



# 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**

COMMITTEE NAME

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**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 | \$ 580.00 |
|---|-----------|

|  |             |
|--|-------------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 28231.60 |
|--|-------------|

**EXPENDITURE TOTALS**

|  |           |
|--|-----------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 441.92 |
|--|-----------|

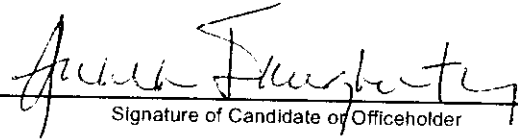
|                                 |             |
|---------------------------------|-------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ 67756.31 |
|---------------------------------|-------------|

**OUTSTANDING LOAN TOTALS**

|   |              |
|---|--------------|
| 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 10,000.00 |
|---|--------------|

**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:  
3/21

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
10/31/2002

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
1100 Nueces, Ltd.

**6** Contributor address; City; State; Zip Code  
610 Guadalupe St  
Austin TX 78701-2926

**7** Amount of contribution (\$)  
500.00

**8** In-kind contribution description (if applicable)

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date  
10/31/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
A. R. W. C. PAC Fund

Contributor address; City; State; Zip Code  
1907 Big Canyon Dr  
Austin TX 78746-7206

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
10/31/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Austin Apartment Assn PAC

Contributor address; City; State; Zip Code  
4107 Medical Pkwy Ste 100  
Austin TX 78756-3736

Amount of contribution (\$)  
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
10/31/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. And Mrs. Michael D Black

Contributor address; City; State; Zip Code  
13 Niles Rd  
Austin TX 78703-3138

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
11/06/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Bill Blood

Contributor address; City; State; Zip Code  
5332 Balcones Dr Apt B  
Austin TX 78731-4903

Amount of contribution (\$)  
200.00

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:  
4/21

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission files)  
00000000

**4** Date: 10/31/2002  
**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. J. Dan Brown  
**6** Contributor address; City; State; Zip Code  
411 Chicon St  
Austin TX 78702-4447

**7** Amount of contribution (\$)  
500.00

**8** In-kind contribution description (if applicable)

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date: 10/31/2002  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Capitol Area Builders Buyers Group  
Contributor address; City; State; Zip Code  
9109 Spicebrush Dr  
Austin TX 78759-7722

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 12/30/2002  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. and Mrs. Kenneth D. Carr  
Contributor address; City; State; Zip Code  
905 Live Oak Ridge Rd  
Austin TX 78746-3523

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 11/03/2002  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Curtis W. Cline  
Contributor address; City; State; Zip Code  
5321 Dry Wells Rd  
Austin TX 78749-2235

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 10/31/2002  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Moton H. Crockett Jr.  
Contributor address; City; State; Zip Code  
PO Box 2066  
Austin TX 78768-2066

Amount of contribution (\$)  
500.00

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.  |   | <b>1</b> Total pages this report:<br>5/21                |   |
| <b>2</b> FILER NAME<br>Gerald Daugherty  |   | <b>3</b> ACCOUNT # (Ethics Commission files)<br>00000000 |   |
| <b>4</b> Date<br>10/31/2002  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. and Mrs. Hector De Leon | <b>7</b> Amount of contribution (\$)<br>250.00           | <b>8</b> In-kind contribution description (if applicable) |
| <b>6</b> Contributor address; City; State; Zip Code<br>3 Leopold Ln<br>Austin TX 78746-3115      |   |  |   |
| <b>9</b> Principal occupation (Optional)   |   | <b>10</b> Employer (Optional)                            |   |
| Date<br>10/31/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. James D. Evans                   | Amount of contribution (\$)<br>100.00                    | In-kind contribution description (if applicable)          |
| Contributor address; City; State; Zip Code<br>PO Box 91869<br>Austin TX 78709-1869               |   |  |   |
| Principal occupation (Optional)  |   | Employer (Optional)                                      |   |
| Date<br>10/31/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. Jay C. Evans                     | Amount of contribution (\$)<br>100.00                    | In-kind contribution description (if applicable)          |
| Contributor address; City; State; Zip Code<br>4002 Gaines Ct<br>Austin TX 78735-6482             |   |  |   |
| Principal occupation (Optional)  |   | Employer (Optional)                                      |   |
| Date<br>11/06/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. David R. Fisher                  | Amount of contribution (\$)<br>100.00                    | In-kind contribution description (if applicable)          |
| Contributor address; City; State; Zip Code<br>41 Westelm Cir<br>San Antonio TX 78230-2641        |   |  |   |
| Principal occupation (Optional)  |   | Employer (Optional)                                      |   |
| Date<br>10/31/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Fulbright & Jaworski L.L.P.          | Amount of contribution (\$)<br>1000.00                   | In-kind contribution description (if applicable)          |
| Contributor address; City; State; Zip Code<br>1301 Mckinney St Ste 5100<br>Houston TX 77010-3093 |   |  |   |
| 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:  
6/21

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
10/31/2002

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. W. W. Greenwood

**7** Amount of contribution (\$)  
100.00

**8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code  
PO Box 50587  
Austin TX 78763-0587

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date  
12/30/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. & Mrs. Clifton E. Grunwald

Amount of contribution (\$)  
400.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1418 Morgan Ave  
Corpus Christi TX 78404-3350

Principal occupation (Optional)

Employer (Optional)

Date  
11/06/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. David A. Hamilton

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
19227 Kelly Pines Ct  
Humble TX 77346-4001

Principal occupation (Optional)

Employer (Optional)

Date  
10/31/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Gary W. Hampton

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2773 Tradewind Dr  
Spicewood TX 78669-5131

Principal occupation (Optional)

Employer (Optional)

Date  
10/31/2002

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. Richard S. Hill

Amount of contribution (\$)  
300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2306 Woodlawn Blvd  
Austin TX 78703-2417

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:<br>7/21                 |  |
| 2 FILER NAME<br>Gerald Daugherty  |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000000 |  |
| 4 Date<br>12/30/2002  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. John M. Joseph       | 7 Amount of contribution (\$)<br>500.00            | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>811 Barton Springs Rd Ste 800<br>Austin TX 78704-1166 |   |  |  |
| 9 Principal occupation (Optional)   |   | 10 Employer (Optional)                             |  |
| Date<br>10/31/2002  | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00236489)<br>KOCHPAC     | Amount of contribution (\$)<br>250.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>1450 G St NW Ste 445<br>Washington DC 20005-2001        |   |  |  |
| Principal occupation (Optional)   |   | Employer (Optional)                                |  |
| Date<br>12/02/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. Tom Kam                | Amount of contribution (\$)<br>100.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>7621 Spicewood Springs Rd<br>Austin TX 78759-7605       |   |  |  |
| Principal occupation (Optional)   |   | Employer (Optional)                                |  |
| Date<br>10/31/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. Robert Knight          | Amount of contribution (\$)<br>100.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>307 E 2nd St<br>Austin TX 78701-4011                    |   |  |  |
| Principal occupation (Optional)   |   | Employer (Optional)                                |  |
| Date<br>11/03/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Lake Travis Republican PAC | Amount of contribution (\$)<br>750.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>PO Box 340033<br>Austin TX 78734-0001                   |   |  |  |
| 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:<br>8/21                 |   |
| 2 FILER NAME<br>Gerald Daugherty  |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000000 |   |
| 4 Date<br>10/31/2002  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. John C. Lewis                        | 7 Amount of contribution (\$)<br>500.00            | 8 In-kind contribution description (if applicable)                              |
| 6 Contributor address; City; State; Zip Code<br>1717 W 6th St Ste 390<br>Austin TX 78703-4792 |   |  |   |
| 9 Principal occupation (Optional)   |   | 10 Employer (Optional)                             |   |
| Date<br>11/06/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Linebarger Goggan Blair Pena & Sampson,LLP | Amount of contribution (\$)<br>2500.00             | In-kind contribution description (if applicable)                                |
| Contributor address; City; State; Zip Code<br>PO Box 17428<br>Austin TX 78760-7428            |   |  |   |
| Principal occupation (Optional)   |   | Employer (Optional)                                |   |
| Date<br>12/01/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Linebarger Goggan Blair Pena & Sampson,LLP | Amount of contribution (\$)<br>143.08              | In-kind contribution description (if applicable)<br>Travis Country Recepti - on |
| Contributor address; City; State; Zip Code<br>PO Box 17428<br>Austin TX 78760-7428            |   |  |   |
| Principal occupation (Optional)   |   | Employer (Optional)                                |   |
| Date<br>12/01/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Linebarger Goggan Blair Pena & Sampson,LLP | Amount of contribution (\$)<br>808.52              | In-kind contribution description (if applicable)<br>Senna Hills Reception       |
| Contributor address; City; State; Zip Code<br>PO Box 17428<br>Austin TX 78760-7428            |   |  |   |
| Principal occupation (Optional)   |   | Employer (Optional)                                |   |
| Date<br>12/01/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Linebarger Goggan Blair Pena & Sampson,LLP | Amount of contribution (\$)<br>3900.00             | In-kind contribution description (if applicable)<br>Air travel                  |
| Contributor address; City; State; Zip Code<br>PO Box 17428<br>Austin TX 78760-7428            |   |  |   |
| 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:<br>9/21                 |  |
| 2 FILER NAME<br>Gerald Daugherty   |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000000 |  |
| 4 Date<br>12/01/2002   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Linebarger Goggan Blair Pena & Sampson,LLP | 7 Amount of contribution (\$)<br>3900.00           | 8 In-kind contribution description (if applicable)<br>Air travel |
| 6 Contributor address; City; State; Zip Code<br>PO Box 17428<br>Austin TX 78760-7428                 |   |  |  |
| 9 Principal occupation (Optional)  |   | 10 Employer (Optional)                             |  |
| Date<br>12/30/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Ms. Susan M. Matthews                        | Amount of contribution (\$)<br>800.00              | In-kind contribution description (if applicable)                 |
| Contributor address; City; State; Zip Code<br>451 County Road 451<br>Hondo TX 78861-6082             |   |  |  |
| Principal occupation (Optional)  |   | Employer (Optional)                                |  |
| Date<br>12/02/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr and Mrs. J. Michael Metschan              | Amount of contribution (\$)<br>100.00              | In-kind contribution description (if applicable)                 |
| Contributor address; City; State; Zip Code<br>9906 Brandywine Cir<br>Austin TX 78750-2806            |   |  |  |
| Principal occupation (Optional)  |   | Employer (Optional)                                |  |
| Date<br>11/03/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Terry Mitchell                               | Amount of contribution (\$)<br>1000.00             | In-kind contribution description (if applicable)                 |
| Contributor address; City; State; Zip Code<br>4515 Seton Center Pkwy Ste 200<br>Austin TX 78759-5784 |   |  |  |
| Principal occupation (Optional)  |   | Employer (Optional)                                |  |
| Date<br>12/02/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Joe W. Neal                                  | Amount of contribution (\$)<br>100.00              | In-kind contribution description (if applicable)                 |
| Contributor address; City; State; Zip Code<br>2209 Shoal Creek Blvd<br>Austin TX 78705-4910          |   |  |  |
| 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:<br>10/21                |  |
| 2 FILER NAME<br>Gerald Daugherty   |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000000 |  |
| 4 Date<br>11/06/2002   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. and Mrs. Frank A. Newsom  | 7 Amount of contribution (\$)<br>400.00            | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>1203 Westlake Dr<br>Austin TX 78746-4515   |  |  |  |
| 9 Principal occupation (Optional)  |  | 10 Employer (Optional)                             |  |
| Date<br>12/30/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. And Mrs. Curtis Ripple      | Amount of contribution (\$)<br>800.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>2302 Timberknob Ct<br>Magnolia TX 77355-3851 |  |  |  |
| Principal occupation (Optional)  |  | Employer (Optional)                                |  |
| Date<br>11/06/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. James B. Skaggs             | Amount of contribution (\$)<br>1500.00             | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>4700 Toreador Dr<br>Austin TX 78746-2411     |  |  |  |
| Principal occupation (Optional)  |  | Employer (Optional)                                |  |
| Date<br>11/03/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>TX Friends of Time Warner Cable | Amount of contribution (\$)<br>200.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>8400 W Tidwell Rd<br>Houston TX 77040-5568   |  |  |  |
| Principal occupation (Optional)  |  | Employer (Optional)                                |  |
| Date<br>11/06/2002   | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. Timothy Timmerman           | Amount of contribution (\$)<br>250.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>4903 Whitethorn Ct<br>Austin TX 78746-1557   |  |  |  |
| 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:<br>11/21                |  |
| 2 FILER NAME<br>Gerald Daugherty  |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000000 |  |
| 4 Date<br>10/31/2002  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. John-David Torian            | 7 Amount of contribution (\$)<br>100.00            | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>1104 Folts Ave<br>Austin TX 78704-2117    |   |  |  |
| 9 Principal occupation (Optional)   |   | 10 Employer (Optional)                             |  |
| Date<br>12/02/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. Mike Voticky                   | Amount of contribution (\$)<br>500.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>1913 Real Catorce<br>Austin TX 78746-7477   |   |  |  |
| Principal occupation (Optional)   |   | Employer (Optional)                                |  |
| Date<br>10/31/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>W. W. Furrow, Ltd.                 | Amount of contribution (\$)<br>500.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>1100 Nueces St<br>Austin TX 78701-2106      |   |  |  |
| Principal occupation (Optional)   |   | Employer (Optional)                                |  |
| Date<br>11/06/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. and Mrs. Louis B. Williams Jr. | Amount of contribution (\$)<br>100.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>3203 Riva Ridge Rd<br>Austin TX 78746-1424  |   |  |  |
| Principal occupation (Optional)   |   | Employer (Optional)                                |  |
| Date<br>10/31/2002  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. Robert B Wynn                  | Amount of contribution (\$)<br>100.00              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>1209 Castle Hill St<br>Austin TX 78703-4125 |   |  |  |
| 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:  
12/21

2 FILER NAME  
Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)  
00000000

4 Date  
11/06/2002

5 Full name of contributor  out-of-state PAC(ID# .....)  
Mr. And Mrs. Keith E. Young

7 Amount of contribution (\$)  
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
7315 Scenic Brook Dr  
Austin TX 78736-1738

9 Principal occupation (Optional)

10 Employer (Optional)

# LOANS

# SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

GERALD DAUGHERTY

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

11/3/02

7 Name of lender

rick salwen

out of state PAC

9 Loan Amount (\$)

\$ 5,000.00

6 Is lender a financial institution?

Y       N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y      N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
13/21

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
12/16/2002

**5** Payee name  
American Statesman

**7** Amount  
(\$)  
4039.56

**6** Payee address; City; State; Zip Code  
PO Box 1231  
San Antonio TX 78294-1231

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

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

Date  
12/08/2002

Payee name  
Barbara Cilley

Amount  
(\$)  
500.00

Payee address; City; State; Zip Code  
1417 Travis Heights Blvd.  
Austin TX 78704

Purpose of expenditure (See instructions regarding type of information required.)  
Consulting/Research

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

Date  
10/30/2002

Payee name  
Clear Channel

Amount  
(\$)  
1792.00

Payee address; City; State; Zip Code  
705 N Lamar Blvd Uppr 101  
Austin TX 78703-5432

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

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

Date  
11/25/2002

Payee name  
Eddie Cortez

Amount  
(\$)  
200.00

Payee address; City; State; Zip Code  
5600 Chinaberry  
Austin TX 78744

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

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:  
14/21

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
11/06/2002

**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  
12/06/2002

Payee name  
Mistie Davis

Amount  
(\$)  
4000.00

Payee address; City; State; Zip Code  
6201 Colina Lane  
Austin TX 78759

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

Date  
11/06/2002

Payee name  
Shelton Green

Amount  
(\$)  
1250.00

Payee address; City; State; Zip Code  
502 Powell Cir  
Austin TX 78704-6342

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

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

Date  
12/08/2002

Payee name  
Shelton Green

Amount  
(\$)  
1250.00

Payee address; City; State; Zip Code  
502 Powell Cir  
Austin TX 78704-6342

Purpose of expenditure (See instructions regarding type of information required.)  
Campaign 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:  
15/21

2 FILER NAME  
Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)  
00000000

4 Date  
11/06/2002

5 Payee name  
Steve Hopkins

7 Amount  
(\$)  
600.00

6 Payee address; City; State; Zip Code  
4021 Steck Ave Apt 328  
Austin TX 78759-8623

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

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

Date  
12/06/2002

Payee name  
J. C.'s Bar & Grill

Amount  
(\$)  
250.00

Payee address; City; State; Zip Code  
5804 IH 35  
Austin TX 78751

Purpose of expenditure (See instructions regarding type of information required.)  
Election Night Party

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

Date  
10/29/2002

Payee name  
KC Strategies

Amount  
(\$)  
12029.12

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

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

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

Date  
10/29/2002

Payee name  
KC Strategies

Amount  
(\$)  
12560.47

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

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

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:  
16/21

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
11/03/2002

**5** Payee name  
KC Strategies

**7** Amount  
(\$)  
5910.10

**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  
11/04/2002

Payee name  
KC Strategies

Amount  
(\$)  
13501.19

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

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

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

Date  
10/30/2002

Payee name  
Kinko's

Amount  
(\$)  
62.70

Payee address; City; State; Zip Code  
9222 Burnet Rd., Ste 101  
Austin TX 78756

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

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

Date  
10/30/2002

Payee name  
Kinko's

Amount  
(\$)  
1.39

Payee address; City; State; Zip Code  
9222 Burnet Rd., Ste 101  
Austin TX 78756

Purpose of expenditure (See Instructions regarding type of information required.)  
Copies

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:  
17/21

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
12/16/2002

**5** Payee name  
Kinko's

**7** Amount  
(\$)  
2.56

**6** Payee address; City; State; Zip Code  
9222 Burnet Rd., Ste 101  
Austin TX 78756

**8** Purpose of expenditure (See Instructions regarding type of information required.)  
Copies

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

Date  
12/16/2002

Payee name  
Kwik Kopy

Amount  
(\$)  
255.66

Payee address; City; State; Zip Code  
5114 Balcones Woods Dr Ste 309  
Austin TX 78759-5212

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  
11/01/2002

Payee name  
LBJS

Amount  
(\$)  
1330.00

Payee address; City; State; Zip Code  
8309 N Ih 35  
Austin TX 78753-5720

Purpose of expenditure (See Instructions regarding type of information required.)  
Radio Ad

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

Date  
10/30/2002

Payee name  
Markettouch Media, Inc.

Amount  
(\$)  
1583.65

Payee address; City; State; Zip Code  
210 Barton Springs Rd Ste 275  
Austin TX 78704-1255

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

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:  
18/21

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission filers)  
00000000

**4** Date  
11/06/2002

**5** Payee name  
John Morrison

**7** Amount  
(\$)  
500.00

**6** Payee address; City; State; Zip Code  
1350 N. LBJ,#1437  
Austin TX 78666

**8** Purpose of expenditure (See Instructions regarding type of information required.)  
Contract Labor

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

Date  
10/30/2002

Payee name  
North Lake Travis LOG

Amount  
(\$)  
363.00

Payee address; City; State; Zip Code  
P. O. Box 4910  
Austin TX 78645

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

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

Date  
12/16/2002

Payee name  
North Lake Travis LOG

Amount  
(\$)  
363.00

Payee address; City; State; Zip Code  
P. O. Box 4910  
Austin TX 78645

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

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

Date  
10/30/2002

Payee name  
Oak Hill Gazette

Amount  
(\$)  
646.20

Payee address; City; State; Zip Code  
7200-B Hwy 71 W.  
Austin TX 78735

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

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:  
19/21

2 FILER NAME  
Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)  
00000000

4 Date  
10/30/2002

5 Payee name  
Public Storage, Inc.

7 Amount  
(\$)  
57.00

6 Payee address; City; State; Zip Code  
12915 Research Blvd  
Austin TX 78750-3204

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

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

Date  
12/16/2002

Payee name  
Public Storage, Inc.

Amount  
(\$)  
12.67

Payee address; City; State; Zip Code  
12915 Research Blvd  
Austin TX 78750-3204

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

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

Date  
12/08/2002

Payee name  
Southwestern Bell

Amount  
(\$)  
247.60

Payee address; City; State; Zip Code  
6300 Bridge Point Prkwy.  
Austin TX 78730

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

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

Date  
10/30/2002

Payee name  
Time Warner Cable

Amount  
(\$)  
29.95

Payee address; City; State; Zip Code  
PO Box 1088  
Austin TX 78767-8865

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

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:  
20/21

2 FILER NAME  
Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)  
00000000

4 Date  
10/30/2002

5 Payee name  
Time Warner Cable

7 Amount (\$)  
29.95

6 Payee address; City; State; Zip Code  
PO Box 1088  
Austin TX 78767-8865

8 Purpose of expenditure (See Instructions regarding type of information required.)  
Utilities

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

Date  
12/16/2002

Payee name  
Time Warner Cable

Amount (\$)  
29.95

Payee address; City; State; Zip Code  
PO Box 1088  
Austin TX 78767-8865

Purpose of expenditure (See Instructions regarding type of information required.)  
Utilities

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

Date  
12/16/2002

Payee name  
Time Warner Cable

Amount (\$)  
29.95

Payee address; City; State; Zip Code  
PO Box 1088  
Austin TX 78767-8865

Purpose of expenditure (See Instructions regarding type of information required.)  
Utilities

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

Date  
10/30/2002

Payee name  
U.S. Postal Service - Balcones

Amount (\$)  
444.00

Payee address; City; State; Zip Code  
Balcones Station  
Austin TX 78759

Purpose of expenditure (See Instructions regarding type of information required.)  
Postage

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:  
21/21

2 FILER NAME  
Gerald Daugherty

3 ACCOUNT # (Ethics Commission filers)  
00000000

4 Date  
12/07/2002

5 Payee name  
WIB Communications

7 Amount  
(\$)  
1000.00

6 Payee address; City; State; Zip Code  
5604 S.W. Pkwy. #1414  
Austin TX 78735

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

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

Date  
10/30/2002

Payee name  
Westlake Picayune

Amount  
(\$)  
373.75

Payee address; City; State; Zip Code  
PO Box 160790  
Austin TX 78716-0790

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

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

Date  
10/30/2002

Payee name  
Wolf Camera

Amount  
(\$)  
18.16

Payee address; City; State; Zip Code  
607 Congress Ave  
Austin TX 78701-3214

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

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

Date  
12/16/2002

Payee name  
Wolf Camera

Amount  
(\$)  
50.81

Payee address; City; State; Zip Code  
607 Congress Ave  
Austin TX 78701-3214

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

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