Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6120

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers): 00000001

2 PAGE #: 1 of 22

**OFFICE USE ONLY**

Date Received: FILED FOR RECORD 2006 JAN 17 PM 2:13 COUNTY CLERK TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR | FIRST: Gerald | MI

NICKNAME | LAST: Daugherty | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1403 Club Ridge Cove
Austin, TX 78735

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR | FIRST: Hector | MI

NICKNAME | LAST: DeLeon | SUFFIX

**6 CAMPAIGN TREASURER ADDRESS** (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

221 W 6th St 1050
Austin, TX 78701

**7 CAMPAIGN TREASURER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

(512) 478-5308

**8 REPORT TYPE**

- [X] 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: 07/01/2005 THROUGH Month Day Year: 12/31/2005

**10 ELECTION**

ELECTION DATE: Month Day Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

**11 OFFICE**

OFFICE HELD (if any): Commissioner, Pct. 3

**12** OFFICE SOUGHT (if known)

**13 NOTICE OF 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

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

**14** C/OH NAME Daugherty, Gerald

**15** ACCOUNT # (Ethics Commission filers) 00000001

**16** NOTICE FROM POLITICAL COMMITTEE(S)

.. 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 |
|---|---|
| ☐ GENERAL | COMMITTEE ADDRESS |
| ☐ SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

☐ additional pages

| | | | |
|---|---|---|---|
| **17** 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) | $ 1,000.00 |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 7,236.20 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 67,717.98 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0.00 |

**18** AFFIDAVIT

SHARON McKINNEY
Notary Public, State of Texas
My Commission Expires
OCTOBER 01, 2006

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gerald Daugherty, this the 17th day of January, 2006, to certify which, witness my hand and seal of office.

| Sharon McKinney | Sharon McKinney | Secretary |
|---|---|---|
| Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 3/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC(ID#_____) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 10/12/2005 | Daugherty, Gerald T. (Mr.)<br>6 Contributor address; City; State; Zip Code<br>1403 CLUB RIDGE CV<br>AUSTIN, TX 78735-1623 | $1,000.00 | |

| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|
| | |

# POLITICAL EXPENDITURES

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/19 Report: 4/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 11/03/2005 | Austin Land & Cattle Company<br>1205 N Lamar Blvd<br>Austin, TX 78703-4130 | $123.90 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 11/03/2005 | Austin Land & Cattle Company<br>1205 N Lamar Blvd<br>Austin, TX 78703-4130 | $113.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/15/2005 | Barton Creek Country Club<br>8212 Barton Club Dr<br>Austin, TX 78735-1406 | $237.09 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/13/2005 | Chili's - S Lamar<br>4236 S Lamar Blvd<br>Austin, TX 78704-7905 | $45.18 |

Purpose of payment (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 PAGE #
Schedule: 2/19 Report: 5/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 07/26/2005 | Chili's - S Lamar<br>4236 S Lamar Blvd<br>Austin, TX 78704-7905 | $101.00 |

8 Purpose of payment (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:

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 09/28/2005 | Chili's - S Lamar<br>4236 S Lamar Blvd<br>Austin, TX 78704-7905 | $25.00 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/25/2005 | Chili's - South<br>3600 N Capital Of Texas Hwy Ste A100<br>Austin, TX 78746-3212 | $38.00 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/21/2005 | Chili's Lake Austin<br>4420 N Lamar Blvd<br>Austin, TX 78756-3423 | $39.00 |

Purpose of payment (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 PAGE #
Schedule: 3/19 Report: 6/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 07/27/2005 | Chili's Lake Austin<br>4420 N Lamar Blvd<br>Austin, TX 78756-3423 | $41.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/27/2005 | Chili's Lake Austin<br>4420 N Lamar Blvd<br>Austin, TX 78756-3423 | $53.04 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 11/09/2005 | Chili's Lake Austin<br>4420 N Lamar Blvd<br>Austin, TX 78756-3423 | $55.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 11/22/2005 | Chili's Lake Austin<br>4420 N Lamar Blvd<br>Austin, TX 78756-3423 | $44.00 |

Purpose of payment (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 PAGE #
Schedule: 4/19 Report: 7/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 12/14/2005 | Chili's Lake Austin<br>4420 N Lamar Blvd<br>Austin, TX 78756-3423 | $47.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/17/2005 | Daugherty<br>1403 Club Ridge Cv<br>Austin, TX 78735-1623 | $418.95 |

Purpose of payment (See instructions regarding type of information required.)
Golf and Dinner Meeting Reimbursement

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/30/2005 | Davis, Mistie<br>6201 Colina Ln<br>Austin, TX 78759-4767 | $750.00 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/22/2005 | Davis, Mistie<br>6201 Colina Ln<br>Austin, TX 78759-4767 | $750.00 |

Purpose of payment (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 PAGE #
Schedule: 5/19 Report: 8/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 07/09/2005 | Don Zimmerman Campaign<br>13492 Research Blvd Ste 120<br>Austin, TX 78750-2254 | $250.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/25/2005 | Ellenbrook, Danielle<br>1511 Buffalo Gap Rd<br>Austin, TX 78734-3500 | $410.00 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/20/2005 | Everyone's Internet<br>2600 NW Freeway, Suite 500<br>Houston, TX 77098 | $10.66 |

Purpose of payment (See instructions regarding type of information required.)
Website

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/20/2005 | Everyone's Internet<br>2600 NW Freeway, Suite 500<br>Houston, TX 77098 | $10.66 |

Purpose of payment (See instructions regarding type of information required.)
Website

** 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 PAGE #
Schedule: 6/19 Report: 9/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 09/22/2005 | Everyone's Internet<br>2600 NW Freeway, Suite 500<br>Houston, TX 77098 | $10.66 |

8 Purpose of payment (See instructions regarding type of information required.)
Website

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/22/2005 | Everyone's Internet<br>2600 NW Freeway, Suite 500<br>Houston, TX 77098 | $10.66 |

Purpose of payment (See instructions regarding type of information required.)
Website

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 11/22/2005 | Everyone's Internet<br>2600 NW Freeway, Suite 500<br>Houston, TX 77098 | $10.66 |

Purpose of payment (See instructions regarding type of information required.)
Website

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/20/2005 | Everyone's Internet<br>2600 NW Freeway, Suite 500<br>Houston, TX 77098 | $10.66 |

Purpose of payment (See instructions regarding type of information required.)
Website

** 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 PAGE #
Schedule: 7/19 Report: 10/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 07/14/2005 | Gumbo's Louisiana Style Cafe<br>710 Colorado St<br>Austin, TX 78701-3045 | $54.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/16/2005 | Gumbo's Louisiana Style Cafe<br>710 Colorado St<br>Austin, TX 78701-3045 | $53.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/16/2005 | Hill Country Dining<br>8212 Barton Club Dr<br>Austin, TX 78735-1406 | $181.86 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 09/27/2005 | Hill Country Dining<br>8212 Barton Club Dr<br>Austin, TX 78735-1406 | $38.78 |

Purpose of payment (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 PAGE #
Schedule: 8/19 Report: 11/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 12/22/2005 | Hoovers Cooking<br>2002 Manor Rd<br>Austin, TX 78722-2436 | $43.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/14/2005 | Houston's<br>2408 W. Anderson Ln.<br>Austin, TX 78757 | $37.00 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/14/2005 | Houston's<br>2408 W. Anderson Ln.<br>Austin, TX 78757 | $158.87 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 09/15/2005 | Houston's<br>2408 W. Anderson Ln.<br>Austin, TX 78757 | $157.00 |

Purpose of payment (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 PAGE #
Schedule: 9/19 Report: 12/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 07/22/2005 | IHOP - Mopac<br>1101 S Mo Pac Expy<br>Austin, TX 78746-5779 | $19.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/08/2005 | IHOP - Mopac<br>1101 S Mo Pac Expy<br>Austin, TX 78746-5779 | $29.62 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/06/2005 | IHOP - Mopac<br>1101 S Mo Pac Expy<br>Austin, TX 78746-5779 | $26.19 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/07/2005 | IHOP - Mopac<br>1101 S Mo Pac Expy<br>Austin, TX 78746-5779 | $25.00 |

Purpose of payment (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 PAGE #
Schedule: 10/19 Report: 13/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 12/13/2005 | IHOP - Mopac<br>1101 S Mo Pac Expy<br>Austin, TX 78746-5779 | $27.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/22/2005 | IHOP - Mopac<br>1101 S Mo Pac Expy<br>Austin, TX 78746-5779 | $35.71 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/28/2005 | IHOP - Mopac<br>1101 S Mo Pac Expy<br>Austin, TX 78746-5779 | $32.00 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/08/2005 | Joe's Crab Shack<br>600 E Riverside Dr<br>Austin, TX 78704-1326 | $37.00 |

Purpose of payment (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 PAGE #
Schedule: 11/19 Report: 14/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 09/21/2005 | La Madeleine<br>701 S Capital Of Texas Hwy Ste G700<br>Austin, TX 78746-5277 | $14.33 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 09/08/2005 | Luby's - Mopac<br>8176 N Mo Pac Expy<br>Austin, TX 78759-8802 | $17.29 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/16/2005 | Moore, Bob<br>305 Inwood Rd<br>Austin, TX 78746-5620 | $500.00 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/11/2005 | Office Depot #2204<br>701 S Capital Of Texas Hwy Ste E500<br>Austin, TX 78746-5261 | $22.07 |

Purpose of payment (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.

1 PAGE #
Schedule: 12/19 Report: 15/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/13/2005 | Office Max #377<br>907 W 5th St<br>Austin, TX 78703-5426 | $32.45 |

8 Purpose of payment (See instructions regarding type of information required.)
Office Supplies

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 11/28/2005 | Office Max #377<br>907 W 5th St<br>Austin, TX 78703-5426 | $11.35 |

Purpose of payment (See instructions regarding type of information required.)
Office Supplies

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/01/2005 | Ranch 616<br>616 Nueces St<br>Austin, TX 78701-2812 | $40.30 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/03/2005 | Ranch 616<br>616 Nueces St<br>Austin, TX 78701-2812 | $24.00 |

Purpose of payment (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 PAGE #
Schedule: 13/19 Report: 16/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/07/2005 | Renaissance Hotel<br>9721 Arboretum Blvd<br>Austin, TX 78759-6316 | $49.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/09/2005 | Rocco's<br>900 Ranch Road 620 S Ste A106<br>Lakeway, TX 78734-5616 | $152.94 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/16/2005 | Smith, Barbara<br>1200 Elm St Apt 206<br>Austin, TX 78703-4054 | $250.00 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/16/2005 | Spiker, Brenda<br>10503 War Bonnet Dr<br>Austin, TX 78733-1824 | $100.00 |

Purpose of payment (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 PAGE #
Schedule: 14/19 Report: 17/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 12/16/2005 | Taverna Austin<br>258 W 2nd St<br>Austin, TX 78701-4160 | $73.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/22/2005 | Texas Land and Cattle - Mopac<br>1101 S Mo Pac Expy<br>Austin, TX 78746-5779 | $57.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/18/2005 | The Cheesecake Factory<br>10000 Research Blvd<br>Austin, TX 78759-5854 | $22.95 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/20/2005 | The Tavern<br>922 W 12th St<br>Austin, TX 78703-4118 | $36.25 |

Purpose of payment (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 PAGE #
Schedule: 15/19 Report: 18/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 07/25/2005 | The Tavern<br>922 W 12th St<br>Austin, TX 78703-4118 | $29.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/02/2005 | The Tavern<br>922 W 12th St<br>Austin, TX 78703-4118 | $36.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 08/23/2005 | The Tavern<br>922 W 12th St<br>Austin, TX 78703-4118 | $40.09 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/25/2005 | The Tavern<br>922 W 12th St<br>Austin, TX 78703-4118 | $32.00 |

Purpose of payment (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 PAGE #
Schedule: 16/19 Report: 19/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 11/03/2005 | The Tavern<br>922 W 12th St<br>Austin, TX 78703-4118 | $21.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 09/07/2005 | Threadgill's<br>301 W. Riverside<br>Austin, TX 78704 | $31.17 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 09/26/2005 | Threadgill's<br>301 W. Riverside<br>Austin, TX 78704 | $52.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/05/2005 | Threadgill's<br>301 W. Riverside<br>Austin, TX 78704 | $63.00 |

Purpose of payment (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 PAGE #
Schedule: 17/19 Report: 20/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 11/21/2005 | Threadgill's<br>301 W. Riverside<br>Austin, TX 78704 | $52.00 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/09/2005 | Threadgill's<br>301 W. Riverside<br>Austin, TX 78704 | $60.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/20/2005 | Threadgill's<br>301 W. Riverside<br>Austin, TX 78704 | $32.00 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/07/2005 | Time Warner Cable<br>PO Box 85100<br>Austin, TX 78708-5100 | $44.95 |

Purpose of payment (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 PAGE #
Schedule: 18/19 Report: 21/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 08/06/2005 | Time Warner Cable<br>PO Box 85100<br>Austin, TX 78708-5100 | $44.95 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 09/06/2005 | Time Warner Cable<br>PO Box 85100<br>Austin, TX 78708-5100 | $44.95 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 10/07/2005 | Time Warner Cable<br>PO Box 85100<br>Austin, TX 78708-5100 | $44.95 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 11/06/2005 | Time Warner Cable<br>PO Box 85100<br>Austin, TX 78708-5100 | $44.95 |

Purpose of payment (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 PAGE #
Schedule: 19/19 Report: 22/22

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 12/07/2005 | Time Warner Cable<br>PO Box 85100<br>Austin, TX 78708-5100 | $44.95 |

8 Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 07/08/2005 | Truluck's of Austin<br>400 Colorado St<br>Austin, TX 78701-2919 | $222.09 |

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

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/29/2005 | Y Bar and Grill<br>7720 W Highway 71<br>Austin, TX 78735-8208 | $83.07 |

Purpose of payment (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 | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 12/16/2005 | Zamzow<br>14513 Ballyclarc Dr<br>Austin, TX 78717-4410 | $250.00 |

Purpose of payment (See instructions regarding type of information required.)
Contract Labor

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