

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed: 2	OFFICE USE ONLY Date Received 2010 OCT 27 AM 11:59 Texas
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI RON NICKNAME LAST SUFFIX DAVIS	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked Receipt # 7659 Amount Legal Totals Date Processed Date Imaged
5 ORIGINAL PERIOD COVERED	Month <u>01</u> / Day <u>01</u> / Year <u>2010</u> THROUGH Month <u>06</u> / Day <u>30</u> / Year <u>2010</u>	

6 EXPLANATION OF CORRECTION

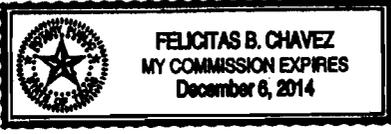
1. Had two pages of Page 23 in the 01/01/2010 through 06/30/2010 Report. Removed or deleted one of the Page 23.
2. Page 27 was omitted from the 01/01/2010 through 06/30/2010 Report. Page 27 is attached to this corrective affidavit.
3. The deletion of one of the Page 23 and the addition of Page 27 did not change the results on Cover Sheet PG 2 in the 01/01/2010 through 06/30/2010 Report

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Ron Davis this the 27th day of October, 2010 to certify which, witness my hand and seal of office.

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/9 Report: 23/31	2 FILER NAME DAVIS, RON	3 ACCOUNT # (TEC filers) 12312005
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4 Date 03/05/2009	5 Payee name Allan Elementary School
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6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 4900 Gonzales Street Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Donation for Coordinated Approach to Child Health
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/24/2009	Payee name Antonio Champion Campaign
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Amount (\$) \$400.00	Payee address City; State; Zip Code P.O. Box 5674 Austin, TX 78763
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/23/2009	Payee name Capital Area Progressive Democrats
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Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 801 Austin, TX 78767
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Donation for community service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/11/2009	Payee name Capital City African American Chamber of Commerce
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Amount (\$) \$90.00	Payee address City; State; Zip Code 5407 N. IH 35, Suite 304 Austin, TX 78723
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political donation for community service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/9 Report: 27/31		2 FILER NAME DAVIS, RON		3 ACCOUNT # (TEC filers) 12312005	
4 Date 05/14/2009	5 Payee name Malveaux, Rudolph				
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 1205 Short Hackberry St. Austin, TX 78702				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for live music at a political fund-raiser		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/29/2009	Payee name Office Depot				
Amount (\$) \$33.54	Payee address City; State; Zip Code 816 Tirado Street Austin, TX 78752				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign office supplies, toner for printer		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/17/2009	Payee name Patricia Crow Trust Fund				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 5517 Avenue G Austin, TX 78751				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political donation to cover medical debt for Pat Crow		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/12/2009	Payee name People Organized in Defense of Earth and Her Resources (PODER)				
Amount (\$) \$75.00	Payee address City; State; Zip Code P.O. Box 6237 Austin, TX 78762				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political donation for community awareness and appreciation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	