

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5427

**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: 1/12				
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI	OFFICE USE ONLY Date Received: 2003 JUL 15 AM 10:27 Date Hand-delivered or Date Postmarked: Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____				
	Gerald						
NICKNAME	LAST SUFFIX						
Daugherty							
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX, APT / SUITE #:	CITY:	STATE:	ZIP CODE:			
<input type="checkbox"/> Change of Address	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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2003		06	30	2003
10 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Other -- County Commissr - Precinct 3			12 OFFICE SOUGHT (if known)			
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

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

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11717.72

EXPENDITURE TOTALS

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

\$ 50.00

4. TOTAL POLITICAL EXPENDITURES

\$ 9086.30


OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6500.00

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: 3/12	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (If Ethics Commission files) 00000000	
4 Date 02/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Armbrust & Brown,L.L.P. 6 Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin TX 78701-2744	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mrs. Laura Anderson Beuerlein Contributor address; City; State; Zip Code 2605 Woodmont Ave Austin TX 78703-3260	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. Wm. Terry Bray Contributor address; City; State; Zip Code 515 Congress Ave Ste 2300 Austin TX 78701-3508	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. J. Vaughn Brock Contributor address; City; State; Zip Code 515 Congress Ave Ste 1230 Austin TX 78701-3503	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. Billy G. Caffey Contributor address; City; State; Zip Code 251 Goodnight Trl Dripping Springs TX 78620-4001	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: 4/12	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 02/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Kenneth D. Carr 6 Contributor address; City; State; Zip Code 905 Live Oak Ridge Rd Austin TX 78746-3523	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Devarajan Chelliah Contributor address; City; State; Zip Code 6211 Santiago Mountain Ct Katy TX 77450-8720	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Rick Coneway Contributor address; City; State; Zip Code 6402 Weatherwood Cv Austin TX 78746-7148	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Forrest C. Davis Contributor address; City; State; Zip Code 11626 Arroyo Blanco Dr Austin TX 78748-2822	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Bert Dement Contributor address; City; State; Zip Code 10513 La Costa Dr Austin TX 78747-1216	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: 5/12	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (If Ethics Commission files) 00000000	
4 Date 06/13/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Don Martin and Trey Salinas 6 Contributor address; City; State; Zip Code 3345 Bee Caves Rd Ste 212 Austin TX 78746-6692	7 Amount of contribution (\$) 1117.72	8 In-kind contribution description (if applicable) Fundraiser
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Stephen O. Drenner Contributor address; City; State; Zip Code 4204 Hampsted Ct Austin TX 78746-1930	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Christopher T. Ellis Contributor address; City; State; Zip Code 2013 Rue De St Tropez Austin TX 78746-1951	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Graves, Dougherty, et al Contributor address; City; State; Zip Code PO Box 98 Austin TX 78767-0098	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Halff Associates State P.A.C. Contributor address; City; State; Zip Code 8616 NW Plaza Dr Dallas TX 75225-4211	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.		1 Total pages this report: 6/12	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 02/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) David A. Hartman	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1135 Barton Hills Dr Apt 308 Austin TX 78704-1973		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/25/2003	Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Mr. R. Alan Haywood	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3604 Highland View Dr Austin TX 78731-4033		
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. Irwin	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 9442 N Capital Of Texas Hwy Austin TX 78759-7262		
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Paul Linehan	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3502 Lost Creek Blvd Austin TX 78735-1506		
Principal occupation (Optional)		Employer (Optional)	
Date 02/25/2003	Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Mr. William H. Locke Jr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4204 Deepwoods Dr Austin TX 78731-2031		
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: 7/12	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000	
4 Date 02/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. Matt Mathias	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1209 Grosvener Ct Austin TX 78746-6856			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) McGinnis Lochridge & Kilgore LLP	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 919 Congress Ave Ste 1300 Austin TX 78701-2499			
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. John McKinnerney	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3203 Clumpgrass Cv Austin TX 78735-1535			
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. A. Bryce Miller	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 Congress Ste 1300 Austin TX 78701-2947			
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. And Mrs. Joseph Lynn Nabers	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6034 W Courtyard Dr Ste 100b Austin TX 78730-5070			
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: 8/12	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission Mem) 00000000	
4 Date 02/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Leslie W. Pittman	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1405 Wild Cat Holw Austin TX 78748-3821			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David L. Roche	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7421 Waldon Dr Austin TX 78750-8252			
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. and Mrs. John P. Schneider Jr.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3703 Speedway Austin TX 78705-1523			
Principal occupation (Optional)		Employer (Optional)	
Date 02/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James M Steed	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9508 Jollyville Rd Austin TX 78759-6607			
Principal occupation (Optional)		Employer (Optional)	
Date 04/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vinson & Elkins Texas PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2300 First City Tower Houston TX 77002-6760			
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: 9/12	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission #) 00000000	
4 Date 06/26/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Mr. And Mrs. Paul Workman	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (If applicable)
	6 Contributor address; City; State; Zip Code 4415 R O Dr Spicewood TX 78669-6458		
9 Principal occupation (Optional)		10 Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/12

2 FILER NAME
Gerald Daugherty

3 ACCOUNT # (Ethics Commission #ers)
00000000

4 Date 04/25/2003	5 Payee name Associated Republicans of Texas 6 Payee address; City; State; Zip Code 807 Brazos St Ste 601 Austin TX 78701-2526	7 Amount (\$) 500.00
-----------------------------	---	--------------------------------

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

Date 02/12/2003	Payee name Austin Bluebonnet Pachyderms Payee address; City; State; Zip Code PO Box 9130 Austin TX 78766-9130	Amount (\$) 60.00
--------------------	--	----------------------

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

Date 05/06/2003	Payee name Desiree Brooks Payee address; City; State; Zip Code 5604 Southwest Pkwy Apt 1414 Austin TX 78735-6250	Amount (\$) 500.00
--------------------	---	-----------------------

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

Date 02/24/2003	Payee name Charlyn Daugherty Payee address; City; State; Zip Code 1403 Club Ridge Cv Austin TX 78735-1623	Amount (\$) 1491.37
--------------------	--	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Hill's Caf@ Volunteer Party	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: 11/12
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000
4 Date 02/24/2003	5 Payee name Charlyn Daugherty 6 Payee address; City; State; Zip Code 1403 Club Ridge Cv Austin TX 78735-1623	7 Amount (\$) 817.32
8 Purpose of expenditure (See instructions regarding type of information required.) Interest payment		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/03/2003	Payee name Mistie Davis Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759	Amount (\$) 2500.00
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
Date 02/21/2003	Payee name Mistie Davis Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759	Amount (\$) 1800.00
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
Date 04/07/2003	Payee name Mistie Davis Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) Project 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: 12/12
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 06/30/2003	5 Payee name Mistie Davis ----- 6 Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759	7 Amount (\$) 750.00
8 Purpose of expenditure (See instructions regarding type of information required.) Project Management		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/06/2003	Payee name IOCOM Corp. ----- Payee address; City; State; Zip Code 11500 Metric Blvd Ste 410 Austin TX 78758-4043	Amount (\$) 162.30
Purpose of expenditure (See instructions regarding type of information required.) Computer Work		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/02/2003	Payee name NCC, Inc. ----- Payee address; City; State; Zip Code P. O. Box 94410 Little Rock, AR 72190	Amount (\$) 80.31
Purpose of expenditure (See instructions regarding type of information required.) Phone Bill		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/29/2003	Payee name Don Zimmerman/RLC ----- Payee address; City; State; Zip Code 10901 Enchanted Rock Cv Austin TX 78726-1336	Amount (\$) 125.00
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