Payee name  
**Book People**

Amount (\$)

Payee address; City; State; Zip Code  
**603 N. Lamar  
Austin TX 78703**

**12.83**

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **8**

2 FILER NAME **Ronald D. Earle**

3 ACCOUNT # (Ethics Commission filer)

4 Date  
**3/24/05**

5 Payee name  
**Sacred Heart School Library**

7 Amount (\$)  
**100.00**

6 Payee address; City; State; Zip Code  
**208 W. Pearl  
La Grange TX**

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

Date  
**4/12/05**

Payee name  
**Wells Fargo Bank**  
Payee address; City; State; Zip Code  
**P.O. Box 2019  
Austin TX 78768-2019**

Amount (\$)  
**32.62**

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

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

Date  
**4/22/05**

Payee name  
**Book People**  
Payee address; City; State; Zip Code  
**603 N. Lamar  
Austin TX 78703**

Amount (\$)  
**24.83**

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

Date  
**4/27/05**

Payee name  
**Castle Hill Cafe**  
Payee address; City; State; Zip Code  
**1101 W. 5th St.  
Austin TX 78703**

Amount (\$)  
**28.44**

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: **8**

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

4 Date <b>4/30/05</b>	5 Payee name <b>KUT 90.5, UT Austin</b>	7 Amount (\$) <b>100.00</b>
6 Payee address; City; State; Zip Code <b>P.O. Box 7600 Austin TX 78713-7600</b>		

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

Date <b>5/1/05</b>	Payee name <b>Purehost</b>	Amount (\$) <b>19.95</b>
Payee address; City; State; Zip Code <b>877 440 7873 MA</b>		

Purpose of payment (See instructions regarding type of information required.) <b>internet services</b>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>5/2/05</b>	Payee name <b>Book People</b>	Amount (\$) <b>32.42</b>
Payee address; City; State; Zip Code <b>603 N. Lamar Austin TX 78703</b>		

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

Date <b>5/13/05</b>	Payee name <b>Hilton Dallas / Park Cities</b>	Amount (\$) <b>107.52</b>
Payee address; City; State; Zip Code <b>5945 Luther Lane Dallas TX 75225</b>		

Purpose of payment (See instructions regarding type of information required.) <b>travel expense</b>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> 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: 8

2 FILER NAME *Ronald D. Earle*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

*5/18/05**Book People*

6 Payee address; City; State; Zip Code

*603 N. Lamar  
Austin TX 78703**19.00*

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

Payee name

Amount (\$)

*5/18/05**Wells Fargo Bank*

Payee address; City; State; Zip Code

*P.O. Box 2019  
Austin TX 78768-2019**33.05*

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

*bank fees*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*5/27/05**Purehost*

Payee address; City; State; Zip Code

*877 440 7873  
MA**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

Payee name

Amount (\$)

*6/17/05**Wells Fargo Bank*

Payee address; City; State; Zip Code

*P.O. Box 2019  
Austin TX 78768-2019**31.50*

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

*bank fees*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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1 Total pages Schedule F: **8**

2 FILER NAME **Ronald D. Earle**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/30/05</b>	5 Payee name <b>Purehost</b>	7 Amount (\$) <b>19.95</b>
6 Payee address: City: State: Zip Code <b>877 440 7873 MA</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>internet services</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**