

6949

CORRECTION AFFIDAVIT
For July 15, 2008 Report

On July 21, 2008, twelve checks were in the P.O. Box that were not there a week prior to July 15, 2008. These check should have been on the July 15, 2008 Report. A mail delivery error(s) is the probability cause.

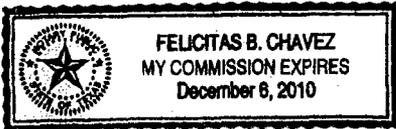
The July 15, 2008 Report has been corrected to reflect the increased contributions. The contributions increased \$3,576.00.

The total political contributions will increase from \$11,190.00 to 14,766.00. The total political contributions maintained will increase from \$57,226.89 to \$60, 802.89. The Report Total Sheet and the Schedule A Sheet in this report reflects those changes.

The omitted donors and their donations are on the list below:

- | | |
|--|--------|
| 1. Paul B. Fay, III | \$500 |
| 2. James M. Nias | \$500 |
| 3. Brigid Shea DBA Brigid Shea & Associate | \$50 |
| 4. Roger & Elizabeth Linebarger | \$500 |
| 5. William C. Cjasura | \$75 |
| 6. Patricia Morris-Pfiester | \$25 |
| 7. Kathleen O. Hackett | \$16 |
| 8. Viola Wilson | \$35 |
| 9. Bruce Todd Public Affairs | \$125 |
| 10. AFSCME-AFL-CIO | \$1000 |
| 11. TCB PAC | \$250 |
| 12. PAC of Winstead PC | \$500 |

FILED FOR RECORD
2008 JUL 23 PM 1:33
CLERK OF COUNTY CLERK
TRAVIS COUNTY TEXAS



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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis, this the 23rd day of July, 2008, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Felicitas B. Chavez
Print name of officer administering oath

Notary Public
Title of officer administering oath

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 14,766.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 14,112.18

CONTRIBUTION BALANCE

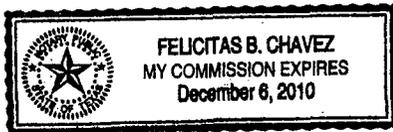
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 60,802.89

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.



Ron Davis
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis, this the 23rd 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

Davis, Ron

Attachment A

July 15, 2008

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

William Lucy

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/13 Report: 3/23 | |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 | |
| 4 Date 05/30/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) American Federation of State, County & Municipal Employee-AFLCIO 6 Contributor address; City; State; Zip Code 1625 L st. 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) | |
| (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# _____) Armbrust & Brown, L.L.P. Contributor address; City; State; Zip Code 100 Congree Ave., Suite 1300 Austin, TX 78701-2744 | Amount of contribution (\$) \$500.00 | 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# _____) 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) | | 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# _____) 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) | | 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# _____) 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) | | 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: 2/13 Report: 4/23 | |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 | |
| 4 Date 06/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Booker, Nathaniel & Melissa V. 6 Contributor address; City; State; Zip Code 4613 Fallenash Drive Austin, TX 78725 | 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 05/30/2008 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brigid Shea DBA Brigid Shea & Associate Contributor address; City; State; Zip Code 2604 Geraghty 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 05/30/2008 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Todd Public Affairs Contributor address; City; State; Zip Code 823 Congress Ave Suite 1505 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 05/12/2008 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butts, Sally Contributor address; City; State; Zip Code 4506 Rosedale Ave. Austin, TX 78756-3028 | Amount of contribution (\$) \$20.00 | 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# _____) 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) |
| 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

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|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/13 Report: 5/23 | |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 | |
| 4 Date 05/30/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cjasura, William C. 6 Contributor address; City; State; Zip Code 1202 Fire Bush Dr. Pflugerville, TX 78660 | 7 Amount of contribution (\$) \$75.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Pamela Mayo 6 Contributor address; City; State; Zip Code 4100 Bluffridge Dr. Austin, TX 78759 | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cobb, Gary 6 Contributor address; City; State; Zip Code 4325 Triboro Trl Austin, TX 78749 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coneway, Jr., C.R. & Cathy A 6 Contributor address; City; State; Zip Code 6701 Bluecreek Cove Austin, TX 78735 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Culberson, CW4 Willy & Dr. Carla 6 Contributor address; City; State; Zip Code 9400 Prince William Austin, TX 78730 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|---|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | 1 PAGE # Schedule: 4/13 Report: 6/23 | |
| 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# _____) Davis, Harvey 6 Contributor address; City; State; Zip Code 12604 Red Bud Trail Buda, TX 78610 | 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# _____) Dawson, Rhett Contributor address; City; State; Zip Code 4409 Sacred Arrow Dr. Austin, TX 78735 | Amount of contribution (\$) \$250.00 | 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# _____) Dukette, Scott E. Contributor address; City; State; Zip Code 4410 Twisted Tree Drive Austin, TX 78735-6432 | Amount of contribution (\$) \$250.00 | 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 05/12/2008 | 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 (\$) \$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# _____) Eckhard, Sarah Contributor address; City; State; Zip Code 1001 Lorrain St. Austin, TX 78703 | 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: 5/13 Report: 7/23

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date 5 Full name of contributor out-of-state PAC (ID# _____)
05/15/2008 Elfant, Bruce

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
4522 Avenue F
Austin, TX 78751

\$25.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/15/2008 Elliott Naishtat Campaign

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6401 Wilbur Dr.
Austin, TX 78757

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/12/2008 Farmer, Gary & Susan

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
309 Lake Cliff Trail
Austin, TX 78746

\$125.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/15/2008 Fath, Shudde

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1005 Bluebonnet Lane
Austin, TX 78704-2003

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/30/2008 Fay, III, Paul

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1 Presidio Ter
San Francisco, CA 94118

\$500.00

(If travel outside of Texas, complete Schedule T)

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: 6/13 Report: 8/23 | |
| 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) | |
| (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# _____) 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) | |
| (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# _____) 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) | |
| (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# _____) 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) | |
| (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# _____) 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) | |
| (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: 7/13 Report: 9/23 | |
| 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) | | 10 Employer (See Instructions) | |
| 4 Date 06/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hackett, Kathleen 6 Contributor address; City; State; Zip Code 7004 Fred Morse Dr. Austin, TX 78723-1607 | 7 Amount of contribution (\$) \$16.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Half Associates State PAC 6 Contributor address; City; State; Zip Code 8616 Northwest Plaza Dr. Dallas, TX 75225 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hardeman, Cranston & Sandra 6 Contributor address; City; State; Zip Code 5603 Overbrook Dr. Austin, TX 78723-4724 | 7 Amount of contribution (\$) \$125.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/12/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heidrick, R. Clarke 6 Contributor address; City; State; Zip Code 3702 Eastledge Dr. Austin, TX 78731-5851 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/13 Report: 10/23 | |
| 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# _____) Henriksen Personal Operating 6 Contributor address; City; State; Zip Code 8831 stable Lane Houston, TX 77024 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 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) | |
| 4 Date 01/10/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hicks, Renea & Susan 6 Contributor address; City; State; Zip Code 4112 Ramsey Ave. Austin, TX 78756-3511 | 7 Amount of contribution (\$) \$35.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Robert M. 6 Contributor address; City; State; Zip Code 2315 Westforest Dr. Austin, TX 78704 | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendall, Joseph 6 Contributor address; City; State; Zip Code 801 W. Gibson 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) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/13 Report: 11/23

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date
05/12/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Kinslow, S.B.

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3204 Bratton Heights Dr.
Austin, TX 78728-6816

\$50.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
05/12/2008

Full name of contributor out-of-state PAC (ID# _____)
Kohler, A.T.

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3902 Idlewild
Austin, TX 78731

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/30/2008

Full name of contributor out-of-state PAC (ID# _____)
Linebarger, Roger Dale

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
901 W. 9th No. 405
Austin, TX 78703

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/15/2008

Full name of contributor out-of-state PAC (ID# _____)
Lowerre, Richard

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
725 Patterson
Austin, TX 78703

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/15/2008

Full name of contributor out-of-state PAC (ID# _____)
Maria Canchola Campaign

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1900 East Side Drive
Austin, TX 78704

\$25.00

(If travel outside of Texas, complete Schedule T)

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: 10/13 Report: 12/23

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date 5 Full name of contributor out-of-state PAC (ID# _____)
01/10/2008 Marie, Ruth

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
\$20.00

6 Contributor address; City; State; Zip Code
2103-B Wheless Lane
Austin, TX 78723

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
01/10/2008 Marston, James D.

Amount of contribution (\$) In-kind contribution description (if applicable)
\$50.00

Contributor address; City; State; Zip Code
2810 Towner Lane
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/15/2008 McAfee, Mark & Melamie

Amount of contribution (\$) In-kind contribution description (if applicable)
\$200.00

Contributor address; City; State; Zip Code
6315 Spicewood Springs Rd
Austin, TX 78759

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/15/2008 McClintock, Dennis

Amount of contribution (\$) In-kind contribution description (if applicable)
\$125.00

Contributor address; City; State; Zip Code
1212 Guadalupe #403
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/15/2008 Nellis, Leroy W.

Amount of contribution (\$) In-kind contribution description (if applicable)
\$25.00

Contributor address; City; State; Zip Code
3418 Zadock Woods Dr.
Austin, TX 78749

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | | 1 PAGE # Schedule: 11/13 Report: 13/23 | |
| 2 FILER NAME DAVIS, RON | | | 3 ACCOUNT # (Ethics Commission filers) 12312005 | |
| 4 Date 05/30/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nias, James 6 Contributor address; City; State; Zip Code 1116 Reagan Terrace Austin, TX 78704 | 7 Amount of contribution (\$) \$500.00 | 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# _____) 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) | |
| | | | (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# _____) Pfiester, Patricia-Morris Contributor address; City; State; Zip Code 4609 Little Creek Trl Spicewood, TX 78660 | 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 05/30/2008 | 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 (\$) \$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# _____) 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) | |
| | | | (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

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 12/13 Report: 14/23 | |
| 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) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/12/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tapp, Frances 6 Contributor address; City; State; Zip Code P.O. Box 398 Manor, TX 78653-0398 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/30/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TCB PAC 6 Contributor address; City; State; Zip Code 5757 Woodway Suite 101 W Houston, TX 77057 | 7 Amount of contribution (\$) \$250.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/15/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim R. Mahoney Campaign 6 Contributor address; City; State; Zip Code P.O. Box 1544 Austin, TX 78767 | 7 Amount of contribution (\$) \$15.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 01/25/2008 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sheriffs Law Enforcement Association 6 Contributor address; City; State; Zip Code 8600 Ranch Road 620 N Apt 210 Austin, TX 78726 | 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) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 13/13 Report: 15/23 | |
| 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# _____) Travis County Sheriff's Officers Association, PAC 6 Contributor address; City; State; Zip Code 400 W 14th St. Suite #220 Austin, TX 78701 | 7 Amount of contribution (\$) \$2,500.00 | 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# _____) Wayne Cronouist Attorney at Law Contributor address; City; State; Zip Code 1104 Nueces St. Austin, TX 78701 | 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# _____) 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) | |
| (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# _____) 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) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Date 05/30/2008 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Viola Contributor address; City; State; Zip Code 5400 Northdale Dr. Austin, TX 78723 | Amount of contribution (\$) \$35.00 | 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 EXPENDITURES

SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/8 Report: 16/23 |
| 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 |
| 8 Purpose of payment (See instructions regarding type of information required.) Political Advertisement (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 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 |
| 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: |
| 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 |
| 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: |
| 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 |
| 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: |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/8 Report: 17/23

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

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

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|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) Jazz Band for Ron's Birthday Party (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 04/05/2008 | Payee name Cinco De Mayo Committee Payee address; City; State; Zip Code 314 West 11th Street, Suite 525 Austin, TX 78701 | Amount (\$) \$25.00 |
|-------------------------------|--|-----------------------------------|

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) To appreciate, promote, and sponsor culture diversity (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 01/15/2008 | Payee name Coamerica Bank Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275 | Amount (\$) \$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: |
|---|---|

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

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|---|---|
| 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: |
|---|---|

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/8 Report: 18/23

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

| | | |
|------------|--|----------------|
| 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

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

| | | |
|------------|--|----------------|
| 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

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

| | | |
|------------|--|----------------|
| 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

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/8 Report: 19/23

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

| | | |
|------------|--|---------------|
| 4 Date | 5 Payee name Jim Raney | 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 | 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 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 | ** 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 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 | ** 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 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 | ** 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: 5/8 Report: 20/23 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 03/12/2008 | 5 Payee name Poder 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: 21/23

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 |

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|---|--|
| 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: |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | Office sought: Office held: |

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

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| Purpose of payment (See instructions regarding type of information required.) Contract labor | ** 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 Spears, Sue | Amount (\$) |
| 04/24/2008 | Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724 | \$75.00 |

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| Purpose of payment (See instructions regarding type of information required.) Contract labor | ** 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 Spears, Sue | Amount (\$) |
| 06/09/2008 | Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724 | \$175.00 |

| | |
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| Purpose of payment (See instructions regarding type of information required.) Contract labor | ** 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

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 7/8 Report: 22/23 |
| 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 |
| 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: |
| 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 |
| 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: |
| 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 |
| 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: |
| 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 |
| 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: |

POLITICAL EXPENDITURES

SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/8 Report: 23/23 |
| 2 FILER NAME DAVIS, RON | | 3 ACCOUNT # (Ethics Commission filers) 12312005 |
| 4 Date 05/16/2008 | 5 Payee name Stanley - Garrison & Associates 6 Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701 | 7 Amount (\$) \$1,032.00 |
| 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: |
| Date 05/13/2008 | Payee name Threadgill's Payee address; City; State; Zip Code 301 West Riverside Dr Austin, TX 78704 | Amount (\$) \$1,208.55 |
| Purpose of payment (See instructions regarding type of information required.) Cost for hosting Ron's Birthday Party Fund-Raiser (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 01/02/2008 | Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263 | Amount (\$) \$780.00 |
| Purpose of payment (See instructions regarding type of information required.) Donation (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: |
| | | |