



# 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**

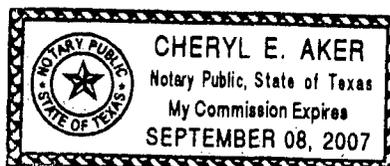
**19 AFFIDAVIT**

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 filers) 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 502 E 11th St Ste 300 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 Frontier 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 filers) 00000000	
4 Date 10/19/2004	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 Blvd Ste 180 Austin TX 78701-4280	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
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 ..... Contributor address; City; State; Zip Code 400 W 14th St Ste 100 Austin TX 78701-1644	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.		<b>1</b> Total pages report: 5/11
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 10/11/2004	<b>5</b> Payee name Chili's - S Lamar ..... <b>6</b> Payee address; City; State; Zip Code 4236 S Lamar Blvd Austin TX 78704-7905	<b>7</b> Amount (\$) 67.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Luncheon Meeting		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/18/2004	Payee name Chili's - S Lamar ..... Payee address; City; State; Zip Code 4236 S Lamar Blvd Austin TX 78704-7905	Amount (\$) 33.02
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 12/10/2004	Payee name Barbara Cilley ..... Payee address; City; State; Zip Code 1417 Travis Heights Blvd. Austin TX 78704	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting/Research		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/23/2004	Payee name Mistie Davis ..... Payee address; City; State; Zip Code 6201 Colina Lane Austin TX 78759	Amount (\$) 750.00
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:  
6/11

**2** FILER NAME  
Gerald Daugherty

**3** ACCOUNT # (Ethics Commission filers)  
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.		<b>1</b> Total pages report: 7/11
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 10/26/2004	<b>5</b> Payee name IHOP <hr/> <b>6</b> Payee address; City; State; Zip Code 11654 Research Blvd Austin TX 78759-4033	<b>7</b> Amount (\$) 28.17
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Breakfast Meeting		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/21/2004	Payee name IHOP <hr/> 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 <hr/> 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 <hr/> 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.		<b>1</b> Total pages report: 8/11
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000000
<b>4</b> Date 12/10/2004	<b>5</b> Payee name Bob Moore  <b>6</b> Payee address; City; State; Zip Code 305 Inwood Rd  Austin TX 78746-5620	<b>7</b> Amount (\$) 500.00
<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 12/27/2004	Payee name Nancy Fly & Assoc./Sam Allred  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 filers)  
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.		<b>1</b> Total pages report: 10/11
<b>2</b> FILER NAME Gerald Daugherty		<b>3</b> ACCOUNT # (Ethics Commission files) 00000000
<b>4</b> Date 10/11/2004	<b>5</b> Payee name The Tavern <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 922 W 12th St Austin TX 78703-4118	<b>7</b> Amount (\$) 16.27
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Lunch Meeting		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 07/07/2004	Payee name Time Warner Cable <hr style="border-top: 1px dotted black;"/> <b>6</b> 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 <hr style="border-top: 1px dotted black;"/> <b>6</b> 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 <hr style="border-top: 1px dotted black;"/> <b>6</b> 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 heldDate  
08/14/2004Payee name  
United States Postal ServiceAmount  
(\$)  
333.33Payee address; City; State; Zip Code  
510 Guadalupe St  
Austin TX 78701-2924Purpose of expenditure (See instructions regarding type of information required.)  
PostageComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
07/19/2004Payee name  
Z'Tejas GrillAmount  
(\$)  
36.00Payee address; City; State; Zip Code  
1110 W 6th St  
Austin TX 78703-5304Purpose of expenditure (See instructions regarding type of information required.)  
Lunch MeetingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
11/21/2004Payee name  
Z'Tejas GrillAmount  
(\$)  
56.00Payee address; City; State; Zip Code  
1110 W 6th St  
Austin TX 78703-5304Purpose of expenditure (See instructions regarding type of information required.)  
Lunch MeetingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held