

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5250

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000000	2 Total pages this report: 1/24
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI Gerald	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST SUFFIX Daugherty	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	1403 Club Ridge Cove Austin TX 78735	
5 CAMPAIGN TREASURER NAME	TITLE	FIRST MI Hector	
	NICKNAME	LAST SUFFIX DeLeon	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	221 W. 6th St, Suite 1050 Austin TX 78701	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	478-5308	
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
	09/27/2002		10/26/2002
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11/05/2002		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Other -- County Commissioner Pct. 3	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Gerald Daugherty

15 ACCOUNT # (Ethics Commission filers)
00000000

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 675.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 26318.75**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 208.58**

4. TOTAL POLITICAL EXPENDITURES **\$ 23920.59**

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 50,000.00 -0.00**

19 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Camille Abbott	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1801 W. Mopac Expwy., Suite.100 Austin TX 78746			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Akin,Gump. Strauss,Hauer & Feld,L.L.P.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 W 6th St Ste 2100 Austin TX 78701-3911			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Jim Arnold, Jr.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1909 Glencliff Dr Austin TX 78704-2763			
Principal occupation (Optional)		Employer (Optional)	
Date 10/14/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Jerome M. Arnold	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 Mesa Ridge Ln Austin TX 78735-1640			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Steven R. Baker	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3111 Bowman Ave Austin TX 78703-2253			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 4/24	
2 FILER NAME Gerald Daugherty			3 ACCOUNT # (Ethics Commission files) 00000000		
4 Date 10/07/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Larry R. Beard	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 6200 Gilbert Ln Austin TX 78724-9768					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 10/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Kevin Bench	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 3396 S El Dorado Lakeway TX 78734-5232					
Principal occupation (Optional)			Employer (Optional)		
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Fred Brinkley and Debra Smith	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 4557 Golf Vista Dr Austin TX 78730-3561					
Principal occupation (Optional)			Employer (Optional)		
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. J. Vaughn Brock	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 515 Congress Ave Ste 1230 Austin TX 78701-3503					
Principal occupation (Optional)			Employer (Optional)		
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Sharon Brown	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2106 Baltusrol Dr Austin TX 78747-1202					
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 10/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. James T. Cameron	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1510 W 30th St Austin TX 78703-1404			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Kerry N. Cammack	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W 15th St Ste 600 Austin TX 78701-1673			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bettie B. Carrington	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10413 S I H 35 Austin TX 78747-1703			
Principal occupation (Optional)		Employer (Optional)	
Date 10/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Robert R. Cash II	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4006 Travis Country Cir Austin TX 78735-6028			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bruce Scott Chapman	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3305 Coralvine Cv Austin TX 78735-1441			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this report:
6/24

2 FILER NAME
Gerald Daugherty 3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date 10/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tony Abyad and Phyllis Childress	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7510 Briar Rose Dr Houston TX 77063-1804			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Richard C. Cillely	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1417 Travis Heights Blvd Austin TX 78704-2530			

Principal occupation (Optional) Employer (Optional)

Date 10/09/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Committee for Innovative Government	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 502 E 11th St Ste 300 Austin TX 78701-2650			

Principal occupation (Optional) Employer (Optional)

Date 10/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Jonathan R. Conant	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1408 Patterson Rd Austin TX 78733-6503			

Principal occupation (Optional) Employer (Optional)

Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Craig DeLange	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 Canyon Wren Dr Buda TX 78610-2602			

Principal occupation (Optional) Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.					1 Total pages this report: 7/24	
2 FILER NAME Gerald Daugherty					3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Janice DeMartino			7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 4100 Kachina Dr Austin TX 78735-6010						
9 Principal occupation (Optional)				10 Employer (Optional)		
Date 10/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Kenneth P. Deangelis			Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 5 Cicero Ln Austin TX 78746-3215						
Principal occupation (Optional)				Employer (Optional)		
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Chuck Denman			Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8317 Club Ridge Dr Apt 106 Austin TX 78735-1645						
Principal occupation (Optional)				Employer (Optional)		
Date 10/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Greg Dettman			Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 10208 Highway 620 North Austin TX 78726						
Principal occupation (Optional)				Employer (Optional)		
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Marian A. Dozier			Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 500 N Capital Of Texas Hwy Bldg 2 Austin TX 78746-3302						
Principal occupation (Optional)				Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/22/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. A. S. Duncan	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3411 Clearview Dr Austin TX 78703-2638			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Julius W. Eickenhorst D.D.S.,M.S.	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7800 N Mo Pac Expy Ste 250 Austin TX 78759-8959			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) R. S. Ferguson	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11212 Pinehurst Dr Austin TX 78747-1418			
Principal occupation (Optional)		Employer (Optional)	
Date 10/09/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Kathleen S. Foley	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7401 Pusch Ridge Loop Austin TX 78749-2461			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Grant Foster	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 507 W 18th St Austin TX 78701-1228			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 9/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/06/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Reed Funderburk	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10801 Foundation Rd Austin TX 78726-1814			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Stuart Garner	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3605 Murillo Cir Austin TX 78703-1547			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. C. Dean Goodnight	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2405 Apple Valley Cir Austin TX 78747-1637			
Principal occupation (Optional)		Employer (Optional)	
Date 10/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nr. And Mrs. Carmelo M. Gordian	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3203 Fleece Flower Cv Austin TX 78735-1502			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Greater Oak Hill Area RWC PAC	Amount of contribution (\$) 700.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9123 Granada Hills Dr Austin TX 78737-2523			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Art Gurley	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 609 Redbud Trl Austin TX 78748-3837			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Harvey K. Hammond Jr.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10640 N Wood Crest Dr Mequon WI 53092-6418			
Principal occupation (Optional)		Employer (Optional)	
Date 10/14/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Edward J. Hanslik	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1213 Havre Lafitte Dr Austin TX 78746-6861			
Principal occupation (Optional)		Employer (Optional)	
Date 10/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Joe Harlow Jr.	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12345 Lamplight Village Ave Apt 917 Austin TX 78758-2552			
Principal occupation (Optional)		Employer (Optional)	
Date 10/07/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harrell Funeral Home, Ltd.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4435 Frontier Trl Austin TX 78745-1513			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 11/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 10/06/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David E. Hart	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 8417 Bell Mountain Dr Austin TX 78730-2829		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Wayne P. Hartman	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 13116 Travis View Loop Austin TX 78732-1741		
Principal occupation (Optional)		Employer (Optional)	
Date 10/09/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. H. Peyton Henderson	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 120 Post Oak Ln Driftwood TX 78619-4215		
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. W.R. Herrin	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1412 Mesa Ridge Ln Austin TX 78735-1637		
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Troy L. Hester	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1520 Ben Crenshaw Way Apt 218 Austin TX 78746-6169		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages this report:
12/24

2 FILER NAME
Gerald Daugherty **3** ACCOUNT # (Ethics Commission files)
00000000

4 Date 10/14/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Helen Jobes	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 26873 Austin TX 78755-0873			

9 Principal occupation (Optional) **10** Employer (Optional)

Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Martin L. Jones	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8612 Mendocino Dr Austin TX 78735-1423			

Principal occupation (Optional) Employer (Optional)

Date 10/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Thomas M. Keel	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 808 Brooks Hollow Rd Austin TX 78734-3409			

Principal occupation (Optional) Employer (Optional)

Date 10/14/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Dick S. Kemp	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3809 S 2nd St Ste B100 Austin TX 78704-7015			

Principal occupation (Optional) Employer (Optional)

Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. George H. Kronenberg Jr.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8305 Club Ridge Dr Austin TX 78735-1617			

Principal occupation (Optional) Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 13/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/22/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Eva Lynn Kush	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1400 Mesa Ridge Ln Austin TX 78735-1635			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lake Travis Republican PAC	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 340033 Austin TX 78734-0001			
Principal occupation (Optional)		Employer (Optional)	
Date 10/07/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Glenda Lane	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3305 Western Dr Austin TX 78745-4619			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger Goggan Blair Pena & Sampson,LLP	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760-7428			
Principal occupation (Optional)		Employer (Optional)	
Date 10/14/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Dwayne A. Mann	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 103 Woodview Ct Austin TX 78746-5495			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 14/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 10/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Conn McCampbell	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 204 Caracara Dr Buda TX 78610-2408			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gordon McNutt Jr	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 5968 Austin TX 78763-5968			
Principal occupation (Optional)		Employer (Optional)	
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Dean R Williams	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1710 WINDSOR RD AUSTIN TX 78703-3104			
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Lorri Michel	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5338 Painted Shield Dr Austin TX 78735-6032			
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Bryan D. Miller	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2701 Grennock Dr Austin TX 78745-5960			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 15/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 10/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. H Kenneth Moyer 6 Contributor address; City; State; Zip Code 2702 Kerrybrook Ln Austin TX 78757-6914	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. T. O. Murphey Sr. Contributor address; City; State; Zip Code 517c S Lamar Blvd Austin TX 78704-1503	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/09/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) N W Austin Republican Women Club PAC Contributor address; City; State; Zip Code 8400 Jamestown Dr Apt 508 Austin TX 78758-7912	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. and Mrs. Joe R. Neeley Jr., D.D.S. Contributor address; City; State; Zip Code 5000 Mission Blvd #11 Austin TX 78735	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. J. Edd New Contributor address; City; State; Zip Code 2305 Barton Creek Blvd Unit 28 Austin TX 78735-1650	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this report: 16/24	
2 FILER NAME Gerald Daugherty			3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/06/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Niebauer	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 1124 Rutland Dr Austin TX 78758-5831				
9 Principal occupation (Optional)		10 Employer (Optional)		
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Raymond Patschke	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 18 Hedge Ln Austin TX 78746-3207				
Principal occupation (Optional)		Employer (Optional)		
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. Clyde G. Pederson Jr.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1817 Kingfisher Ridge Cv Lago Vista TX 78645-8044				
Principal occupation (Optional)		Employer (Optional)		
Date 10/07/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pok-e-Jo's	Amount of contribution (\$) 1618.75	In-kind contribution description (if applicable) Broken Spoken Event - Food	
Contributor address; City; State; Zip Code 4109 S Capital Of Texas Hwy Ste 100b Austin TX 78704-7919				
Principal occupation (Optional)		Employer (Optional)		
Date 10/07/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. and Mrs. C. William Pollock	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3116 Beverly Dr Dallas TX 75205-2923				
Principal occupation (Optional)		Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 17/24	
2 FILER NAME Gerald Daugherty				3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/09/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Randy J. Rehmann		7 Amount of contribution (\$) 250.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 12303 Buffalo Grove Cv Austin TX 78739-7549			
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 10/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. William R. Reynolds		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 2103 Key West Cv Austin TX 78746-7279			
Principal occupation (Optional)			Employer (Optional)		
Date 10/09/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark D Ridley		Amount of contribution (\$) 250.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 508 Bending Oak Dr Dripping Springs TX 78620-3903			
Principal occupation (Optional)			Employer (Optional)		
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David A. Ruehlman		Amount of contribution (\$) 500.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 1605 Twilight Ridge Dr Austin TX 78746-2213			
Principal occupation (Optional)			Employer (Optional)		
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Bert L. Ryan		Amount of contribution (\$) 100.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 1900 Cliffwood Dr Austin TX 78733-1507			
Principal occupation (Optional)			Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 18/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 10/09/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert S. Sammis	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1103 Live Oak Ridge Rd Austin TX 78746-3527		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/07/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. P. M. Schulte	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8317 Club Ridge Dr Apt 102 Austin TX 78735-1645		
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Frank J. Smith	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 316 Lakefront Dr Lago Vista TX 78645-8566		
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Steve Smith	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8800 Appaloosa Run Austin TX 78737-4013		
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David W. Turpin	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1600 Shannon Oaks Trl Austin TX 78746-7349		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 19/24	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 10/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Jimmy R. Walker	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 5920 Highland Hills Dr Austin TX 78731-4057		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Laurie Watson	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3400 Timberwood Cir Austin TX 78703-1013		
Principal occupation (Optional)		Employer (Optional)	
Date 10/06/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Paul R. Wilson Jr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2555 Western Trails Blvd Ste 103 Austin TX 78745-1574		
Principal occupation (Optional)		Employer (Optional)	
Date 10/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Martin O. Zamzow	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code PO Box 638 Boothbay Harbor ME 04538-0638		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
20/24**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission files)
00000000**4** Date
10/07/2002**5** Payee name
Austin Centro**7** Amount
(\$)
350.00**6** Payee address; City; State; Zip Code
2300 Lohmans Spur
Lakeway TX 78734-6206**8** Purpose of expenditure (See instructions regarding type of information required.)
Research**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
10/19/2002Payee name
Austin CentroAmount
(\$)
350.00Payee address; City; State; Zip Code
2300 Lohmans Spur
Lakeway TX 78734-6206Purpose of expenditure (See instructions regarding type of information required.)
ResearchComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
10/04/2002Payee name
Ben White FloristAmount
(\$)
160.75Payee address; City; State; Zip Code
3200 S Congress Ave
Austin TX 78704-6428Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
10/07/2002Payee name
Ben White FloristAmount
(\$)
75.23Payee address; City; State; Zip Code
3200 S Congress Ave
Austin TX 78704-6428Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
21/24**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name	7 Amount (\$)
09/30/2002	Broken Spoke	1638.46
6 Payee address; City; State; Zip Code 3201 S Lamar Blvd Austin TX 78704-5805		

8 Purpose of expenditure (See instructions regarding type of information required.)
Fundraising Event**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
10/04/2002	Canyon Caf��	20.00
Payee address; City; State; Zip Code 701 S. Capital of Tx Hwy Austin TX 78746		

Purpose of expenditure (See instructions regarding type of information required.)
MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
10/07/2002	Canyon Caf��	48.00
Payee address; City; State; Zip Code 701 S. Capital of Tx Hwy Austin TX 78746		

Purpose of expenditure (See instructions regarding type of information required.)
MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
10/09/2002	Canyon Caf��	100.00
Payee address; City; State; Zip Code 701 S. Capital of Tx Hwy Austin TX 78746		

Purpose of expenditure (See instructions regarding type of information required.)
MeetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 22/24
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/11/2002	5 Payee name Barbara Cilley 6 Payee address; City; State; Zip Code 1417 Travis Heights Blvd. Austin TX 78704	7 Amount (\$) 1000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting/Research		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/15/2002	Payee name Comp USA Payee address; City; State; Zip Code 5601 S. Brodie Ln. #800 Austin TX 78745	Amount (\$) 204.65
Purpose of expenditure (See instructions regarding type of information required.) Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/2002	Payee name County Line BBQ Payee address; City; State; Zip Code 6500 Bee Caves Rd Austin TX 78746-5002	Amount (\$) 115.00
Purpose of expenditure (See instructions regarding type of information required.) Westlake Billboard Event		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/07/2002	Payee name Mistie Davis Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Management		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
23/24**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000**4** Date
10/15/2002**5** Payee name
Mistie Davis**7** Amount
(\$)
2000.00**6** Payee address; City; State; Zip Code

6201 Colina Lane

Austin TX 78759

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign Management**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/30/2002

Payee name

Shelton Green

Amount
(\$)
500.00

Payee address; City; State; Zip Code

502 Powell Cir

Austin TX 78704-6342

Purpose of expenditure (See instructions regarding type of information required.)
Campaign ManagementComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/30/2002

Payee name

Steve Hopkins

Amount
(\$)
1000.00

Payee address; City; State; Zip Code

4021 Steck Ave Apt 328

Austin TX 78759-8623

Purpose of expenditure (See instructions regarding type of information required.)
Phone BankComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/11/2002

Payee name

KC Strategies

Amount
(\$)
714.45

Payee address; City; State; Zip Code

P. O. Box 40285

Austin TX 78704

Purpose of expenditure (See instructions regarding type of information required.)
PrintingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
24/24

2 FILER NAME
Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date
10/15/2002

5 Payee name
KC Strategies

7 Amount
(\$)
12560.47

6 Payee address; City; State; Zip Code
P. O. Box 40285
Austin TX 78704

8 Purpose of expenditure (See instructions regarding type of information required.)
Printing

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/08/2002

Payee name
Nancy Fly & Assoc./Sam Allred

Amount
(\$)
625.00

Payee address; City; State; Zip Code
PO Box 90306
Austin TX 78709-0306

Purpose of expenditure (See instructions regarding type of information required.)
Fundraiser Expenses

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/14/2002

Payee name
Town and Country Optimist

Amount
(\$)
250.00

Payee address; City; State; Zip Code
PO Box 200417
Austin TX 78720-0417

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held