

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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	4,161.22
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CONTRIBUTION BALANCE

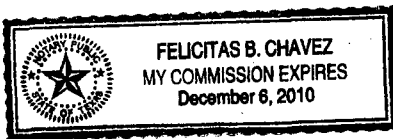
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,131.26
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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 27th day of October, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 1/2 Report: 3/4

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date	5 Payee name Coamerica Bank	7 Amount (\$)
10/14/2008	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 FedEx Office	Amount (\$)
10/24/2008	Payee address; City; State; Zip Code 8222 Burnet Rd Ste 101/102 Austin, TX 78758-5251	\$38.15

Purpose of payment (See instructions regarding type of information required.) Copies (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 Office Max	Amount (\$)
10/06/2008	Payee address; City; State; Zip Code 12625 North IH 35 Austin, TX 78753	\$66.57

Purpose of payment (See instructions regarding type of information required.) Copies (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 Simms, Louis	Amount (\$)
10/17/2008	Payee address; City; State; Zip Code 7501 Barcelona Drive Austin, TX 78752-2006	\$550.00

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"/>	** 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: 2/2 Report: 4/4

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date	5 Payee name Travis County Democratic Party	7 Amount (\$)
10/02/2008 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.) Donation	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 Travis County Democratic Party	Amount (\$)
10/23/2008 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	\$1,500.00

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) <input type="checkbox"/>	

Date	Payee name Valinda Bolton Campaign	Amount (\$)
10/17/2008 Payee address; City; State; Zip Code P.O. Box 843 Austin, TX 78767	\$1,000.00

Purpose of payment (See instructions regarding type of information required.) Campaign donation	** 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"/>	