

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5898

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 31dec2004	2 Total pages this report: 17														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td></td> <td>Ron</td> <td></td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Davis</td> <td></td> </tr> </table>	TITLE	FIRST	MI		Ron					NICKNAME	LAST	SUFFIX		Davis		<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p>
	TITLE	FIRST	MI														
	Ron																
NICKNAME	LAST	SUFFIX															
	Davis																
4 CANDIDATE / OFFICEHOLDER ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td>P.O. Box 16665</td> <td></td> <td>Austin TX</td> <td></td> <td>78761</td> </tr> </table> <p><input type="checkbox"/> Change of Address</p>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 16665		Austin TX		78761	<p style="text-align: center;">2005 JAN 14 AM 11:20</p> <p style="text-align: center;">TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">FILED FOR REPORT</p>					
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE													
P.O. Box 16665		Austin TX		78761													
5 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td></td> <td>Louis</td> <td></td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Simms</td> <td></td> </tr> </table>	TITLE	FIRST	MI		Louis					NICKNAME	LAST	SUFFIX		Simms		
	TITLE	FIRST	MI														
	Louis																
NICKNAME	LAST	SUFFIX															
	Simms																
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td>7501 Barcelona Dr.</td> <td></td> <td>Austin TX</td> <td></td> <td>78745</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	7501 Barcelona Dr.		Austin TX		78745						
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7501 Barcelona Dr.		Austin TX		78745													
7 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:30%;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>453-5322</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512)	453-5322											
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(512)	453-5322																
8 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)						
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9 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td></td> <td>06/30/2004</td> <td></td> <td></td> <td></td> <td>12/31/2004</td> <td></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year		06/30/2004				12/31/2004	
Month	Day	Year	THROUGH	Month	Day	Year											
	06/30/2004				12/31/2004												
10 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</td> </tr> <tr> <td>11/02/2008</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11/02/2008											
ELECTION DATE	ELECTION TYPE																
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																
11/02/2008																	
11 OFFICE	OFFICE HELD (if any) Other - Travis Co Commissio - ner Pct 1	12 OFFICE SOUGHT (if known) Other - Travis Co Commissio - ner Pct 1															
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

15 C/OH NAME RON DAVIS **16 ACCOUNT #** (Ethics Commission (Form))

17 NOTICE FROM POLITICAL COMMITTEE(S)

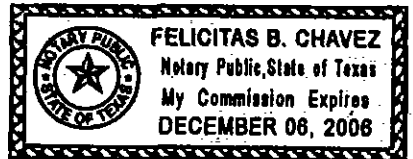
additional pages

-- This box is for notice of 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

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)	\$	4,325.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	4,325.51
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,417.51
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,976.34

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said RON DAVIS, this the 14th day of January 20 05, to certify which, witness my hand and seal of office.

Felicitas B. Chavez Felicitas B. Chavez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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: 3/7	
2 FILER NAME Ron Davis		3 ACCOUNT # (Ethics Commission files) 31dec2004	
4 Date 10/18/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BMcPac 6 Contributor address; City; State; Zip Code 111 Congress Ave Ste 1400 Austin TX 78701	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/12/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Terrell Blodgett Contributor address; City; State; Zip Code 1801 Lavaca, No. 11-B Austin TX 78701	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/18/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Gregory Contributor address; City; State; Zip Code 2939 Westlake Cove Austin TX 78746	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 08/20/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Home Builder Association of Greater Austin, Homepac Personal Contributor address; City; State; Zip Code 7952 Anderson Square Austin TX 78757	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 07/28/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Velva Price Contributor address; City; State; Zip Code 1601 Ridgemint Dr. Austin TX 78723	Amount of contribution (\$) 50.00	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: 4/7	
2 FILER NAME Ron Davis		3 ACCOUNT # (Ethics Commission Files) 31dec2004	
4 Date 10/18/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RECA - Good Government PAC 6 Contributor address; City; State; Zip Code 98 San Jacinto, Ste 180 Austin TX 78701	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/18/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Travis County Sheriff's Officers Association PAC Contributor address; City; State; Zip Code 400 W 14th St. Ste #220 Austin TX 78701	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/7

2 FILER NAME
Ron Davis

3 ACCOUNT # (Ethics Commission filers)
31dec2004

4 Date
10/13/2004

5 Payee name
Checkmark Typesetting

7 Amount (\$)
92.01

6 Payee address; City; State; Zip Code
3217 North IH 35
Austin TX 78722

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

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

Date
07/12/2004

Payee name
Comerica Bank

Amount (\$)
6.50

Payee address; City; State; Zip Code
P.O. Box 650282
Austin TX 75265

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

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

Date
08/14/2004

Payee name
Comerica Bank

Amount (\$)
6.50

Payee address; City; State; Zip Code
P.O. Box 650282
Austin TX 75265

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

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

Date
09/14/2004

Payee name
Comerica Bank

Amount (\$)
6.50

Payee address; City; State; Zip Code
P.O. Box 650282
Austin TX 75265

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

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:
6/7

2 FILER NAME
Ron Davis

3 ACCOUNT # (Ethics Commission filers)
31dec2004

4 Date 10/14/2004	5 Payee name Comerica Bank	7 Amount (\$) 6.50
6 Payee address; City; State; Zip Code P.O. Box 650282 Austin TX 75265		

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

Date 11/14/2004	Payee name Comerica Bank	Amount (\$) 6.50
Payee address; City; State; Zip Code P.O. Box 650282 Austin TX 75265		

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

Date 12/13/2004	Payee name Comerica Bank	Amount (\$) 6.50
Payee address; City; State; Zip Code P.O. Box 650282 Austin TX 75265		

Purpose of expenditure (See instructions regarding type of information required.) Service Charges	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/18/2004	Payee name Ron Davis	Amount (\$) 1000.00
Payee address; City; State; Zip Code 5403 Chevy Circle Austin TX 78723		

Purpose of expenditure (See instructions regarding type of information required.) Payment on loan	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:
7/7

2 FILER NAME
Ron Davis

3 ACCOUNT # (Ethics Commission filers)
31dec2004

4 Date
11/18/2004

5 Payee name
Ron Davis

7 Amount (\$)
2000.00

6 Payee address; City; State; Zip Code
5403 Chevy Circle
Austin TX 78723

8 Purpose of expenditure (See instructions regarding type of information required.)
Payment on loan

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

Date
11/12/2004

Payee name
NAACP

Amount (\$)
160.00

Payee address; City; State; Zip Code
1704 East 12th Street
Austin TX 78702

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

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

Date
12/13/2004

Payee name
Postmaster

Amount (\$)
34.50

Payee address; City; State; Zip Code
8225 Cross Park Dr.
Austin TX 78710

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

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

Date
11/12/2004

Payee name
Louis Simms

Amount (\$)
1000.00

Payee address; City; State; Zip Code
7501 Barcelona Drive
Austin TX 78752

Purpose of expenditure (See instructions regarding type of information required.)
Payment on loan

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5899

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: 1/11
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI	OFFICE USE ONLY FILED FOR RECORD 15 JAN 14 AM 11:48 CLERK TRAVIS COUNTY TEXAS Date Received 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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input 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
	07/01/2004		12/31/2004
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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		
<input type="checkbox"/> additional pages	Address/PO Box; Apt / Suite #; City; State; Zip Code		

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

\$ 75.00

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

\$ 4125.00

EXPENDITURE TOTALS

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

\$ 114.33

4. TOTAL POLITICAL EXPENDITURES

\$ 7941.04

OUTSTANDING LOAN TOTALS

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

\$ 0.00

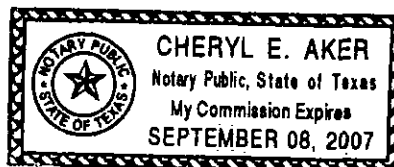
19 AFFIDAVIT

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 January 12, 2005.

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: 3/11	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission #) 00000000	
4 Date 11/15/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Committee for Innovative Government 6 Contributor address; City; State; Zip Code Austin TX 78701-2650	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/21/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fulbright & Jaworski, L.L.P. Contributor address; City; State; Zip Code 600 Congress Ave Ste 2400 Austin TX 78701-2978	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Home Builders Asso. Of Greater Austin Contributor address; City; State; Zip Code 7952 Anderson Sq Austin TX 78757-8419	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/21/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Steve Moore Contributor address; City; State; Zip Code 8211 Long Canyon Dr Austin TX 78730-2807	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) T. O. Murphey Jr. Contributor address; City; State; Zip Code 1805 Frontler Valley Dr Austin TX 78741-5219	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: 4/11	
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission Form) 00000000	
4 Date 10/19/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RECA - Good Government PAC	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 180 Austin TX 78701-4280			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/13/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TOSO PAC	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W 14th St Ste 100 Austin TX 78701-1644			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/11**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission file)
00000000

4 Date 10/11/2004	5 Payee name Chili's - S Lamar	7 Amount (\$) 67.00
6 Payee address; City; State; Zip Code 4236 S Lamar Blvd Austin TX 78704-7905		

8 Purpose of expenditure (See instructions regarding type of information required.) Luncheon Meeting	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/18/2004	Payee name Chili's - S Lamar	Amount (\$) 33.02
Payee address; City; State; Zip Code 4236 S Lamar Blvd Austin TX 78704-7905		

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
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Date 12/10/2004	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
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Date 08/23/2004	Payee name Mistie Davis	Amount (\$) 750.00
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
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/11
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission file) 00000000
4 Date 09/26/2004	5 Payee name Mistie Davis	7 Amount (\$) 500.00
6 Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759		
8 Purpose of expenditure (See instructions regarding type of information required.) Contract labor		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/21/2004	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 09/28/2004	Payee name Hill's Services	Amount (\$) 100.00
Payee address; City; State; Zip Code PO Box 144451 Austin TX 78714-4451		
Purpose of expenditure (See instructions regarding type of information required.) Computer Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/02/2004	Payee name IHOP	Amount (\$) 15.48
Payee address; City; State; Zip Code 11654 Research Blvd Austin TX 78759-4033		
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.		1 Total pages report: 7/11
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission filers) 00000000
4 Date 10/26/2004	5 Payee name IHOP 6 Payee address; City; State; Zip Code 11654 Research Blvd Austin TX 78759-4033	7 Amount (\$) 28.17
8 Purpose of expenditure (See instructions regarding type of information required.) Breakfast Meeting		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/21/2004	Payee name IHOP Payee address; City; State; Zip Code 11654 Research Blvd Austin TX 78759-4033	Amount (\$) 18.10
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
Date 08/31/2004	Payee name Lake Travis Republican Men's Club PAC Payee address; City; State; Zip Code PO Box 340033 Austin TX 78734-0001	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/04/2004	Payee name Lake Travis View Payee address; City; State; Zip Code 2300 Lohmans Spur Ste 124 Lakeway TX 78734-6200	Amount (\$) 93.00
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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/11
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000
4 Date 12/10/2004	5 Payee name Bob Moore 6 Payee address; City; State; Zip Code 305 Inwood Rd Austin TX 78746-5620	7 Amount (\$) 500.00
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 12/27/2004	Payee name Nancy Fly & Assoc./Sam Alired Payee address; City; State; Zip Code PO Box 90306 Austin TX 78709-0306	Amount (\$) 1250.00
Purpose of expenditure (See instructions regarding type of information required.) Fundraiser Expenses		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/21/2004	Payee name Proforma Payee address; City; State; Zip Code P. O. Box 640814 Cincinnati OH 45264-0001	Amount (\$) 1535.53
Purpose of expenditure (See instructions regarding type of information required.) Printed Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/21/2004	Payee name RLC PAC Payee address; City; State; Zip Code 13492 N Highway 183 Ste 120 Austin TX 78750-2254	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) 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:
9/11

2 FILER NAME
Gerald Daugherty

3 ACCOUNT # (Ethics Commission #)
00000000

4 Date
12/10/2004

5 Payee name
Barbara Smith

7 Amount
(\$)
125.00

6 Payee address; City; State; Zip Code
1200 Elm St Apt 206
Austin TX 78703-4054

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
12/10/2004

Payee name
Brenda Spiker

Amount
(\$)
250.00

Payee address; City; State; Zip Code
10503 War Bonnet Dr
Austin TX 78733-1824

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
09/21/2004

Payee name
Texans for Bob Pemberton

Amount
(\$)
250.00

Payee address; City; State; Zip Code
PO Box 608
Austin TX 78767-0608

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

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

Date
07/22/2004

Payee name
The Tavern

Amount
(\$)
46.00

Payee address; City; State; Zip Code
922 W 12th St
Austin TX 78703-4118

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/11
2 FILER NAME Gerald Daugherty		3 ACCOUNT # (Ethics Commission files) 00000000
4 Date 10/11/2004	5 Payee name The Tavern 6 Payee address; City; State; Zip Code 922 W 12th St Austin TX 78703-4118	7 Amount (\$) 16.27
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
Date 07/07/2004	Payee name Time Warner Cable Payee address; City; State; Zip Code PO Box 1088 Austin TX 78767-8865	Amount (\$) 44.95
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 08/06/2004	Payee name Time Warner Cable Payee address; City; State; Zip Code PO Box 1088 Austin TX 78767-8865	Amount (\$) 44.95
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 09/06/2004	Payee name Time Warner Cable Payee address; City; State; Zip Code PO Box 1088 Austin TX 78767-8865	Amount (\$) 38.96
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:
11/11**2** FILER NAME
Gerald Daugherty**3** ACCOUNT # (Ethics Commission filers)
00000000

4 Date 10/07/2004	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
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Date 08/14/2004	Payee name United States Postal Service	Amount (\$) 333.33
Payee address; City; State; Zip Code 510 Guadalupe St Austin TX 78701-2924		

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
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Date 07/19/2004	Payee name Z'Tejas Grill	Amount (\$) 36.00
Payee address; City; State; Zip Code 1110 W 6th St Austin TX 78703-5304		

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
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Date 11/21/2004	Payee name Z'Tejas Grill	Amount (\$) 56.00
Payee address; City; State; Zip Code 1110 W 6th St Austin TX 78703-5304		

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
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