

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6318

FORM C/OH
COVER SHEET PG 1

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|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) 12312005 | 2 PAGE # 1 of 13 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST RON | MI |
| | NICKNAME | LAST DAVIS | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: | APT / SUITE #: | CITY: STATE: ZIP CODE |
| | P.O. Box 16665 Austin, TX 78761 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Louis | MI |
| | NICKNAME | LAST Simms | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE | | |
| 7501 Barcelona Drive Austin, TX 78752 | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| (512) 453-5322 | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff |
| | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 6th day before election | <input type="checkbox"/> Exceeded \$500 limit |
| 9 PERIOD COVERED | Month | Day | Year |
| | 01/01/2006 | | THROUGH 06/30/2006 |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE |
| | 11/11/2008 | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 11 OFFICE | OFFICE HELD (if any) Travis CO Commissioner Pct. 1 | | 12 OFFICE SOUGHT (if known) Travis CO Commissioner Pct. 1 |
| 13 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

14 C/OH NAME DAVIS, RON

15 ACCOUNT # (Ethics Commission files)
12312005

16 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,945.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 2,633.50

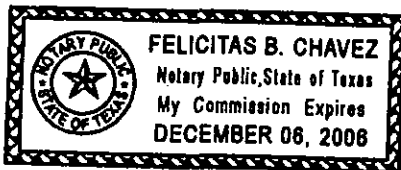
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 17,867.26

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis, this the 14th day of July, 2006, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Felicitas B. Chavez
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/2 Report: 3/13 | |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission Filer) 12312005 | |
| 4 Date 04/17/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Baker, Harris & Emily | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City: State: Zip Code 5000 Ridge Oaks Dr. Austin, TX 78731-4720 | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 03/20/2006 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Graham, Dr. & Mrs. Charles | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| Contributor address; City: State: Zip Code 821 Central Austin, TX 78621 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/17/2006 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hackett, Kathleen | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| Contributor address; City: State: Zip Code 7004 Fred Morse Dr. Austin, TX 78723-1607 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/17/2006 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Halff Associates State PAC | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| Contributor address; City: State: Zip Code 8616 Northwest Plaza Dr. Dallas, TX 75225 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/25/2006 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hogge, John & Judy | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| Contributor address; City: State: Zip Code 1319 Pace Bend Rd S Spicewood, TX 78669 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 4/13

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)

12312005

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Siff, Theodore

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

04/17/2006

6 Contributor address; City; State; Zip Code
604 West 11th Street
Austin, TX 78701

\$50.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Williams, Mary Pearl

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/17/2006

Contributor address; City; State; Zip Code
4100 Jackson Avenue #137
Austin, TX 78731-6051

\$125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/9 Report: 5/13 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 01/10/2006 | 5 Payee name Alfred Stanley and Associates 6 Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703 | 7 Amount (\$) \$363.75 |
| 8 Purpose of payment (See instructions regarding type of information required.) Contract labor | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 01/11/2006 | Payee name Alfred Stanley and Associates Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703 | Amount (\$) \$90.00 |
| Purpose of payment (See instructions regarding type of information required.) Contract labor | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 06/01/2006 | Payee name Alfred Stanley and Associates Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703 | Amount (\$) \$213.75 |
| Purpose of payment (See instructions regarding type of information required.) Contract labor | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 02/08/2006 | Payee name Austin Area Urban League Payee address; City; State; Zip Code 1033 La Posada Dr., Suite 150 Austin, TX 78752 | Amount (\$) \$75.00 |
| Purpose of payment (See instructions regarding type of information required.) Community Service | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES**SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/9 Report: 6/13 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission #ers) 12312005 |
| 4 Date 05/17/2006 | 5 Payee name Austin Community Foundation 6 Payee address; City; State; Zip Code 98 San Jacinto Blvd., Suite 510 Austin, TX 78701 | 7 Amount (\$) \$25.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Community service | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 03/10/2006 | Payee name Black Registry Payee address; City; State; Zip Code 1223A Rosewood Avenue Austin, TX 78702 | Amount (\$) \$60.00 |
| Purpose of payment (See instructions regarding type of information required.) Political Advertisement | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 03/21/2006 | Payee name Capital City African American Chamber of Commerce Payee address; City; State; Zip Code 5407 N. IH 35, Suite 304 Austin, TX 78723 | Amount (\$) \$100.00 |
| Purpose of payment (See instructions regarding type of information required.) Community service | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 03/10/2006 | Payee name Capitol City Argus Payee address; City; State; Zip Code P.O. Box 140471 Austin, TX 78714 | Amount (\$) \$250.00 |
| Purpose of payment (See instructions regarding type of information required.) Political Advertisement | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES**SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/9 Report: 7/13 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 04/03/2006 | 5 Payee name Capitol City Top Ladies of Distinction 6 Payee address: City: State; Zip Code 3207 Winding Creek Cove Austin, TX 78735 | 7 Amount (S) \$25.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Community service | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 04/19/2006 | Payee name Cinco De Mayo Committee Payee address: City: State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701 | Amount (S) \$25.00 |
| Purpose of payment (See instructions regarding type of information required.) To appreciate, promote, and sponsor culture diversity | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 01/11/2006 | Payee name Coamerica Bank Payee address: City: State; Zip Code P.O. Box 75000 Dallas, MI 48275 | Amount (S) \$6.50 |
| Purpose of payment (See instructions regarding type of information required.) Service Charges | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 02/13/2006 | Payee name Coamerica Bank Payee address: City: State; Zip Code P.O. Box 75000 Dallas, MI 48275 | Amount (S) \$6.50 |
| Purpose of payment (See instructions regarding type of information required.) Service Charges | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES

SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/9 Report: 8/13 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 03/13/2006 | 5 Payee name Coamerica Bank 6 Payee address; City; State; Zip Code P.O. Box 75000 Dallas, MI 48275 | 7 Amount (\$) \$6.50 |
| 8 Purpose of payment (See instructions regarding type of information required.) Service Charges | | 9 ** Complete if direct expenditure to benefit C/OH ** Cand date / Officeholder name: Office sought: Office held: |
| Date 04/11/2006 | Payee name Coamerica Bank Payee address; City; State; Zip Code P.O. Box 75000 Dallas, MI 48275 | Amount (\$) \$6.50 |
| Purpose of payment (See instructions regarding type of information required.) Service Charges | | ** Complete if direct expenditure to benefit C/OH ** Cand date / Officeholder name: Office sought: Office held: |
| Date 05/12/2006 | Payee name Coamerica Bank Payee address; City; State; Zip Code P.O. Box 75000 Dallas, MI 48275 | Amount (\$) \$6.50 |
| Purpose of payment (See instructions regarding type of information required.) Service Charges | | ** Complete if direct expenditure to benefit C/OH ** Cand date / Officeholder name: Office sought: Office held: |
| Date 06/12/2006 | Payee name Coamerica Bank Payee address; City; State; Zip Code P.O. Box 75000 Dallas, MI 48275 | Amount (\$) \$6.50 |
| Purpose of payment (See instructions regarding type of information required.) Service Charges | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES**SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/9 Report: 9/13 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 06/03/2006 | 5 Payee name Don BBQ 6 Payee address; City; State; Zip Code 10003 FM 969 Austin, TX 78724 | 7 Amount (S) \$182.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) East Metro Park Breakfast | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 01/25/2006 | Payee name Greater Austin Hispanic Chamber of Commerce Payee address; City; State; Zip Code 2800 IH 35 Austin, TX 78704 | Amount (S) \$50.00 |
| Purpose of payment (See instructions regarding type of information required.) Community Service | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 06/10/2006 | Payee name Hector Gonzales Campaign Payee address; City; State; Zip Code 12325 Hymeadow Dr., Suite 2-100 Austin, TX 78750 | Amount (S) \$100.00 |
| 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 01/03/2006 | Payee name IOTA PHI LAM BDA Sorority Payee address; City; State; Zip Code 3013 East 13th St. Austin, TX 78702 | Amount (S) \$75.00 |
| Purpose of payment (See instructions regarding type of information required.) Community Service | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES**SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 6/9 Report: 10/13 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 04/04/2006 | 5 Payee name Jack & Jill of America 6 Payee address: City; State; Zip Code 3127 Fiorellino Place Cedar Park, TX 78613-4341 | 7 Amount (\$) \$60.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Community service | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 06/24/2006 | Payee name Jack & Jill of America Payee address: City; State; Zip Code 3127 Fiorellino Place Cedar Park, TX 78613-4341 | Amount (\$) \$120.00 |
| Purpose of payment (See instructions regarding type of information required.) Community service | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 01/19/2006 | Payee name Manor Education Foundation Payee address: City; State; Zip Code P.O. Box 359 Manor, TX 78653 | Amount (\$) \$25.00 |
| Purpose of payment (See instructions regarding type of information required.) Community Service | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 06/03/2006 | Payee name Postmaster Payee address: City; State; Zip Code GMF Station Austin, TX 78710-9765 | Amount (\$) \$40.00 |
| Purpose of payment (See instructions regarding type of information required.) Stamps | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES

SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 7/9 Report: 11/13 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 01/30/2006 | 5 Payee name Ronald McDonald Campaign 6 Payee address: City: State: Zip Code P.O. Box 1027 Bastrop, TX 78602 | 7 Amount: (\$) \$100.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Community Service | | 9 ** Complete if direct expenditure to benefit C/OH ** Cand.date / Officeholder name: Office sought: Office held: |
| Date 06/07/2006 | Payee name Safe Place Payee address: City: State: Zip Code P.O. Box 19454 Austin, TX 78760 | Amount (\$) \$25.00 |
| Purpose of payment (See instructions regarding type of information required.) Community service | | ** Complete if direct expenditure to benefit C/OH ** Cand.date / Officeholder name: Office sought: Office held: |
| Date 06/03/2006 | Payee name Sam Biscoe Special Project Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767 | Amount (\$) \$25.00 |
| Purpose of payment (See instructions regarding type of information required.) Donated to appreciate, promote, and sponsor the Emancipation Proclamation.... Juneteenth | | ** Complete if direct expenditure to benefit C/OH ** Cand.date / Officeholder name: Office sought: Office held: |
| Date 06/07/2006 | Payee name SMBSPC Payee address: City: State: Zip Code P.O. Box 5614 Austin, TX 78763 | Amount (\$) \$50.00 |
| Purpose of payment (See instructions regarding type of information required.) Community service | | ** Complete if direct expenditure to benefit C/OH ** Cand.date / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES

SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/9 Report: 12/13 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 02/08/2006 | 5 Payee name Sorolity of Phi Delta Kappa Delta Beta Kappa 6 Payee address: City: State; Zip Code 7304 Geneva Dr. Austin, TX 78723 | 7 Amount (\$) \$100.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Community Recognition For Community services | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 03/04/2006 | Payee name Spears, Sue Payee address: City: State; Zip Code 7813 Colony Park Dr. Austin, TX 78724 | Amount (\$) \$150.00 |
| Purpose of payment (See instructions regarding type of information required.) Contract Labor | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 01/19/2006 | Payee name The Links Inc., Town Lake Chapter Payee address: City: State; Zip Code 4201 Waters Edge Cove Austin, TX 78731 | Amount (\$) \$25.00 |
| Purpose of payment (See instructions regarding type of information required.) Political Advertisement | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |
| Date 06/07/2006 | Payee name TOBCC Payee address: City: State; Zip Code P.O. Box 908 Lufkin, TX 75902 | Amount (\$) \$100.00 |
| Purpose of payment (See instructions regarding type of information required.) Contribution to Texas Organization Black County Commissioners | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: |

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/9 Report: 13/13**2** FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)
12312005**4** Date**5** Payee name
Travis County Democratic Party**7** Amount
(S)

01/19/2006

6 Payee address; City; State; Zip Code
P.O. Box 684263
Austin, TX 78768-4263

\$140.00

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