

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

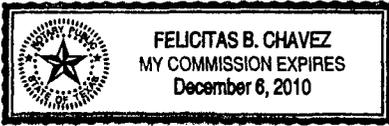
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME DAVIS, RON	15 ACCOUNT # (Ethics Commission filers) 12312005
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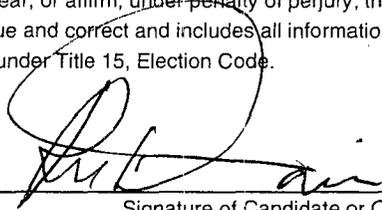
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates 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 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)	\$ 11,190.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,112.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 57,226.89
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.



 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, 2008, to certify which, witness my hand and seal of office.

Felicitas B. Chavez
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: 1/11 Report: 3/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armbrust & Brown, L.L.P. 6 Contributor address; City; State; Zip Code 100 Congree Ave., Suite 1300 Austin, TX 78701-2744	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barrera, Carlos Contributor address; City; State; Zip Code 4002 Eton Lane Austin, TX 78727	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baum, Gerald Contributor address; City; State; Zip Code 8608 Tallwood Dr. Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/12/2008	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 (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Booker, Nathaniel & Melissa V. Contributor address; City; State; Zip Code 4613 Fallenash Drive Austin, TX 78725	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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: 2/11 Report: 4/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butts, Sally 6 Contributor address; City; State; Zip Code 4506 Rosedale Ave. Austin, TX 78756-3028	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cash Donation - Ron's Birthday Party Fund-Raiser at Threadgill's Contributor address; City; State; Zip Code 6416 N. Lamar Blvd Austin, TX 78752	Amount of contribution (\$) \$265.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Pamela Mayo Contributor address; City; State; Zip Code 4100 Bluffridge Dr. Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cobb, Gary Contributor address; City; State; Zip Code 4325 Triboro Trl Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coneway, Jr., C.R. & Cathy A Contributor address; City; State; Zip Code 6701 Bluecreek Cove Austin, TX 78735	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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: 4/11 Report: 6/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eckhard, Sarah 6 Contributor address; City; State; Zip Code 1001 Lorrain St. Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elfant, Bruce Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elliott Naishtat Campaign Contributor address; City; State; Zip Code 6401 Wilbur Dr. Austin, TX 78757	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/12/2008	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 (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fath, Shudde Contributor address; City; State; Zip Code 1005 Bluebonnet Lane Austin, TX 78704-2003	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/11 Report: 7/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friar, Alvina A. 6 Contributor address; City; State; Zip Code 1705 Fawn Dr. Austin, TX 78741	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fulbright & Jaworski, L.L.P., Texas Committee Contributor address; City; State; Zip Code 1301 McKinney, Suite 5100 Houston, TX 77010	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George, Jr., R. James & Cheryl Contributor address; City; State; Zip Code 2501 Stratford Drive Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gomez, Margaret J. Contributor address; City; State; Zip Code P.O. Box 3232 Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzales, Hector Contributor address; City; State; Zip Code 20121 FM 969 Webberville, TX 78653	Amount of contribution (\$) \$50.00	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: 6/11 Report: 8/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graves Dougherty Hearon & Moody 6 Contributor address; City; State; Zip Code 401 Congress Avenue, Suite 2200 Austin, TX 78701	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Half Associates State PAC Contributor address; City; State; Zip Code 8616 Northwest Plaza Dr. Dallas, TX 75225	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hardeman, Cranston & Sandra Contributor address; City; State; Zip Code 5603 Overbrook Dr. Austin, TX 78723-4724	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidrick, R. Clarke Contributor address; City; State; Zip Code 3702 Eastledge Dr. Austin, TX 78731-5851	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henriksen Personal Operating Contributor address; City; State; Zip Code 8831 stable Lane Houston, TX 77024	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/11 Report: 9/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herbert Evans Attorney at Law 6 Contributor address; City; State; Zip Code 1303 West Avenue Austin, TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hicks, Renea & Susan Contributor address; City; State; Zip Code 4112 Ramsey Ave. Austin, TX 78756-3511	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Robert M. Contributor address; City; State; Zip Code 2315 Westforest Dr. Austin, TX 78704	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendall, Joseph Contributor address; City; State; Zip Code 801 W. Gibson St. Austin, TX 78701	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kinslow, S.B. Contributor address; City; State; Zip Code 3204 Bratton Heights Dr. Austin, TX 78728-6816	Amount of contribution (\$) \$50.00	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: 8/11 Report: 10/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kohler, A.T. 6 Contributor address; City; State; Zip Code 3902 Idlewild Austin, TX 78731	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowerre, Richard Contributor address; City; State; Zip Code 725 Patterson Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Canchola Campaign Contributor address; City; State; Zip Code 1900 East Side Drive Austin, TX 78704	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marie, Ruth Contributor address; City; State; Zip Code 2103-B Wheless Lane Austin, TX 78723	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marston, James D. Contributor address; City; State; Zip Code 2810 Towner Lane Austin, TX 78703	Amount of contribution (\$) \$50.00	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: 9/11 Report: 11/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McAfee, Mark & Melamie 6 Contributor address; City; State; Zip Code 6315 Spicewood Springs Rd Austin, TX 78759	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McClintock, Dennis Contributor address; City; State; Zip Code 1212 Guadalupe #403 Austin, TX 78701	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nellis, Leroy W. Contributor address; City; State; Zip Code 3418 Zadock Woods Dr. Austin, TX 78749	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olvera, Jr., Snow & Hope Contributor address; City; State; Zip Code 12132 Parson Rd Manor, TX 78653	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Craig Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 10/11 Report: 12/21	
2 FILER NAME DAVIS, RON			3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Davis N. 6 Contributor address; City; State; Zip Code P.O Box 537 Austin, TX 78767	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tapp, Frances Contributor address; City; State; Zip Code P.O. Box 398 Manor, TX 78653-0398	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim R. Mahoney Campaign Contributor address; City; State; Zip Code P.O. Box 1544 Austin, TX 78767	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 01/25/2008	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 (\$) \$1,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sheriff's Officers Association, PAC Contributor address; City; State; Zip Code 400 W 14th St. Suite #220 Austin, TX 78701	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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: 11/11 Report: 13/21	
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005	
4 Date 05/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne Cronquist Attorney at Law 6 Contributor address; City; State; Zip Code 1104 Nueces St. Austin, TX 78701	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Well, Stella Lee Contributor address; City; State; Zip Code 5004 Lott Ave Austin, TX 78721	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Louie and Lois Contributor address; City; State; Zip Code 7304 Geneva Dr. Austin, TX 78723	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/8 Report: 14/21**2** FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)
12312005

4 Date 02/04/2008	5 Payee name Black Registry Publishing Company 6 Payee address; City; State; Zip Code 1223A Rosewood Avenue Austin, TX 78702	7 Amount (\$) \$125.00
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8 Purpose of payment (See instructions regarding type of information required.) Political Adversisement (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/10/2008	Payee name Black Women Political Caucus Payee address; City; State; Zip Code 3013 East 13th St. Austin, TX 78702	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.) Community service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/14/2008	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 (\$) \$165.00
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Purpose of payment (See instructions regarding type of information required.) Community service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/17/2008	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 (\$) \$110.00
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Purpose of payment (See instructions regarding type of information required.) Community service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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: 15/21

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date	5 Payee name Charles Medearis	7 Amount (\$)
05/13/2008	6 Payee address; City; State; Zip Code 1309 Rosewood Avenue Austin, TX 78752	\$500.00

8 Purpose of payment (See instructions regarding type of information required.) Jazz Band for Ron's Birthday Party	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Cinco De Mayo Committee	Amount (\$)
04/05/2008	Payee address; City; State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701	\$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 Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Coamerica Bank	Amount (\$)
01/15/2008	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	\$6.50

Purpose of payment (See instructions regarding type of information required.) Service Charges	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Coamerica Bank	Amount (\$)
02/13/2008	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	\$6.50

Purpose of payment (See instructions regarding type of information required.) Service Charges	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/8 Report: 16/21

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date	5 Payee name Coamerica Bank	7 Amount (\$)
03/13/2008	6 Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	\$6.50

8 Purpose of payment (See instructions regarding type of information required.) Service Charges (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Coamerica Bank	Amount (\$)
04/11/2008	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	\$6.50

Purpose of payment (See instructions regarding type of information required.) Service Charges (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Coamerica Bank	Amount (\$)
05/13/2008	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	\$6.50

Purpose of payment (See instructions regarding type of information required.) Service Charges (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Coamerica Bank	Amount (\$)
06/13/2008	Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	\$6.50

Purpose of payment (See instructions regarding type of information required.) Service Charges (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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: 17/21

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date	5 Payee name Jim Ranes	7 Amount (\$)
02/20/2008	6 Payee address; City; State; Zip Code 1591 Barton Springs Rd Apt 233 Austin, TX 78704	\$412.38

8 Purpose of payment (See instructions regarding type of information required.) Design and layout (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Kelly Graphics	Amount (\$)
02/20/2008	Payee address; City; State; Zip Code 1107 Rose Street Austin, TX 78703	\$5,282.03

Purpose of payment (See instructions regarding type of information required.) Printing, mailshop, postage & sales taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Kelly Graphics	Amount (\$)
05/18/2008	Payee address; City; State; Zip Code 1107 Rose Street Austin, TX 78703	\$2,086.90

Purpose of payment (See instructions regarding type of information required.) Printing gloss insert, mailshop, postag, #10 envelopes, & sales taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Opinion Analysts	Amount (\$)
02/20/2008	Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701	\$315.52

Purpose of payment (See instructions regarding type of information required.) political research (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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: 5/8 Report: 18/21
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005
4 Date 03/12/2008	5 Payee name Podar 6 Payee address; City; State; Zip Code P.O. Box 6237 Austin, TX 78762	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Community awareness and appreciation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/23/2008	Payee name Postmaster Payee address; City; State; Zip Code GMF Station Austin, TX 78710-9765	Amount (\$) \$42.00
Purpose of payment (See instructions regarding type of information required.) P.O. Box Rental Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/16/2008	Payee name Postmaster Payee address; City; State; Zip Code GMF Station Austin, TX 78710-9765	Amount (\$) \$42.00
Purpose of payment (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/05/2008	Payee name Sam Biscoe Special Project Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Donated to appreciate, promote, and sponsor the Emancipation Proclamation.... Juneteenth (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** 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: 19/21

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date	5 Payee name Spears, Sue	7 Amount (\$)
02/28/2008	6 Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	\$100.00

8 Purpose of payment (See instructions regarding type of information required.) Contract labor	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Spears, Sue	Amount (\$)
04/09/2008	Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	\$175.00

Purpose of payment (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Spears, Sue	Amount (\$)
04/24/2008	Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	\$75.00

Purpose of payment (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Spears, Sue	Amount (\$)
06/09/2008	Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	\$175.00

Purpose of payment (See instructions regarding type of information required.) Contract labor	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/8 Report: 20/21**2** FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)
12312005

4 Date 04/13/2008	5 Payee name Stanley - Garrison & Associates 6 Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701	7 Amount (\$) \$81.00
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8 Purpose of payment (See instructions regarding type of information required.) Contract labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 04/13/2008	Payee name Stanley - Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701	Amount (\$) \$500.00
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Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 04/13/2008	Payee name Stanley - Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701	Amount (\$) \$110.05
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Purpose of payment (See instructions regarding type of information required.) Expenses for postage, virtual phone number, ad Design/layout, (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 05/16/2008	Payee name Stanley - Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701	Amount (\$) \$480.75
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Purpose of payment (See instructions regarding type of information required.) Contract labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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: 8/8 Report: 21/21**2** FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)
12312005

4 Date	5 Payee name	7 Amount (\$)
05/16/2008	Stanley - Garrison & Associates 6 Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701	\$1,032.00

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

Contract labor

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
05/13/2008	Threadgill's Payee address; City; State; Zip Code 301 West Riverside Dr Austin, TX 78704	\$1,208.55

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

Cost for hosting Ron's Birthday Party Fund-Raiser

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
01/02/2008	Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	\$780.00

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

Donation

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T)