

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6132

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ronald D.  
Ronnie Earle

OFFICE USE ONLY

Date Received

2006 JAN 17

Date Hand-delivered or Date Postmarked

JAN 5 16

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

P.O. Box 2092  
Austin, Texas 78768

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 263-5235

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Joe R.  
Long

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

919 Congress Ave., ste. 1000 Austin, TX  
78701

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

7 / 31 / 05 THROUGH 12 / 31 / 05

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

General

Special

/ /

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County District Atty

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 <b>Ronald D. Earle</b>	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)

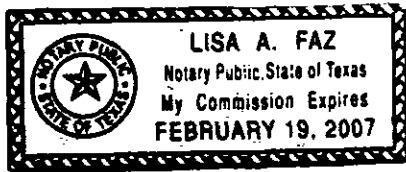
\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 186.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,586.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 368.43
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,511.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 52,286.33
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 D. Earle, this the 17 day

of January, 2006, to certify which, witness my hand and seal of office.

<i>Lisa A. Faz</i> Signature of officer administering oath	Lisa A. Faz Printed name of officer administering oath	Administrative Assistant Title of officer administering oath
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

*see attached*

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Ronald D. Earle</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		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)
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)	
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)
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.

Contributions over \$50:

7/13/05	Roberta Caravelli	3664 H Street, Eureka CA 95503
	\$250.00	self-employed, daytrader
9/28/05	Ann Livingston	801 Loop 165, Dripping Springs TX 78620
	\$100.00	Baker Botts, attorney
9/28/05	Stephen Williams	11500 Juniper Ridge Dr., Austin TX 78759
	\$250.00	Vignette, writer
9/28/05	Jeffrey A. Tannenbaum	175 East 62nd St. Apt. PHB, New York NY
10021	\$100.00	
11/11/05	Pic Rivers	2927 Kassarine Pass, Austin TX 78704
	\$100.00	
11/12/05	Ada Anderson	P. O. Box 26313, Austin, TX 78755
	\$500.00	retired
12/22/05	Philip&Donna Berber	4407 Bee Caves Rd.#301, Austin TX 78746
	\$5000.00	self-employed
12/24/05	Christopher Berry	4424 Woodman Ave. #204 Sherman Oaks CA 91423
	\$100.00	Celia Fox, Cafe Entertainment

**POLITICAL EXPENDITURES**

**SCHEDULE F**

*see attached*

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Ronald D. Earle**

3 ACCOUNT # (Ethics Commission file #)

4 Date	5 Payee name	7 Amount (\$)
	6 Payee address: City, State, Zip Code	

8 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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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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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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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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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

expenses over \$50:

- 7/18/05 Castle Hill Cafe 1101 W. 5th St., Austin TX 78703  
\$36.96 meal expense
- 7/20/05 Wells Fargo Bank P.O. Box 2019 Austin TX 78768-2019  
\$31.50 bank fees
- 7/26/05 Castle Hill Cafe 1101 W. 5th St., Austin TX 78703  
\$72.57 meal expense
- 7/26/05 Go Go Gourmet 3505 N. IH 35, Austin TX 78722  
\$20.32 meal expense
- 8/1/05 East Side Cafe 2113 Manor Rd., Austin TX 78722  
\$66.94 meal expense
- 8/9/05 Menger Hotel 204 Alamo Plaza, San Antonio TX  
\$55.00 meal expense
- 8/10/05 Wells Fargo Bank P.O. Box 2019 Austin TX 78768-2019  
\$37.39 bank fees
- 8/11/05 Go Go Gourmet 3505 N. IH 35, Austin TX 78722  
\$16.53 meal expense
- 8/16/05 Nathan Wilcox 3902 Cherrywood Rd., Austin TX 78722  
\$2000.00 consulting
- 8/24/05 Book People 603 N. Lamar, Austin TX 78703 \$9.73  
publications
- 9/8/05 Go Go Gourmet 3505 N. IH 35, Austin TX 78722  
\$31.76 meal expense
- 9/9/05 Bistrolli's 1104 San Antonio, Austin TX 78701  
\$10.00 meal expense
- 9/12/05 Bistrolli's 1104 San Antonio, Austin TX 78701  
\$41.32 meal expense
- 9/20/05 Wells Fargo Bank P.O. Box 2019 Austin TX 78768-2019  
\$31.50 bank fees
- 9/21/05 Book People 603 N. Lamar, Austin TX 78703  
\$28.14 publications
- 10/10/05 Castle Hill Cafe 1101 W. 5th St., Austin TX 78703  
\$65.99 meal expense
- 10/13/05 South Congress Cafe 1600 S. Congress, Austin TX  
\$55.47 meal expense
- 10/15/05 Nathan Wilcox 3902 Cherrywood Rd., Austin TX 78722  
\$4600.00 consulting
- 10/18/05 Emerald Restaurant 13614 Hwy 71W Austin TX 78738

\$320.70 meal expense  
10/20/05 Wells Fargo Bank P.O. Box 2019 Austin TX 78768-2019  
\$44.15 bank fees  
10/27/05 Book People 603 N. Lamar, Austin TX 78703  
\$23.76 publications  
11/15/05 KUT90.5 UT Austin, P.O. Box 7600 Austin TX 78713-7600  
\$100.00 contribution  
11/16/05 Driskill Hotel 604 Brazos, Austin TX 78701  
\$258.75 consulting expense  
11/18/05 Wells Fargo Bank P.O. Box 2019 Austin TX 78768-2019  
\$33.08 bank fees  
11/21/05 Tux Computer Services 5105 Scenic View Dr., Austin TX 78746  
\$217.50 computer services  
11/29/05 Tux Computer Services 5105 Scenic View Dr., Austin TX 78746  
\$84.17 computer services  
11/30/05 PAVC 1033 La Posada Dr. Ste. 305, Austin TX 78752  
\$100.00 donation  
12/9/05 Bistro 88 2712 Bee Caves Rd., Austin TX  
\$120.40 meal expense  
12/10/05 Go Go Gourmet 3505 N. IH 35, Austin TX 78722  
\$7.41 meal expense  
12/12/05 Shoreline Grill 98 San Jacinto Blvd., Austin TX  
78701 \$73.16 meal expense  
12/12/05 Wells Fargo Bank P.O. Box 2019 Austin TX 78768-2019  
\$31.50 bank fees  
12/13/05 Tux Computer Services 5105 Scenic View Dr., Austin TX  
78746 \$17.50 computer services  
12/15/05 Travis County Combined Charities P. O. 1748, Austin TX 78767  
\$500.00 donation