

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER 6983

1 ACCOUNT # 12312005		2 Total pages filed: 4		OFFICE USE ONLY							
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received						
			RON		2008 NOV -7						
		NICKNAME	LAST	SUFFIX	TRAVIS COUNTY TEXAS						
			DAVIS		RECORD						
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked	Receipt #	Amount	Legal	Totals		
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	Date Processed			
		09	26	2008	THROUGH	10	25	2008	Date Imaged		

6 EXPLANATION OF CORRECTION

NOTARY FAILED TO SIGN ORIGINAL C/OH REPORT ON OCTOBER 27, 2008.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ron Davis
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Ron Davis this the 7th day of November 2008 to certify which, witness my hand and seal of office.

Felicitas B Chavez
Signature of officer administering oath

Felicitas B. Chavez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6974

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 12312005	2 PAGE # 1 of 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST RON MI	OFFICE USE ONLY Date Received: OCT 27 PM 1:22 Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST DAVIS SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 16665 Austin, TX 78761		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Louis MI		
	NICKNAME LAST Simms SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7501 Barcelona Drive Austin, TX 78752		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 453-5322		
8 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09/26/2008 10/25/2008		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2008	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Travis Co Commissioner Pct 1		12 OFFICE BOUGHT (if known) Travis Co Commissioner Pct 1
13 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**

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. ...

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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
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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

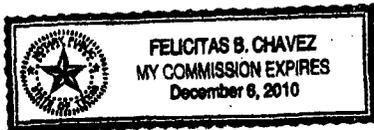
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,131.26
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OUTSTANDING LOAN TOTALS

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 16, 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 10/14/2008	5 Payee name Coamerica Bank 6 Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	7 Amount (\$) \$6.50
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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 10/24/2008	Payee name FedEx Office Payee address; City; State; Zip Code 8222 Burnet Rd Ste 101/102 Austin, TX 78758-5251	Amount (\$) \$38.15
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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 10/06/2008	Payee name Office Max Payee address; City; State; Zip Code 12625 North IH 35 Austin, TX 78753	Amount (\$) \$66.57
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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 10/17/2008	Payee name Simms, Louis Payee address; City; State; Zip Code 7501 Barcelona Drive Austin, TX 78752-2008	Amount (\$) \$550.00
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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 (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 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 (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 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 (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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