

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

6323

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Gerald NICKNAME LAST SUFFIX Daugherty	OFFICE USE ONLY Date Received: JUN 17 AM 9:20 Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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 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 1050 Austin, TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-5308		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2006 06/30/2006		
10 ELECTION	ELECTION DATE Month Day Year 11/07/2006	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE OFFICE HELD (if any) Commissioner, Pct. 3	12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> add one or pages	... 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		

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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 378.39

4. TOTAL POLITICAL EXPENDITURES \$ 36,349.75

CONTRIBUTION BALANCE

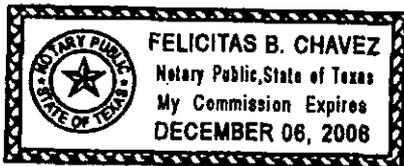
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 32,378.03

OUTSTANDING LOAN TOTALS

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

18 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gerald Daugherty, this the 14th day of July, 2006, to certify which, witness my hand and seal of office.

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/18 Report: 3/20

2 FILER NAME Daugherty, Gerald**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

06/26/2006

5 Payee name

Barton Creek Country Club

7 Amount
(S)

\$67.98

6 Payee address; City; State; Zip Code8212 Barton Club Dr
Austin, TX 78735-1406**8** Purpose of payment
(See instructions regarding type of information required.)
Dinner Meeting Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/18/2006

5 Payee name

Cantina Laredo

7 Amount
(S)

\$56.00

6 Payee address; City; State; Zip Code201 W 3rd St
Austin, TX 78701-3879**8** Purpose of payment
(See instructions regarding type of information required.)
Meeting Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/18 Report: 4/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/19/2006	5 Payee name Chili's Lake Austin 6 Payee address; City; State; Zip Code 3600 N Capital Of Texas Hwy Austin, TX 78746-3211	7 Amount (\$) \$27.00
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8 Purpose of payment (See instructions regarding type of information required.) Meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 04/23/2006	5 Payee name Chili's Lake Austin 6 Payee address; City; State; Zip Code 3600 N Capital Of Texas Hwy Austin, TX 78746-3211	7 Amount (\$) \$78.00
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8 Purpose of payment (See instructions regarding type of information required.) Meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 3/18 Report: 5/20**2** FILER NAME Daugherty, Gerald**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 05/16/2006	5 Payee name Chili's Lake Austin 6 Payee address; City; State; Zip Code 3600 N Capital Of Texas Hwy Austin, TX 78746-3211	7 Amount (\$) \$74.00
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8 Purpose of payment
(See instructions regarding type of information required.)
Meeting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

 Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 05/22/2006	5 Payee name Chili's Lake Austin 6 Payee address; City; State; Zip Code 3600 N Capital Of Texas Hwy Austin, TX 78746-3211	7 Amount (\$) \$38.00
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8 Purpose of payment
(See instructions regarding type of information required.)
Meeting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

 Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/18 Report: 6/20**2** FILER NAME Daugherty, Gerald**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 03/05/2006	5 Payee name Daugherty 6 Payee address: City; State; Zip Code 1403 Club Ridge Cv Austin, TX 78735-1623	7 Amount ($\$$) \$315.50
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Cato Institute Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
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11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 03/05/2006	5 Payee name Davis, Mistie 6 Payee address; City; State; Zip Code 6201 Colina Ln Austin, TX 78759-4767	7 Amount ($\$$) \$750.00
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8 Purpose of payment (See instructions regarding type of information required.) Contract labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
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11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/18 Report: 7/20	
2 FILER NAME Daugherty, Gerald		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/25/2006	5 Payee name ECT 6 Payee address; City; State; Zip Code 2512 S I H 35 Austin, TX 78704-8837	7 Amount (\$) \$75.00	
8 Purpose of payment (See instructions regarding type of information required.) Rail Seminar Registration <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 01/20/2006	5 Payee name Everyone's Internet 6 Payee address; City; State; Zip Code 2600 NW Freeway, Suite 500 Houston, TX 77098	7 Amount (\$) \$10.66	
8 Purpose of payment (See instructions regarding type of information required.) Website <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/18 Report: 8/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Everyone's Internet	7 Amount (\$)
02/20/2006	6 Payee address; City; State; Zip Code 2600 NW Freeway, Suite 500 Houston, TX 77098	\$10.66

8 Purpose of payment (See instructions regarding type of information required.) Website <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name Everyone's Internet	7 Amount (\$)
03/20/2006	6 Payee address; City; State; Zip Code 2600 NW Freeway, Suite 500 Houston, TX 77098	\$10.66

8 Purpose of payment (See instructions regarding type of information required.) Website <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/18 Report: 9/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

04/20/2006

5 Payee name
Everyone's Internet

6 Payee address; City; State; Zip Code
.....
2600 NW Freeway, Suite 500
Houston, TX 77098

7 Amount (\$)

\$10.66

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

05/20/2006

5 Payee name
Everyone's Internet

6 Payee address; City; State; Zip Code
.....
2600 NW Freeway, Suite 500
Houston, TX 77098

7 Amount (\$)

\$10.66

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/18 Report: 10/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

06/20/2006

5 Payee name
Everyone's Internet

6 Payee address; City; State; Zip Code
2600 NW Freeway, Suite 500
Houston, TX 77098

7 Amount (\$)

\$10.66

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

01/10/2006

5 Payee name
Family Eldercare

6 Payee address; City; State; Zip Code
2210 Hancock Dr
Austin, TX 78756-2509

7 Amount (\$)

\$250.00

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/18 Report: 11/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/03/2006	5 Payee name Fleming's Prime Steakhouse 6 Payee address; City; State; Zip Code 320 E 2nd St Austin, TX 78701-4012	7 Amount (\$) \$140.00
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8 Purpose of payment (See instructions regarding type of information required.) Dinner Meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 03/05/2006	5 Payee name Keel Systems 6 Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631	7 Amount (\$) \$75.00
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8 Purpose of payment (See instructions regarding type of information required.) Software Update and Set Up <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/18 Report: 12/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Kinko's	7 Amount (\$)
01/30/2006	6 Payee address; City; State; Zip Code 9222 Burnet Rd., Ste 101 Austin, TX 78756	\$300.00

8 Purpose of payment (See instructions regarding type of information required.) Copies	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation:	16 Purpose of travel
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4 Date	5 Payee name The Roaring Fork	7 Amount (\$)
01/17/2006	6 Payee address; City; State; Zip Code 701 Congress Austin, TX 78701-3216	\$81.00

8 Purpose of payment (See instructions regarding type of information required.) Meeting	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 11/18 Report: 13/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Threadgill's	7 Amount (\$)
02/23/2006	6 Payee address: City: State: Zip Code 301 W. Riverside Austin, TX 78704	\$29.55

8 Purpose of payment (See instructions regarding type of information required.) Lunch Meeting	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name Threadgill's	7 Amount (\$)
02/27/2006	6 Payee address: City: State: Zip Code 301 W. Riverside Austin, TX 78704	\$57.00

8 Purpose of payment (See instructions regarding type of information required.) Lunch Meeting	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 12/18 Report: 14/20**2** FILER NAME Daugherty, Gerald**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 04/11/2006	5 Payee name Threadgill's 6 Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704	7 Amount (\$) \$29.01
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8 Purpose of payment
(See instructions regarding type of information required.)
Lunch Meeting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

4 Date 04/21/2006	5 Payee name Threadgill's 6 Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704	7 Amount (\$) \$30.00
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8 Purpose of payment
(See instructions regarding type of information required.)
Lunch Meeting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 13/18 Report: 15/20**2** FILER NAME Daugherty, Gerald**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 04/25/2006	5 Payee name Threadgill's 6 Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704	7 Amount (S) \$29.66
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8 Purpose of payment
(See instructions regarding type of information required.)
Lunch Meeting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 01/06/2006	5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code PO Box 85100 Austin, TX 78708-5100	7 Amount (S) \$44.95
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8 Purpose of payment
(See instructions regarding type of information required.)
Utilities**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/18 Report: 16/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

02/06/2006

5 Payee name
Time Warner Cable

.....
6 Payee address; City; State; Zip Code
PO Box 85100
Austin, TX 78708-5100

7 Amount (\$)

\$44.95

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

03/09/2006

5 Payee name
Time Warner Cable

.....
6 Payee address; City; State; Zip Code
PO Box 85100
Austin, TX 78708-5100

7 Amount (\$)

\$44.95

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/18 Report: 17/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 04/06/2006	5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code PO Box 85100 Austin, TX 78708-5100	7 Amount (\$) \$44.95
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8 Purpose of payment (See instructions regarding type of information required.) Utilities <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date 05/07/2006	5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code PO Box 85100 Austin, TX 78708-5100	7 Amount (\$) \$44.95
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8 Purpose of payment (See instructions regarding type of information required.) Utilities <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/18 Report: 18/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 06/06/2006	5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code PO Box 85100 Austin, TX 78708-5100	7 Amount (\$) \$44.95
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8 Purpose of payment (See instructions regarding type of information required.) Utilities <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 03/05/2006	5 Payee name TRACPAC 6 Payee address; City; State; Zip Code 10711 Burnet Rd Austin, TX 78758-4457	7 Amount (\$) \$2,500.00
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8 Purpose of payment (See instructions regarding type of information required.) Contribution <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 17/18 Report: 19/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name TRACPAC	7 Amount (\$)
06/14/2006	6 Payee address: City; State; Zip Code 10711 Burnet Rd Austin, TX 78758-4457	\$30,000.00

8 Purpose of payment (See instructions regarding type of information required.) Loan <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name Travis County Republican Party	7 Amount (\$)
01/20/2006	6 Payee address: City; State; Zip Code 7801 N Lamar Blvd Austin, TX 78752-1016	\$500.00

8 Purpose of payment (See instructions regarding type of information required.) Reagan Day Dinner Donation <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 18/18 Report: 20/20

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

01/31/2006

5 Payee name
Vinny's Italian Cafe

6 Payee address; City; State; Zip Code
1003 Barton Springs Rd
Austin, TX 78704-1148

7 Amount
(S)

\$135.00

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

Payment for travel outside Texas (complete boxes 10-16)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel