



# 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) \$ 0.00

### EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 3,056.01

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 57,292.48

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

### 18 AFFIDAVIT

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



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis, this the 3rd day of October, 2008, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Felicitas B. Chavez  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 1/5 Report: 3/7

**2** FILER NAME DAVIS, RON

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

<b>4</b> Date	<b>5</b> Payee name AFL-CIO Council Austin	<b>7</b> Amount (\$)
08/12/2008	..... <b>6</b> Payee address; City; State; Zip Code 1106 Lavaca St. Austin, TX 78701	\$215.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Community service donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name African American Affairs	Amount (\$)
08/12/2008	..... Payee address; City; State; Zip Code 100-B West Dean Keeton St. Austin, TX 78712	\$50.00

Purpose of payment (See instructions regarding type of information required.) Community Service 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:
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Date	Payee name Capital Area Democratic Women	Amount (\$)
08/13/2008	..... Payee address; City; State; Zip Code P.O. Box 12104 Austin, TX 78761	\$100.00

Purpose of payment (See instructions regarding type of information required.) Community service 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:
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Date	Payee name Comerica Bank	Amount (\$)
07/15/2008	..... 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  (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: 2/5 Report: 4/7**2** FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)  
12312005

<b>4</b> Date  08/13/2008	<b>5</b> Payee name Comerica Bank  <b>6</b> Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	<b>7</b> Amount (\$)  \$6.50
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Service Charges  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  09/12/2008	Payee name Comerica 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:
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Date  09/18/2008	Payee name Gregg Hamilton Campaign  Payee address; City; State; Zip Code P.O. Box 5674 Austin, TX 78763-5674	Amount (\$)  \$200.00
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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:
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Date  09/15/2008	Payee name Jim Coronado Campaign  Payee address; City; State; Zip Code P.O. Box 684861 Austin, TX 78768	Amount (\$)  \$200.00
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Purpose of payment (See instructions regarding type of information required.) Gonation  (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: 3/5 Report: 5/7

**2** FILER NAME DAVIS, RON

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

**4** Date  
  
07/24/2008

**5** Payee name  
KAZI

**7** Amount (\$)  
  
\$200.00

**6** Payee address; City; State; Zip Code  
8906 Wall Street  
Suite 203  
Austin, TX 78754

**8** Purpose of payment (See instructions regarding type of information required.)  
Non-profit community radio station

**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  
  
09/10/2008

Payee name  
Metropolitan AME Church

Amount (\$)  
  
\$125.00

Payee address; City; State; Zip Code  
1105 E. 10th St.  
Austin, TX 78702

Purpose of payment (See instructions regarding type of information required.)  
Community Service Donation S.W. Annual Conference

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
09/18/2008

Payee name  
Nelda Wells-Spears Campaign

Amount (\$)  
  
\$200.00

Payee address; City; State; Zip Code  
P.O. Box 142382  
Austin, TX 78714-2382

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
09/21/2008

Payee name  
Office Max

Amount (\$)  
  
\$205.11

Payee address; City; State; Zip Code  
12625 North IH 35  
Austin, TX 78753

Purpose of payment (See instructions regarding type of information required.)  
Office supplies and copies

\*\* 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: 4/5 Report: 6/7

**2** FILER NAME DAVIS, RON

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

<b>4</b> Date	<b>5</b> Payee name Simms, Louis	<b>7</b> Amount (\$)
07/23/2008	..... <b>6</b> Payee address; City; State; Zip Code 7501 Barcelona Drive Austin, TX 78752-2006	\$550.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Appreciation for Volunteering as Campaign Treasurer  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Spears, Sue	Amount (\$)
07/30/2008	..... Payee address; City; State; Zip Code 7813 Colony Park Dr. Austin, TX 78724	\$50.00

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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Date	Payee name Spears, Sue	Amount (\$)
08/26/2008	..... Payee address; City; State; Zip Code 7813 Colony Park Dr. Austin, TX 78724	\$75.00

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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Date	Payee name Spears, Sue	Amount (\$)
09/19/2008	..... Payee address; City; State; Zip Code 7813 Colony Park Dr. Austin, TX 78724	\$300.00

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: 5/5 Report: 7/7

**2** FILER NAME DAVIS, RON

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

**4** Date  
  
07/21/2008

**5** Payee name  
Stanley - Garrison & Associates  
.....  
**6** Payee address; City; State; Zip Code  
812 San Antonio Street, Ste G23  
Austin, TX 78701

**7** Amount  
(\$)  
  
\$536.40

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

(If travel outside of Texas, complete Schedule T)

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

Office sought:  
Office held:

Date  
  
07/24/2008

Payee name  
Texas Center Documentary Photography  
.....  
Payee address; City; State; Zip Code  
2104 E. Martin Luther King Blvd.  
Austin, TX 78702

Amount  
(\$)  
  
\$30.00

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

(If travel outside of Texas, complete Schedule T)

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

Office sought:  
Office held: