

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6940

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Ronald MI NICKNAME LAST SUFFIX Ronnie Earle D.	OFFICE USE ONLY Date Received: JUL 17 4:22 PM '08 Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2092 Austin, Texas 78768		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 263-5235		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Joe R. NICKNAME LAST SUFFIX Long		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 300 W. 6th St. Ste. 1950 Austin, Texas 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 472-1554		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 08 6 / 30 / 08		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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 <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

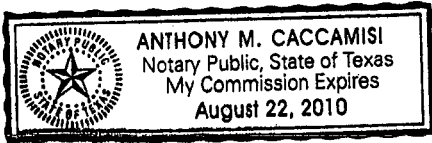
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 186.25
	4. TOTAL POLITICAL EXPENDITURES	\$ 7237.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32381
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ronald Farie
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said RONALD FARIE, this the 15TH day of JULY, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

ANTHONY CACCAMISI
 Printed name of officer administering oath

NOTARY PUBLIC
 Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: <u>2</u>
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2 FILER NAME <u>Ronald D. Earle</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name <u>see attached</u>	7 Amount (\$)
6 Payee address; City; State; Zip Code		

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	Amount (\$)
Payee address; City; State; Zip Code		

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	Amount (\$)
Payee address; City; State; Zip Code		

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	Amount (\$)
Payee address; City; State; Zip Code		

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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Schedule F.

Expenses over \$50:

4.Date	5.Payee	6.Payee address	7. Amt.	8.Purpose
1/4/08	Mac Alliance	900 Old Koenig Ln. Austin TX 78756	\$54.13	electronics
1/10/08	R.Lehmberg Campg.	1627 Barton Springs AustinTX78704	\$5000.00	contribution
1/12/08	Wells Fargo Bank	P. O. Box 2019 Austin TX 78768	\$31.50	bank fees
2/9/08	Zoot.	509 Hearn Austin TX 78703	\$193.59	meal expense
2/12/08	Wells Fargo Bank	P. O. Box 2019 Austin TX 78768	\$31.50	bank fees
3/12/08	Wells Fargo Bank	P. O. Box 2019 Austin TX 78768	\$31.50	bank fees
3/22/08	Continental Airlines	1 800 231 0856	\$966.00	travel expense
4/17/08	Wells Fargo Bank	P. O. Box 2019 Austin TX 78768	\$31.50	bank fees
5/16/08	The New York Times	P.O. Box 371456 Pittsburgh, P.A.	\$530.40	subscription
5/19/08	Wells Fargo Bank	P. O. Box 2019 Austin TX 78768	\$31.50	bank fees
6/7/08	The New York Times	P.O. Box 371456 Pittsburgh, P.A.	\$118.56	subscription
6/20/08	Wells Fargo Bank	P. O. Box 2019 Austin TX 78768	\$31.50	bank fees

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME Ronald D. Earle 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>5/3/08</u>	5 Payee name <u>Ronald Earle</u> 6 Payee address; City; State; Zip Code <u>P.O. Box 2092 Austin, TX 78768</u>	8 Amount (\$) <u>\$300.00</u> <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>mileage expense</u> (If travel outside of Texas, complete Schedule T)		

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

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

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

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

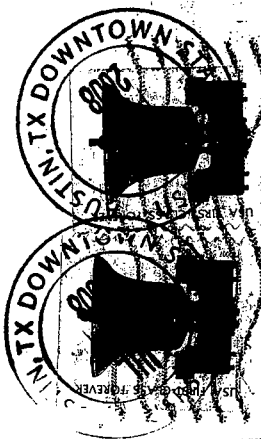
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Ronald Earle Campaign
Post Office Box 2092
Austin, Texas 78768

RECORD
2008 JUL 17 PM 4:22

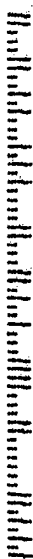
COUNTY CLERK
TRAVIS COUNTY TEXAS

AUSTIN TX 787
15 JUL 2008 PM 2



Donald DeBauvoir, Travis County Clerk
5501 Airport Blvd,
Austin TX 78751

78751+1410



Elections