

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 12312005	2 PAGE # 1 of 15 <b>6418</b>
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 checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 Limit
9 PERIOD COVERED	Month	Day	Year
	07/01/2006		THROUGH 12/31/2006
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/04/2008		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input 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  ... 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. ...		
<input type="checkbox"/> additional pages	Name		
	Address: PO Box APT / Suite #, City, State Zip Code		

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**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 filers)  
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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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) \$ 24,325.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 10,691.86

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 30,141.90

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 11<sup>th</sup> day of January, 2007, 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: 1/5 Report: 3/15	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date  10/27/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) AFSCM Employees-AFL-CIO  6 Contributor address: City: State: Zip Code 1625 L Street N.W. Washington, DC 20036	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  11/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Armbrust & Brown, L.L.P.  Contributor address: City: State: Zip Code 100 CCongree Ave., Suite 1300 Austin, TX 78701-2744	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/18/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BMcPAC  Contributor address: City: State: Zip Code 111 Congress Ave., Suite 1400 Austin, TX 78701	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/17/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bury III, Paul  Contributor address: City: State: Zip Code 3345 Bee Caves Road Suite 200 Austin, TX 78746	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/17/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carpenter, James & Robin  Contributor address: City: State: Zip Code 1700 Palisades Pointe Lane Austin, TX 78763	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
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: 2/5 Report: 4/15	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date  11/27/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Coronado, Santiago  6 Contributor address; City; State; Zip Code 5602 Palisade Court Austin, TX 78731	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/09/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dawson, Rhett  Contributor address; City; State; Zip Code 4409 Sacred Arrow Dr. Austin, TX 78735	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dwyer, Peter  Contributor address; City; State; Zip Code 9900 Hwy 290 East Manor, TX 78653	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/17/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Farmer, Gary & Susan  Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gregory, Bob & Kay  Contributor address; City; State; Zip Code 2939 Westlake Cove Austin, TX 78746	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
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: 3/5 Report: 5/15	
2 FILER NAME DAVIS, RON			3 ACCOUNT # (Ethics Commission filers) 12312005		
4 Date  11/17/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KNWL Development LP  6 Contributor address; City; State; Zip Code 4111 Lakeplace Lane Austin, TX 78763	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  11/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lorenz, Perry  Contributor address; City; State; Zip Code 1311-A East 6th Street Austin, TX 78702-3301	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  10/12/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Miller, A. Bryce  Contributor address; City; State; Zip Code 1209 W. 5th St. Ste., 200 Austin, TX 78703	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  11/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Murfee, George  Contributor address; City; State; Zip Code 1101 S Capital of TX HWY, Bldg. D110 Austin, TX 78746	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  11/17/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Political Action Committee of Winstead Sechrest & Minick P.C.  Contributor address; City; State; Zip Code 5400 Renaissance Tower, 1201 Elm St. Dallas, TX 75270	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)		
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: 4/5 Report: 6/15	
2 FILER NAME DAVIS, RON			3 ACCOUNT # (Ethics Commission filers) 12312005		
4 Date  11/27/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rathgeber, Sara Ross	6 Contributor address; City; State; Zip Code 2711 Hillview Green Lane Austin, TX 78703		7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  11/17/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tapp, Frances & Felix	Contributor address; City; State; Zip Code P.O. Box 398 Manor, TX 78653-0398		Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  11/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TCB PAC	Contributor address; City; State; Zip Code 5757 Woodway Suite 101 W Houston, TX 77057		Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  10/09/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Travis County Sheriffs Law Enforcement Association	Contributor address; City; State; Zip Code 8600 Ranch Road 620 N Apt 210 Austin, TX 78726		Amount of contribution (\$)  \$3,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  10/12/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Travis County Sheriffs Officers Association, PAC	Contributor address; City; State; Zip Code 400 W 14th St, Suite #220 Austin, TX 78701		Amount of contribution (\$)  \$3,500.00	In-kind contribution description (if applicable)
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: 5/5 Report: 7/15

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)

12312005

4 Date

11/27/2006

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Vinson & Elkins Texas, PAC

6 Contributor address; City; State; Zip Code  
2300 Frist City Tower  
Houston, TX 77002-6760

7 Amount of  
contribution (\$)

\$1,000.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

**RON DAVIS CAMPAIGN**

Part of Candidate / Officeholder Campaign Finance Report for January 15, 2007

Attached is a copy of the STATEMENT OF ORGANIZATION for American Federation of State, County and municipal Employees as required by 253.032. Limitation on Contribution by Out-of-State Committee.

**§ 253.032. Limitation on Contribution by Out-of-State Committee**

(a) In a reporting period, a candidate, officeholder, or political committee may not knowingly accept political contributions totaling more than \$500 from an out-of-state political committee unless, before accepting a contribution that would cause the total to exceed \$500, the candidate, officeholder, or political committee, as applicable, receives from the out-of-state committee:

(1) a written statement, certified by an officer of the out-of-state committee, listing the full name and address of each person who contributed more than \$100 to the out-of-state committee during the 12 months immediately preceding the date of the contribution; or

(2) a copy of the out-of-state committee's statement of organization filed as required by law with the Federal Election Commission and certified by an officer of the out-of-state committee....

(d) A candidate, officeholder, or political committee shall include the statement or copy required by Subsection (a) as a part of the report filed under Chapter 254 that covers the reporting period to which Subsection (a) applies.



**FEC  
FORM 1**

# STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street)

1625 L Street, N.W.

(Check if address is changed)

Washington,

DC 20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ►

C 00011114

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

William Lucy

Signature of Treasurer

Date 04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
--------------------------------	-------------------	-------	--------	-----------	-------------------

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer, of the committee; and the name and address of any designated agent, (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address 1800 M Street, N.W.

Washington,

DC 20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address 1825 K Street, N.W.

Washington,

DC 20006

CITY ▲

STATE ▲

ZIP CODE ▲

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/8 Report: 8/15

**2** FILER NAME DAVIS, RON

**3** ACCOUNT # (Ethics Commission ffers)  
12312005

<b>4</b> Date	<b>5</b> Payee name Alfred Stanley and Associates	<b>7</b> Amount (S)
07/28/2006	<b>6</b> Payee address: City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703	\$675.00

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

Date	Payee name Alfred Stanley and Associates	Amount (S)
10/12/2006	Payee address: City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703	\$555.00

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	Payee name Alfred Stanley and Associates	Amount (S)
10/18/2006	Payee address: City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703	\$225.00

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	Payee name Alfred Stanley and Associates	Amount (S)
10/27/2006	Payee address: City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703	\$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:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 2/8 Report: 9/15

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)  
12312005

4 Date	5 Payee name Alfred Stanley and Associates	7 Amount (\$)
11/27/2006	6 Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703	\$2,043.75

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	Payee name Alfred Stanley and Associates	Amount (\$)
11/27/2006	Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703	\$3,355.21

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	Payee name Austin AFL-CIO	Amount (\$)
08/11/2006	Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78761	\$65.00

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

Date	Payee name Austin Fire Museum	Amount (\$)
08/04/2006	Payee address; City; State; Zip Code 401 East 5th St. Austin, TX 78701	\$10.00

Purpose of payment (See instructions regarding type of information required.) Historical DVD on Austin African American Firefighters	** 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 PAGE #  
Schedule: 3/8 Report: 10/15

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission Filers)  
12312005

4 Date	5 Payee name Austin Tejano Democrats	7 Amount (\$)
08/17/2006	6 Payee address; City; State; Zip Code 5704 Shoal Creek Blvd Austin, TX 78757	\$10.00

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	Payee name Capital Area Progressive Democrats	Amount (\$)
08/17/2006	Payee address; City; State; Zip Code P.O. Box 801 Austin, TX 78767	\$10.00

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

Date	Payee name Coamerica Bank	Amount (\$)
07/13/2006	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, MI 48275	\$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:
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Date	Payee name Coamerica Bank	Amount (\$)
09/13/2006	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, MI 48275	\$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:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/8 Report: 11/15

**2** FILER NAME DAVIS, RON

**3** ACCOUNT # (Ethics Commission filers)  
12312005

<b>4</b> Date	<b>5</b> Payee name Coamerica Bank	<b>7</b> Amount (\$)
11/13/2006	<b>6</b> Payee address; City; State; Zip Code P.O. Box 75000 Dallas, MI 48275	\$6.50

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

<b>Date</b>	<b>Payee name</b> Comerica Bank	<b>Amount (\$)</b>
08/13/2006	<b>Payee address; City; State; Zip Code</b> P.O. Box 75000 Detroit, MI 48275	\$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:
--	--

<b>Date</b>	<b>Payee name</b> Comerica Bank	<b>Amount (\$)</b>
10/13/2006	<b>Payee address; City; State; Zip Code</b> P.O. Box 75000 Detroit, MI 48275	\$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:
--	--

<b>Date</b>	<b>Payee name</b> Comerica Bank	<b>Amount (\$)</b>
12/06/2006	<b>Payee address; City; State; Zip Code</b> P.O. Box 75000 Detroit, MI 48275	\$50.00

Purpose of payment (See instructions regarding type of information required.) Petty Cash	** 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.		<b>1</b> PAGE # Schedule: 5/8 Report: 12/15
<b>2</b> FILER NAME DAVIS, RON		<b>3</b> ACCOUNT # (Ethics Commission file's) 12312005
<b>4</b> Date 09/08/2006	<b>5</b> Payee name Don BBQ  <b>6</b> Payee address; City; State; Zip Code 10003 FM 969 Austin, TX 78724	<b>7</b> Amount (\$)  \$107.60
<b>8</b> Purpose of payment (See instructions regarding type of information required.) East Metro Park Breakfast		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 08/17/2006	Payee name Eastside Story Foundation  Payee address; City; State; Zip Code P.O. Box 6619 Austin, TX 78762	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Full sponsorship for African American boys and girls		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/08/2006	Payee name Eastside Youth Services and Street Outreach (ESYSSO)  Payee address; City; State; Zip Code 512 E 11th St. Suite 221 Austin, TX 78702	Amount (\$)  \$175.00
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 12/05/2006	Payee name Fanuel, Chris  Payee address; City; State; Zip Code 1108 Thurgood Circle Austin, TX 78721	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Christmas bonus appreciation		** 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: 6/8 Report: 13/15
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005
4 Date  12/05/2006	5 Payee name Feli Chavez Burleson  6 Payee address; City; State; Zip Code 11800 Navasota Manor, TX 78653	7 Amount (\$)  \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Christmas bonus appreciation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/13/2006	Payee name Fiesta De Independencia Foundation (FDIF)  Payee address; City; State; Zip Code 7401 Ophelia Drive Austin, TX 78753	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  10/30/2006	Payee name Guadalupe Neighborhood Development Corporation (GNDC)  Payee address; City; State; Zip Code 1000 Lydia Street Austin, TX 78702	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  11/08/2006	Payee name NAACP  Payee address; City; State; Zip Code 1704 East 12th St Austin, TX 78702	Amount (\$)  \$400.00
Purpose of payment (See instructions regarding type of information required.) End of the year community banquet		** 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.		<b>1</b> PAGE # Schedule: 7/8 Report: 14/15
<b>2</b> FILER NAME DAVIS, RON		<b>3</b> ACCOUNT # (Ethics Commission filers) 12312005
<b>4</b> Date	<b>5</b> Payee name Office Depot	<b>7</b> Amount (\$)
07/28/2006	<b>6</b> Payee address; City; State; Zip Code 816 Tirado Street Austin, TX 78752	\$103.80
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Office supplies, toner for printer		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Postmaster	Amount (\$)
10/19/2006	Payee address; City; State; Zip Code GMF Station Austin, TX 78710-9765	\$39.00
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:
Date	Payee name Postmaster	Amount (\$)
12/06/2006	Payee address; City; State; Zip Code GMF Station Austin, TX 78710-9765	\$60.00
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:
Date	Payee name Sicie Cell Association of Austin	Amount (\$)
08/11/2006	Payee address; City; State; Zip Code 314 East Highland Mall Bldg, suite 108 Austin, TX 78752	\$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: