

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7206

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 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST RON MI	OFFICE USE ONLY	
	NICKNAME LAST DAVIS SUFFIX	Date Received 10 JAN 4 10:44 AM '09 FILED FOR RECORD DANA DEBEARDON COUNTY CLERK TRAVIS COUNTY TEXAS	
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	Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Louis MI	Date Processed	
	NICKNAME LAST Simms SUFFIX	Date Imaged	
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 checked="" 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 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 MONTH DAY YEAR 07/01/2009 THROUGH 12/31/2009		
10 ELECTION	ELECTION DATE Month Day Year 11/06/2012	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 SOUGHT (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. ..

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)

\$ 1,125.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 11,248.63

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 48,220.10

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis, this the 14th day of January, 2010, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 3/16

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date
08/27/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Giangiulio, John Paul

7 Amount of contribution (\$)
\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
5 Henley Road
Wynmwood, PA 19096

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
08/03/2009

Full name of contributor out-of-state PAC (ID# _____)
Hemphill, Clayton Thomas

Amount of contribution (\$)
\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3208 Dale Lane
Dale, TX 78616-2521

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/19/2009

Full name of contributor out-of-state PAC (ID# _____)
Political Action Committee of Winstead PC

Amount of contribution (\$)
\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5400 Renaissance Tower, 1201 Elm St.
Dallas, TX 75270

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/29/2009

Full name of contributor out-of-state PAC (ID# _____)
Smith, Larry E.

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5230 Austral Loop
Austin, TX 78739

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/13 Report: 4/16
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005
4 Date 08/18/2009	5 Payee name AFL-CIO Council Austin 6 Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78767	7 Amount (\$) \$215.00
8 Purpose of payment (See instructions regarding type of information required.) Labor Day political advertismnt (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 09/03/2009	Payee name African America Arts Technical Resource Center Payee address; City; State; Zip Code 1309 Rosewood Avenue Austin, TX 78702	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Political Advertisement (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 11/30/2009	Payee name AfSCME Payee address; City; State; Zip Code 7901 Cameron Rd Suite 300 Austin, TX 78754	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Community outreach 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 08/28/2009	Payee name Alfred Stanley and Associates Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703	Amount (\$) \$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:

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 2/13 Report: 5/16

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date 12/07/2009	5 Payee name Alfred Stanley and Associates 6 Payee address; City; State; Zip Code 1409 Hardouin Avenue Austin, TX 78703	7 Amount (\$) \$200.00
---------------------------------	---	--------------------------------------

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 11/13/2009	Payee name Another Option Production Payee address; City; State; Zip Code 5811 Berkman Dr. Suite 132 Austin, TX 78723	Amount (\$) \$200.00
-------------------------------	--	------------------------------------

Purpose of payment (See instructions regarding type of information required.) Community Thanksgiving donation at Given Park (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 11/23/2009	Payee name Burleson, Feli Chavez Payee address; City; State; Zip Code 11800 Navasota Manor, TX 78653	Amount (\$) \$200.00
-------------------------------	--	------------------------------------

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:
--	---

Date 12/07/2009	Payee name Butts, David Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	Amount (\$) \$200.00
-------------------------------	--	------------------------------------

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:
--	---

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/13 Report: 6/16
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005
4 Date 07/14/2009	5 Payee name Coamerica Bank 6 Payee address; City; State; Zip Code P.O. Box 75000 Dallas, TX 48275	7 Amount (\$) \$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:
Date 08/13/2009	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 09/15/2009	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 10/14/2009	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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/13 Report: 7/16
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005
4 Date 11/13/2009	5 Payee name Coamerica Bank 6 Payee address: City: State: Zip Code P.O. Box 75000 Dallas, TX 48275	7 Amount (\$) \$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:
Date 12/11/2009	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 11/06/2009	Payee name Dell Fanancial Services Payee address: City: State: Zip Code P.O. Box 6403 Carol Stream, IL 60197-6403	Amount (\$) \$70.98
Purpose of payment (See instructions regarding type of information required.) Campaign Lapse Computer Assessorry (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 12/02/2009	Payee name Dell Fanancial Services Payee address: City: State: Zip Code P.O. Box 6403 Carol Stream, IL 60197-6403	Amount (\$) \$2,157.29
Purpose of payment (See instructions regarding type of information required.) Purchased Campaign Laptop Computer (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: 5/13 Report: 8/16

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date 08/18/2009	5 Payee name Diana's Flower Shop 6 Payee address; City; State; Zip Code 2614 E. 7th Street Austin, TX 78702-3958	7 Amount (\$) \$92.02
--------------------------	--	------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Flower for a constituent funeral (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 09/05/2009	Payee name Diana's Flower Shop Payee address; City; State; Zip Code 2614 E. 7th Street Austin, TX 78702-3958	Amount (\$) \$120.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Flower for a constituent funeral (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 10/22/2009	Payee name Diana's Flower Shop Payee address; City; State; Zip Code 2614 E. 7th Street Austin, TX 78702-3958	Amount (\$) \$54.13
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.) Flower for a constituent funeral (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 10/22/2009	Payee name Diana's Flower Shop Payee address; City; State; Zip Code 2614 E. 7th Street Austin, TX 78702-3958	Amount (\$) \$152.80
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Flower for a constituent funeral (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: 6/13 Report: 9/16**2** FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)
12312005**4** Date
11/04/2009**5** Payee name
Diana's Flower Shop**7** Amount
(\$)

\$54.13

6 Payee address; City; State; Zip Code
2614 E. 7th St.
Austin, TX 78702**8** Purpose of payment (See instructions regarding type of information required.)

Flowers for funeral

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T)

Date

Payee name
East Rural Travis County Advisory BoardAmount
(\$)

10/02/2009

Payee address; City; State; Zip Code
600 Carrie Manor Rd
Manor, TX 78653

\$50.00

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

Community Service

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T)

Date

Payee name
Faniel, ChristAmount
(\$)

11/23/2009

Payee address; City; State; Zip Code
1108 Thurgood Circle
Austin, TX 78721

\$200.00

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

Contract labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T)

Date

Payee name
Gardner, JasminAmount
(\$)

07/22/2009

Payee address; City; State; Zip Code
7318 Colony Park
Austin, TX 78724

\$92.00

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

Contract Labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 7/13 Report: 10/16

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date 07/29/2009	5 Payee name Gardner, Jasmin 6 Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	7 Amount (\$) \$92.00
---------------------------------	---	-------------------------------------

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 08/05/2009	Payee name Gardner, Jasmin Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	Amount (\$) \$92.00
-------------------------------	---	-----------------------------------

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:
--	---

Date 08/19/2009	Payee name Gardner, Jasmin Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	Amount (\$) \$105.04
-------------------------------	---	------------------------------------

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:
--	---

Date 10/12/2009	Payee name Gardner, Jasmin Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	Amount (\$) \$92.00
-------------------------------	---	-----------------------------------

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:
--	---

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 8/13 Report: 11/16**2** FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)
12312005**4** Date

09/05/2009**5** Payee name
Huston-Tillotson University**7** Amount
(\$)

\$1,000.00**6** Payee address; City; State; Zip Code
900 Chicon St.
Austin, TX 78702**8** Purpose of payment (See instructions regarding type of information required.)

Fund-raiser Personalized Brick Program

(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

Payee name
Lon Burnam CampaignAmount
(\$)

\$125.00

10/22/2009

Payee address; City; State; Zip Code
P.O. Box 1894
Fort worth, TX 76101

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

Political Donation

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Margaret Gomez CampaignAmount
(\$)

\$100.00

11/09/2009

Payee address; City; State; Zip Code
P.O. Box 3232
Austin, TX 78704

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

Political Donation

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Miller, JerryAmount
(\$)

\$150.00

11/14/2009

Payee address; City; State; Zip Code
4805 Oak Cliff Dr.
Austin, TX 78721

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

Contract Labor

(If travel outside of Texas, complete Schedule T) ** 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: 9/13 Report: 12/16

2 FILER NAME **DAVIS, RON**

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date 09/21/2009	5 Payee name Missionary Baptist General Convention of Texas 6 Payee address; City; State; Zip Code 2938 East 13th St. 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 09/28/2009	Payee name NAACP Payee address; City; State; Zip Code 1704 E. 12th Street Austin, TX 78702	Amount (\$) \$780.00
-------------------------------	--	------------------------------------

Purpose of payment (See instructions regarding type of information required.) Community Service Appreciation Function (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 11/10/2009	Payee name NAACP Payee address; City; State; Zip Code 1704 East 12th St Austin, TX 78702	Amount (\$) \$150.00
-------------------------------	--	------------------------------------

Purpose of payment (See instructions regarding type of information required.) End of the year community banquet advertisement (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 08/06/2009	Payee name Office Max Payee address; City; State; Zip Code 12625 North IH 35 Austin, TX 78753	Amount (\$) \$243.56
-------------------------------	---	------------------------------------

Purpose of payment (See instructions regarding type of information required.) Campaign Material Lamination (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: 10/13 Report: 13/16**2** FILER NAME DAVIS, RON**3** ACCOUNT # (Ethics Commission filers)
12312005**4** Date

09/22/2009**5** Payee name
River City Youth Foundation

6 Payee address; City; State; Zip Code
5209 South Pleasant Valley Rd
Austin, TX 78744**7** Amount
(\$)

\$100.00**8** Purpose of payment (See instructions regarding type of information required.)
Community service donation(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

10/13/2009Payee name
Ronald McDonald Campaign

Payee address; City; State; Zip Code
P.O. Box 1027
Bastrop, TX 78602Amount
(\$)

\$300.00Purpose of payment (See instructions regarding type of information required.)
Community Service(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:Date

12/10/2009Payee name
Sickle Cell Association of Austin

Payee address; City; State; Zip Code
314 East Highland Mall Bldg, suite 108
Austin, TX 78752Amount
(\$)

\$200.00Purpose of payment (See instructions regarding type of information required.)
Community service(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:Date

08/31/2009Payee name
Simms, Louis

Payee address; City; State; Zip Code
7501 Barcelona Drive
Austin, TX 78752-2006Amount
(\$)

\$500.00Purpose of payment (See instructions regarding type of information required.)
Contract labor(If travel outside of Texas, complete Schedule T) ** 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: 11/13 Report: 14/16

2 FILER NAME DAVIS, RON

3 ACCOUNT # (Ethics Commission filers)
12312005

4 Date 12/02/2009	5 Payee name Simms, Louis 6 Payee address; City; State; Zip Code 7501 Barcelona Drive Austin, TX 78752-2006	7 Amount (\$) \$550.00
---------------------------------	---	--------------------------------------

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 11/23/2009	Payee name Spears, Spears Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	Amount (\$) \$200.00
-------------------------------	--	------------------------------------

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:
--	---

Date 09/10/2009	Payee name Spears, Sue Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	Amount (\$) \$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:
--	---

Date 09/23/2009	Payee name Spears, Sue Payee address; City; State; Zip Code 7318 Colony Park Austin, TX 78724	Amount (\$) \$80.00
-------------------------------	---	-----------------------------------

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:
--	---

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 12/13 Report: 15/16

2 FILER NAME DAVIS, RON**3** ACCOUNT #

(Ethics Commission filers)

12312005

4 Date

10/09/2009

5 Payee name

Spears, Sue

7

Amount

(\$)

\$26.53

6 Payee address; City; State; Zip Code7318 Colony Park
Austin, TX 78724**8** Purpose of payment (See instructions regarding type of information required.)

Rein-bursement for office supplies

(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

10/09/2009

Payee name

Spears, Sue

Amount

(\$)

\$75.00

Payee address; City; State; Zip Code

7318 Colony Park
Austin, TX 78724

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

Contract Labor

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/14/2009

Payee name

Sprint

Amount

(\$)

\$54.13

Payee address; City; State; Zip Code

6406 IH35, Suite 2620
Austin, TX 78753

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

Sierra 598 USB Modem for wireless internet on campaign laptop computer

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/02/2009

Payee name

Sprint

Amount

(\$)

\$115.56

Payee address; City; State; Zip Code

P.O. Box 8077
London, KY 40747-8753

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

Connection Date Card, Insurance, and Activation fee for Laptop Computer

(If travel outside of Texas, complete Schedule T) ** 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: 13/13 Report: 16/16
2 FILER NAME DAVIS, RON		3 ACCOUNT # (Ethics Commission filers) 12312005
4 Date 07/08/2009	5 Payee name Stanley - Garrison & Associates 6 Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701	7 Amount (\$) \$108.75
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 08/28/2009	Payee name Stanley - Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701	Amount (\$) \$78.75
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:
Date 10/08/2009	Payee name Stanley - Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio Street, Ste G23 Austin, TX 78701	Amount (\$) \$582.96
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:
Date 11/23/2009	Payee name TCSMBS Payee address; City; State; Zip Code P.O. Box 252 Del Valle, TX 78617	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Community outreach (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: