Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6580

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: 8

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

FILED FOR RECORD
2007 JUL 20 PM 1:47
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Ronald | MI: D.
NICKNAME: Ronnie | LAST: Earle | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address

ADDRESS / PO BOX: P.O. Box 2092 | APT / SUITE #: | CITY: | STATE: | ZIP CODE:
Austin, Texas 78768

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) | PHONE NUMBER: 263-5235 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Joe | MI: R.
NICKNAME | LAST: Long | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 919 Congress Ave., Ste. 1000 | APT / SUITE #: | CITY: | STATE: | ZIP CODE: Austin, Tx 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 472-1554 | EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Final report (Attach C/OH - FR) ☐ Exceeded $500 limit
☑ July 15 ☐ 8th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year: 01 / 01 / 07 THROUGH Month Day Year: 06 / 30 / 07

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Travis County District Attorney

13 OFFICE SOUGHT (if known)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ronald D. Earle

16 ACCOUNT # (Ethics Commission Filers)

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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	$ 816.28
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5523.41
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 41348.30
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
JOE CRUSE IV
Notary Public, State of Texas
My Comm. Expires Dec. 27, 2010

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald Earle, this the 16 day of July, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Joe Cruse IV	Personal Banker

Revised 10/02/2006

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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	5 Payee name see attached 6 Payee address; City; State; Zip Code	7 Amount ($)

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

(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name Payee address; City; State; Zip Code	Amount ($)

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

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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LOANS

SCHEDULE E

N/A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID# _____)

8 Lender address: City: State: Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION
☐ not applicable

16 Name of guarantor

17 Guarantor address: City: State: Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID# _____)

Lender address: City: State: Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Ronald D. Earle

Schedule F expenses over $50.00:

4. Date	5.Payee	6.Payee address	7.Amt.	8.Purpose
1/19/07	Wells Fargo	P. O. Box 2019 Austin TX 78768-2019	$ 31.50	bank fees
1/13/07	Coppola's West	206 W. 79th NY, NY	$108.07	travel exp
1/13/07	Zuni	598 9th Ave., NY, NY	$73.55	travel exp
2/20/07	Wells Fargo	P. O. Box 2019 Austin TX 78768-2019	$ 31.50	bank fees
3/19/07	Digital Field Group	P.O. Box 7173 Alexandria, Va. 22307	$500.00	consulting
3/19/07	Digital Field Group	P.O. Box 7173 Alexandria, Va. 22307	$1032.09	consulting
3/19/07	Wells Fargo	P. O. Box 2019 Austin TX 78768-2019	$ 31.50	bank fees
4/4/07	KUT 90.5 FM	Austin Texas KUT.org	$100.00	donation
4/17/07	NewYorkTimes	P.O.Box 371456 PittsburghPA15250	$514.80	publication
4/18/07	Wells Fargo	P. O. Box 2019 Austin TX 78768-2019	$ 31.50	bank fees
5/17/07	Wells Fargo	P. O. Box 2019 Austin TX 78768-2019	$ 31.50	bank fees
6/19/07	Wells Fargo	P. O. Box 2019 Austin TX 78768-2019	$ 31.50	bank fees

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	8 Amount ($)
	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended

see attached

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended

Date	Payee name / Payee address, City; State, Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE **H**

N/A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Ronald D. Earle

Schedule G expenses:

4. Date	5.Payee	6.Payee address	7. Purpose	8. Amount Reimb?
1/4/07	Yellow Cab	7500 E. 41st Ave., Denver CO	travel exp	$60.00 Yes
1/5/07	Radisson Hotel	1900 Ken Pratt Blvd., Longmont CO	travel exp	$168.89 Yes
1/11/07	Hyatt Regency	1717 Motor Pkwy, Happauge, NY	travel exp	$322.98 Yes
1/11/07	Mark of Elegance	www.markofelegance.com	travel exp	$91.33 Yes
1/14/07	Jet Blue Airways	New York	travel exp	$430.60 Yes
1/07/07	Lucerne Hotel	201 W. 79th, NY, NY	travel exp	$138.80 Yes
6/24/07	Wyndham St. Anthony	Navarro St., San Antonio, TX	travel exp	$173.96 Yes
1/14/07	Lucerne Hotel	201 W. 79th, NY, NY	travel exp	$803.06 Yes

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 2

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers):

4 Name of Contributor / Corporation or Labor Organization / Pledgor (Payee): Various payees for expenses $50 or less

5 Contribution / Expenditure reported on: Form C/OH Cover sheet p. 2 line 3

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

6 Dates of travel: 1/6/07 - 1/14/07

7 Name of person(s) traveling: Ronald Earle and Twila Hugley Earle

8 Departure city or name of departure location: Denver CO

9 Destination city or name of destination location: New York

10 Means of transportation: airline + ground

11 Purpose of travel (including name of conference, seminar, or other event): speaking and consulting on criminal justice, incl. OJJDP conf.

Name of Contributor / Corporation or Labor Organization / Pledgor (Payee): Hyatt Regency, Mark of Elegance (transportation), Jet Blue Airways, Lucerne Hotel

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☑ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

Dates of travel: 1/6/07 - 1/14/07

Name of person(s) traveling: Ronald Earle and Twila Hugley Earle

Departure city or name of departure location: Denver CO

Destination city or name of destination location: New York

Means of transportation: airline + ground

Purpose of travel (including name of conference, seminar, or other event): speaking and consulting on criminal justice, incl. OJJDP conf.

Name of Contributor / Corporation or Labor Organization / Pledgor (Payee): Coppola's West, Zuni

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☑ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

Dates of travel: 1/6/07 - 1/14/07

Name of person(s) traveling: Ronald Earle and Twila Hugley Earle

Departure city or name of departure location: Denver CO

Destination city or name of destination location: New York

Means of transportation: airline + ground

Purpose of travel (including name of conference, seminar, or other event): speaking and consulting on criminal justice, incl. OJJDP conf.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin Texas 78711-2070 (512) 463-5800 1-800-325-8506

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 2

2 FILER NAME: Ronald D. Earle

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: Various payees for expenses $50 or less

5 Contribution / Expenditure reported on: Form C/OH cover sheet p. 2 line 3

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

6 Dates of travel: 1/2/07 - 1/6/07

7 Name of person(s) traveling: Ronald Earle and Twila Hugley Earle

8 Departure city or name of departure location: Austin TX

9 Destination city or name of destination location: Longmont CO

10 Means of transportation: airline + ground

11 Purpose of travel (including name of conference, seminar, or other event): Spkr, Nat'l. Institute of Corrections Executive Trng.

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: Radisson Hotel, Yellow Cab

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☑ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

Dates of travel: 1/2/07 - 1/6/07

Name of person(s) traveling: Ronald Earle and Twila Hugley Earle

Departure city or name of departure location: Austin TX

Destination city or name of destination location: Longmont CO

Means of transportation: airline + ground

Purpose of travel (including name of conference, seminar, or other event): Spkr, Nat'l. Institute of Corrections Executive Trng.

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee:

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-T ☐ SPAC-T

Dates of travel:

Name of person(s) traveling:

Departure city or name of departure location:

Destination city or name of destination location:

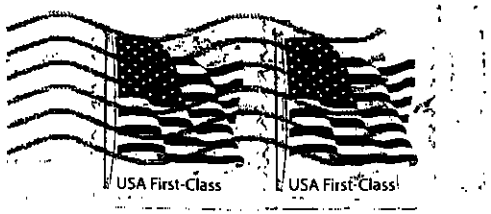
Means of transportation:

Purpose of travel (including name of conference, seminar, or other event):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

K. Earle
P.O. Box 1748
Austin, Texas 78767

AUSTIN TX 787
17 JUL 2007 PM 1 L



Travis County Clerk
Elections Division
P.O. Box 149325
5501 Airport Blvd.
Austin, Texas 78714-9325

FILED FOR RECORD
2007 JUL 23 PM 1:43
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COUNTY CLERK
TRAVIS COUNTY TEXAS

78751+1410