

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5790

# 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:  
1/21

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
Gerald

NICKNAME LAST SUFFIX  
Daugherty

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE  
1403 Club Ridge Cove  
Austin TX 78735

Change of Address

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

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
01/01/2004 06/30/2004

10 ELECTION

ELECTION DATE Month Day Year  
11/02/2004

ELECTION TYPE  
 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
Other -- County Commissioner - Pct. 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

additional pages

**OFFICE USE ONLY**

Date Received: JUN 15 AM 11:25  
FILED FOR RECORD  
CLERK OF COUNTY CLERK  
TARRANT COUNTY TEXAS

Date Hand-Delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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 **\$ 50.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 5075.00**

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 478.55**

4. TOTAL POLITICAL EXPENDITURES **\$ 8125.84**

**OUTSTANDING LOAN TOTALS**

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

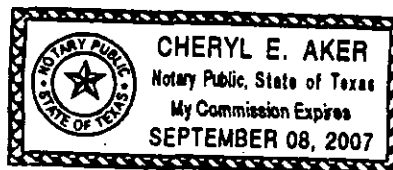
**19 AFFIDAVIT**

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.

*Gerald Daugherty*  
Signature of Candidate or Officeholder

Signed before me on July 12, 2004.

*Cheryl E. Aker*



# 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 Form) 00000000	
4 Date 02/08/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carter & Burgess PAC ..... 6 Contributor address; City; State; Zip Code 3605 Leadville Dr Austin TX 78749-6938	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/05/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Alvin Cowan ..... Contributor address; City; State; Zip Code 980 Live Oak Cir Austin TX 78746-3522	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/04/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Wallace English ..... Contributor address; City; State; Zip Code 3616 Quietie Dr Austin TX 78754-4927	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/04/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Alan R. Erwin ..... Contributor address; City; State; Zip Code 3 Jeffery Cv Austin TX 78746-5568	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hairston ..... Contributor address; City; State; Zip Code 4106 Medical Pkwy Austin TX 78756-3700	Amount of contribution (\$) 750.00	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 #) 00000000	
4 Date 05/24/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Mike Heiligenstein ..... 6 Contributor address; City; State; Zip Code PO Box 250 Round Rock TX 78680-0250	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/04/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Jerry Hickson ..... Contributor address; City; State; Zip Code 405 Hazeltine Dr Austin TX 78734-4644	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Highland Lakes PAC ..... Contributor address; City; State; Zip Code 107 RR 620South,Box H20 Austin TX 78734	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/08/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Patrick M. Jaeckle ..... Contributor address; City; State; Zip Code 311 Angel Song Cv Spicewood TX 78669-6710	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/08/2004	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00236489 _____) KOCHPAC ..... Contributor address; City; State; Zip Code 1450 G St NW Ste 445 Washington DC 20005-2001	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: 5/21	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission Form) 00000000	
4 Date 01/04/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Mike Kennedy ..... 6 Contributor address; City; State; Zip Code 515 Congress Ave Ste 1850 Austin TX 78701-3519	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/04/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. D. L. Pattillo ..... Contributor address; City; State; Zip Code 1700 Jackson Hole Cv Austin TX 78746-7634	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/24/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Chuck Rice ..... Contributor address; City; State; Zip Code PO Box 2154 Austin TX 78768-2154	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/05/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James T Ross ..... Contributor address; City; State; Zip Code PO Box 202275 Austin TX 78720-2275	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/08/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. And Mrs. Mac Spellmann ..... Contributor address; City; State; Zip Code 2815 Oak Ridge Dr Spicewood TX 78669-6567	Amount of contribution (\$) 100.00	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:  
6/21

**2** FILER NAME  
Gerald Daugherty

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

**4** Date  
02/08/2004

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Mr. And Mrs. Mac Spellmann

**6** Contributor address; City; State; Zip Code  
2815 Oak Ridge Dr  
Spicewood TX 78669-6567

**7** Amount of contribution (\$)  
250.00

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

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date  
01/05/2004

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Tx. Friends of Time Warner Cable

Contributor address; City; State; Zip Code  
8400 W Tidwell Rd  
Houston TX 77040-5568

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

*(This area is intentionally left blank for additional contributions.)*

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/21
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000
4 Date 02/01/2004	5 Payee name AT&T Wireless ..... 6 Payee address; City; State; Zip Code PO Box 8229 Aurora IL 60572-8229	7 Amount (\$) 117.81
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 02/16/2004	Payee name Associated Republicans of Texas ..... Payee address; City; State; Zip Code 807 Brazos St Ste 601 Austin TX 78701-2526	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorship of Tx. Independence Day	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/27/2004	Payee name Chili's - South ..... Payee address; City; State; Zip Code 3600 N Capital Of Texas Hwy Ste A100 Austin TX 78746-3212	Amount (\$) 37.57
Purpose of expenditure (See instructions regarding type of information required.) Luncheon Meeting	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/08/2004	Payee name Chili's - South ..... Payee address; City; State; Zip Code 3600 N Capital Of Texas Hwy Ste A100 Austin TX 78746-3212	Amount (\$) 68.00
Purpose of expenditure (See instructions regarding type of information required.) Luncheon Meeting	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:  
8/21

**2** FILER NAME  
Gerald Daugherty

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

**4** Date  
06/14/2004

**5** Payee name  
Chili's

**7** Amount (\$)  
118.84

**6** Payee address; City; State; Zip Code  
9060 Research Blvd  
Austin TX 78758-7038

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

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

Date  
01/25/2004

Payee name  
Mistie Davis

Amount (\$)  
250.00

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

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

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

Date  
03/22/2004

Payee name  
Mistie Davis

Amount (\$)  
500.00

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

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

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

Date  
04/20/2004

Payee name  
Mistie Davis

Amount (\$)  
250.00

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

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

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: 9/21
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000
4 Date 05/24/2004	5 Payee name Mistie Davis ----- 6 Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759	7 Amount (\$) 250.00
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 01/05/2004	Payee name Drive-Thru Postal ----- Payee address; City; State; Zip Code 1712 E Riverside Dr Austin TX 78741-1320	Amount (\$) 40.00
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
Date 03/15/2004	Payee name Drive-Thru Postal ----- Payee address; City; State; Zip Code 1712 E Riverside Dr Austin TX 78741-1320	Amount (\$) 40.00
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
Date 03/22/2004	Payee name Drive-Thru Postal ----- Payee address; City; State; Zip Code 1712 E Riverside Dr Austin TX 78741-1320	Amount (\$) 40.00
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:  
10/21**2** FILER NAME  
Gerald Daugherty**3** ACCOUNT # (Ethics Commission #s)  
00000000**4** Date  
03/22/2004**5** Payee name  
Drive-Thru Postal**7** Amount  
(\$)  
32.83**6** Payee address; City; State; Zip Code  
1712 E Riverside Dr  
Austin TX 78741-1320**8** Purpose of expenditure (See instructions regarding type of information required.)  
Postage**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
06/12/2004Payee name  
Eastside Story FoundationAmount  
(\$)  
100.00Payee address; City; State; Zip Code  
PO Box 6819  
Austin TX 78762-6619Purpose of expenditure (See instructions regarding type of information required.)  
DonationComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
05/24/2004Payee name  
Eddie V'sAmount  
(\$)  
94.02Payee address; City; State; Zip Code  
301 E 5th St  
Austin TX 78701-3615Purpose of expenditure (See instructions regarding type of information required.)  
MeetingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
01/25/2004Payee name  
Four Corners RestaurantAmount  
(\$)  
87.00Payee address; City; State; Zip Code  
701 S Capital Of Texas Hwy Ste H750  
Austin TX 78746-5262Purpose of expenditure (See instructions regarding type of information required.)  
DinnerMeetingComplete 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.		<b>1</b> Total pages report: 11/21
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission files) 00000000
<b>4</b> Date 01/25/2004	<b>5</b> Payee name Four Corners Restaurant  <b>6</b> Payee address:           City:   State;   Zip Code 701 S Capital Of Texas Hwy Ste H750  Austin TX 78746-5262	<b>7</b> Amount (\$) 3.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Meeting		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name                      Office sought            Office held
Date 03/15/2004	Payee name Four Corners Restaurant  Payee address:           City:   State;   Zip Code 701 S Capital Of Texas Hwy Ste H750  Austin TX 78746-5262	Amount (\$) 36.00
Purpose of expenditure (See instructions regarding type of information required.) Meeting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name                      Office sought            Office held
Date 03/15/2004	Payee name Four Corners Restaurant  Payee address:           City:   State;   Zip Code 701 S Capital Of Texas Hwy Ste H750  Austin TX 78746-5262	Amount (\$) 3.00
Purpose of expenditure (See instructions regarding type of information required.) Meeting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name                      Office sought            Office held
Date 03/21/2004	Payee name Four Corners Restaurant  Payee address:           City:   State;   Zip Code 701 S Capital Of Texas Hwy Ste H750  Austin TX 78746-5262	Amount (\$) 105.60
Purpose of expenditure (See instructions regarding type of information required.) Meeting		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:  
12/21

**2** FILER NAME  
Gerald Daugherty

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

**4** Date  
03/22/2004

**5** Payee name  
Four Corners Restaurant

**7** Amount (\$)  
38.09

**6** Payee address; City; State; Zip Code  
701 S Capital Of Texas Hwy Ste H750  
Austin TX 78746-5262

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

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

Date  
03/22/2004

Payee name  
Four Corners Restaurant

Amount (\$)  
34.48

Payee address; City; State; Zip Code  
701 S Capital Of Texas Hwy Ste H750  
Austin TX 78746-5262

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

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

Date  
04/05/2004

Payee name  
Four Corners Restaurant

Amount (\$)  
45.00

Payee address; City; State; Zip Code  
701 S Capital Of Texas Hwy Ste H750  
Austin TX 78746-5262

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

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

Date  
01/14/2004

Payee name  
Four Seasons

Amount (\$)  
60.34

Payee address; City; State; Zip Code  
98 San Jacinto Blvd.  
Austin TX 78701

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

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.		<b>1</b> Total pages report: 13/21
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission #) 00000000
<b>4</b> Date 04/28/2004	<b>5</b> Payee name Greater Austin Chamber of Commerce <b>6</b> Payee address; City; State; Zip Code 210 Barton Springs Rd Ste 400 Austin TX 78704-1253	<b>7</b> Amount (\$) 645.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Washington,DC Trip		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/15/2004	Payee name Houston's Payee address; City; State; Zip Code 2408 W. Anderson Ln. Austin TX 78757	Amount (\$) 64.10
Purpose of expenditure (See instructions regarding type of information required.) Lunch Meeting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/09/2004	Payee name Kay Bailey Hutchison Payee address; City; State; Zip Code PO Box 2013 Austin TX 78768-2013	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Contribution		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/01/2004	Payee name Thornton Keel Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood TX 78669-1631	Amount (\$) 125.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign Contribution		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 Term)  
00000000**4** Date  
01/22/2004**5** Payee name  
Kwik Kopy**7** Amount  
(\$)  
69.59**6** Payee address: City; State; Zip Code  
5114 Balcones Woods Dr Ste 309  
Austin TX 78759-5212**8** Purpose of expenditure (See instructions regarding type of information required.)  
Supplies**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
06/12/2004Payee name  
Lake Travis Republican Men's Club PACAmount  
(\$)  
500.00Payee address: City; State; Zip Code  
PO Box 340033  
Austin TX 78734-0001Purpose of expenditure (See instructions regarding type of information required.)  
ContributionComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
02/01/2004Payee name  
Mental Health Asso. Of TxAmount  
(\$)  
125.00Payee address: City; State; Zip Code  
8401 Shoal Creek Blvd  
Austin TX 78757-7527Purpose of expenditure (See instructions regarding type of information required.)  
Campaign contribution for StrayhomComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
01/25/2004Payee name  
John MorrisonAmount  
(\$)  
399.26Payee address: City; State; Zip Code  
1350 N. LBJ,#1437  
Austin TX 78666Purpose of expenditure (See instructions regarding type of information required.)  
Contract LaborComplete 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.		<b>1</b> Total pages report: 15/21
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission Files) 00000000
<b>4</b> Date 02/29/2004	<b>5</b> Payee name John Morrison ----- <b>6</b> Payee address; City; State; Zip Code 1350 N. LBJ,#1437 Austin TX 78666	<b>7</b> Amount (\$) 100.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Contract Labor		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/22/2004	Payee name Network Solutions ----- Payee address; City; State; Zip Code 487 E Middlefield Rd Mountain View CA 94043-4047	Amount (\$) 60.00
Purpose of expenditure (See instructions regarding type of information required.) Network		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 04/29/2004	Payee name North Lake Travis LOG ----- Payee address; City; State; Zip Code P. O. Box 4910 Austin TX 78645	Amount (\$) 70.00
Purpose of expenditure (See instructions regarding type of information required.) Subscription		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/22/2004	Payee name Office Depot #2204 ----- Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy Ste E500 Austin TX 78746-5261	Amount (\$) 12.95
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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 16/21
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission #s) 00000000
<b>4</b> Date 03/22/2004	<b>5</b> Payee name Office Depot #2204 ----- <b>6</b> Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy Ste E500  Austin TX 78746-5261	<b>7</b> Amount (\$) 22.47
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Supplies		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/22/2004	Payee name Office Depot #2204 ----- Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy Ste E500  Austin TX 78746-5261	Amount (\$) 22.72
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 06/12/2004	Payee name Office Depot #2204 ----- Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy Ste E500  Austin TX 78746-5261	Amount (\$) 10.80
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 06/13/2004	Payee name Office Depot #2204 ----- Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy Ste E500  Austin TX 78746-5261	Amount (\$) 35.68
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



# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 17/21
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission files) 00000000
<b>4</b> Date 04/25/2004	<b>5</b> Payee name Rocco's ----- <b>6</b> Payee address; City; State; Zip Code 900 Ranch Road 620 S Ste A106 Lakeway TX 78734-5616	<b>7</b> Amount (\$) 80.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Dinner Meeting		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/10/2004	Payee name Ruth's Chris ----- Payee address; City; State; Zip Code 107 W 6th St Austin TX 78701-2913	Amount (\$) 151.41
Purpose of expenditure (See instructions regarding type of information required.) Dinner Meeting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/09/2004	Payee name Shoreline Grill ----- Payee address; City; State; Zip Code 98 San Jacinto Blvd Austin TX 78701	Amount (\$) 54.00
Purpose of expenditure (See instructions regarding type of information required.) Luncheon Meeting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/26/2004	Payee name T-Mobile ----- Payee address; City; State; Zip Code PO Box 790047 Saint Louis MO 63179-0047	Amount (\$) 93.41
Purpose of expenditure (See instructions regarding type of information required.) Telephone		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 03/15/2004	5 Payee name T-Mobile ..... 6 Payee address; City: State; Zip Code PO Box 790047 Saint Louis MO 63179-0047	7 Amount (\$) 93.35
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8 Purpose of expenditure (See instructions regarding type of information required.) Telephone	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/30/2004	Payee name T-Mobile ..... Payee address; City: State; Zip Code PO Box 790047 Saint Louis MO 63179-0047	Amount (\$) 187.59
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Purpose of expenditure (See instructions regarding type of information required.) Telephone	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/17/2004	Payee name T-Mobile ..... Payee address; City: State; Zip Code PO Box 790047 Saint Louis MO 63179-0047	Amount (\$) 94.24
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Purpose of expenditure (See instructions regarding type of information required.) Telephone	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 01/17/2004	Payee name Texas Leadership Institute ..... Payee address; City: State; Zip Code PO Box 220 Austin TX 78767-0220	Amount (\$) 208.00
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Purpose of expenditure (See instructions regarding type of information required.) Continuing Education	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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# 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 form)  
00000000

**4** Date  
01/25/2004

**5** Payee name  
Time Warner Cable

**7** Amount  
(\$)  
44.95

**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  
01/25/2004

Payee name  
Time Warner Cable

Amount  
(\$)  
44.95

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  
03/08/2004

Payee name  
Time Warner Cable

Amount  
(\$)  
44.95

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  
04/06/2004

Payee name  
Time Warner Cable

Amount  
(\$)  
44.95

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 form)  
00000000**4** Date  
02/02/2004**5** Payee name  
Travis County Republican Party**7** Amount  
(\$)  
500.00**6** Payee address; City; State; Zip Code  
1300 W Koenig Ln Ste 103  
Austin TX 78756-1412**8** Purpose of expenditure (See instructions regarding type of information required.)  
Function for Lincoln-Reagan Day**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
04/09/2004Payee name  
U T ClubAmount  
(\$)  
74.23Payee address; City; State; Zip Code  
2108 Robert Dedman Dr  
Austin TX 78712-1506Purpose of expenditure (See instructions regarding type of information required.)  
Luncheon MeetingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
06/20/2004Payee name  
U T ClubAmount  
(\$)  
45.89Payee address; City; State; Zip Code  
2108 Robert Dedman Dr  
Austin TX 78712-1506Purpose of expenditure (See instructions regarding type of information required.)  
Luncheon MeetingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
02/16/2004Payee name  
Westlake PicayuneAmount  
(\$)  
74.00Payee address; City; State; Zip Code  
PO Box 160790  
Austin TX 78716-0790Purpose of expenditure (See instructions regarding type of information required.)  
SubscriptionComplete 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 tiers)  
00000000

**4** Date  
05/03/2004

**5** Payee name  
Z Tejas Grill

**7** Amount  
(\$)  
197.22

**6** Payee address; City; State; Zip Code  
1110 W 6th St  
Austin TX 78703-5304

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

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