

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7131

## 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 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Gerald MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST Daugherty SUFFIX		
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 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	<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 01/01/2009    06/30/2009		
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) None	12 OFFICE SOUGHT (if known) Pending	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional 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. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> 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)	\$	0.00
--------------------------------------------------------------------------------------	----	------

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	514.54
------------------------------------------------------------------	----	--------

4. TOTAL POLITICAL EXPENDITURES	\$	10,113.62
---------------------------------	----	-----------

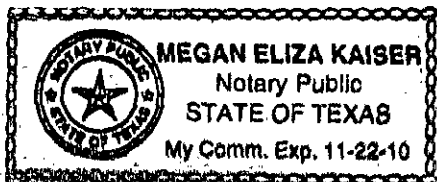
### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	45,036.12
----------------------------------------------------------------------------------------	----	-----------

### 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 13 day of July, 2009, to certify which, witness my hand and seal of office.

*Megan E. Kaiser*  
Signature of officer administering oath

Megan E. Kaiser  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/4 Report: 3/12
<b>2</b> FILER NAME Daugherty, Gerald		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  03/14/2009	<b>5</b> Payee name Daugherty, Gerald  <b>6</b> Payee address, City, State, Zip Code 1403 Club Ridge Cove Austin, TX 78735	<b>7</b> Amount (\$)  \$843.62
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for Schedule G Expenditures  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/10/2009	Payee name Daugherty, Gerald  Payee address, City, State, Zip Code 1403 Club Ridge Cove Austin, TX 78735	Amount (\$)  \$851.09
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Schedule G Expenditures  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/29/2009	Payee name Daugherty, Gerald  Payee address, City, State, Zip Code 1403 Club Ridge Cove Austin, TX 78735	Amount (\$)  \$338.35
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Schedule G Expenditures  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/29/2009	Payee name Davis, Mistie  Payee address, City, State, Zip Code 6201 Colina Ln Austin, TX 78759-4767	Amount (\$)  \$1,200.00
Purpose of payment (See instructions regarding type of information required.) Compensation for Campaign Work  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/4 Report: 4/12

**2** FILER NAME Daugherty, Gerald

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

<b>4</b> Date 03/16/2009	<b>5</b> Payee name Drive-Thru/Postal  <b>6</b> Payee address; City; State; Zip Code 1712 E Riverside Dr Austin, TX 78741-1320	<b>7</b> Amount (\$)  \$50.50
-----------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

Date 03/09/2009	Payee name Shack, Ed  Payee address; City; State; Zip Code 814 San Jacinto Blvd Ste 202 Austin, TX 78701-2510	Amount (\$)  \$225.00
--------------------	------------------------------------------------------------------------------------------------------------------------------	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Attorney Fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

Date 06/22/2009	Payee name Southwest Austin Caregivers  Payee address; City; State; Zip Code 3801 N Capital Of Texas Hwy Ste E240 Austin, TX 78746-1482	Amount (\$)  \$1,000.00
--------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

Date 01/31/2009	Payee name Texas Capital Bank - XXXXXXXX93  Payee address; City; State; Zip Code 6060 N Central Expy Ste 800 Dallas, TX 75206-5214	Amount (\$)  \$12.00
--------------------	---------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

Purpose of payment (See instructions regarding type of information required.) Maintenance Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/4 Report: 5/12

**2** FILER NAME Daugherty, Gerald

**3** ACCOUNT # (Ethics Commission files)  
00000001

<b>4</b> Date	<b>5</b> Payee name Texas Capital Bank - XXXXXXXX93	<b>7</b> Amount (\$)
02/28/2009	<b>6</b> Payee address; City; State; Zip Code 6060 N Central Expy Ste 800 Dallas, TX 75206-5214	\$12.00

**8** Purpose of payment (See instructions regarding type of information required.)  
Maintenance Fee

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

<b>Date</b>	<b>Payee name</b> Texas Capital Bank - XXXXXXXX93	<b>Amount (\$)</b>
03/31/2009	<b>Payee address; City; State; Zip Code</b> 6060 N Central Expy Ste 800 Dallas, TX 75206-5214	\$12.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

<b>Date</b>	<b>Payee name</b> Texas Capital Bank - XXXXXXXX93	<b>Amount (\$)</b>
04/30/2009	<b>Payee address; City; State; Zip Code</b> 6060 N Central Expy Ste 800 Dallas, TX 75206-5214	\$12.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

<b>Date</b>	<b>Payee name</b> Texas Capital Bank - XXXXXXXX93	<b>Amount (\$)</b>
05/31/2009	<b>Payee address; City; State; Zip Code</b> 6060 N Central Expy Ste 800 Dallas, TX 75206-5214	\$12.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/4 Report: 6/12

**2** FILER NAME Daugherty, Gerald

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

<b>4</b> Date  06/30/2009	<b>5</b> Payee name Texas Capital Bank - XXXXXXXX93  <b>6</b> Payee address; City; State; Zip Code 6060 N Central Expy Ste 800 Dallas, TX 75206-5214	<b>7</b> Amount (\$)  \$12.00
---------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Maintenance Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Date</b>  01/15/2009	<b>Payee name</b> TRACPAC  <b>Payee address; City; State; Zip Code</b> 10711 Burnet Rd Austin, TX 78758-4457	<b>Amount (\$)</b>  \$3,000.00
-------------------------------	-----------------------------------------------------------------------------------------------------------------------------	--------------------------------------

<b>Purpose of payment (See instructions regarding type of information required.)</b> Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Date</b>  01/19/2009	<b>Payee name</b> Travis County Republican Party  <b>Payee address; City; State; Zip Code</b> 10711 Burnet Rd Ste 315 Austin, TX 78758-4455	<b>Amount (\$)</b>  \$500.00
-------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------

<b>Purpose of payment (See instructions regarding type of information required.)</b> Lincoln Dinner Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/6 Report: 7/12

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name	8 Amount (\$)
01/15/2009	6 Payee name: Bistro 88 6 Payee address; City; State; Zip Code: 2712 Bee Cave Rd Austin, TX 78746-5676 7 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$117.03  <input type="checkbox"/> Reimbursement from political contributions intended
01/21/2009	Payee name: Chili's - S Lamar Payee address; City; State; Zip Code: 4236 S Lamar Blvd Austin, TX 78704-7905 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$): \$76.00  <input type="checkbox"/> Reimbursement from political contributions intended
03/23/2009	Payee name: Chili's - S Lamar Payee address; City; State; Zip Code: 4236 S Lamar Blvd Austin, TX 78704-7905 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$): \$67.46  <input type="checkbox"/> Reimbursement from political contributions intended
04/23/2009	Payee name: Houston's Payee address; City; State; Zip Code: 2408 W. Anderson Ln. Austin, TX 78757 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$): \$65.75  <input type="checkbox"/> Reimbursement from political contributions intended
06/24/2009	Payee name: La Condesa Payee address; City; State; Zip Code: 400a W 2nd St Austin, TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$): \$239.10  <input type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6 Report: 8/12
2 FILER NAME Daugherty, Gerald		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/09/2009	5 Payee name Macaroni Grill - West Lake ..... 6 Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy West Lake Hills, TX 78746-5243	8 Amount (\$) \$53.00  <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 03/17/2009	Payee name Macaroni Grill - West Lake ..... Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy West Lake Hills, TX 78746-5243	Amount (\$) \$53.11  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 03/24/2009	Payee name Macaroni Grill - West Lake ..... Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy West Lake Hills, TX 78746-5243	Amount (\$) \$75.00  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 04/14/2009	Payee name Macaroni Grill - West Lake ..... Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy West Lake Hills, TX 78746-5243	Amount (\$) \$56.00  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 06/17/2009	Payee name Macaroni Grill - West Lake ..... Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy West Lake Hills, TX 78746-5243	Amount (\$) \$46.00  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/6 Report: 9/12
2 FILER NAME Daugherty, Gerald		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/06/2009	5 Payee name Pappadeaux's ..... 6 Payee address; City; State; Zip Code 6319 N Ih 35 Austin, TX 78752-3805	8 Amount (\$) \$54.20  <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date 03/17/2009	Payee name Pappadeaux's ..... Payee address; City; State; Zip Code 6319 N Ih 35 Austin, TX 78752-3805	Amount (\$) \$57.00  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date 04/30/2009	Payee name Perry's Steakhouse & Grille ..... Payee address; City; State; Zip Code 114 W 7th St Ste 110 Austin, TX 78701-3031	Amount (\$) \$52.00  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date 05/09/2009	Payee name Randall's-Bee Caves ..... Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	Amount (\$) \$85.50  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date 01/14/2009	Payee name Steiner Ranch Steakhouse ..... Payee address; City; State; Zip Code 5424 Steiner Ranch Blvd Austin, TX 78732-2465	Amount (\$) \$75.00  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Business Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 4/6 Report: 10/12

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date	5 Payee name	8 Amount (\$)
01/12/2009	Suzi's China Grill Payee address; City; State; Zip Code 2745 Bee Cave Rd # 10 Austin, TX 78746-5640	\$32.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended
04/28/2009	Suzi's China Grill Payee address; City; State; Zip Code 2745 Bee Cave Rd # 10 Austin, TX 78746-5640	\$26.70
	Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended
05/11/2009	Suzi's China Grill Payee address; City; State; Zip Code 2745 Bee Cave Rd # 10 Austin, TX 78746-5640	\$54.00
	Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended
06/27/2009	Suzi's China Grill Payee address; City; State; Zip Code 2745 Bee Cave Rd # 10 Austin, TX 78746-5640	\$27.00
	Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended
02/10/2009	Threadgill's Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704	\$27.60
	Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 5/6 Report: 11/12

2 FILER NAME Daugherty, Gerald

3 ACCOUNT # (Ethics Commission filers)  
00000001

<p>4 Date  02/23/2009</p>	<p>5 Payee name Threadgill's</p> <hr/> <p>6 Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>8 Amount (\$)  \$44.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date  04/07/2009</p>	<p>Payee name Threadgill's</p> <hr/> <p>Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Business Meeting</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)  \$28.07</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date  05/14/2009</p>	<p>Payee name Threadgill's</p> <hr/> <p>Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Business Meeting</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)  \$28.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date  01/07/2009</p>	<p>Payee name Waterloo Ice House</p> <hr/> <p>Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Business Meeting</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)  \$20.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date  03/04/2009</p>	<p>Payee name Waterloo Ice House</p> <hr/> <p>Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Business Meeting</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>Amount (\$)  \$17.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

**1 PAGE #**  
Schedule: 6/6 Report: 12/12

**2 FILER NAME** Daugherty, Gerald

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

<p><b>4 Date</b>  03/06/2009</p>	<p><b>5 Payee name</b> Waterloo Ice House</p> <hr/> <p><b>6 Payee address; City; State; Zip Code</b> 600 N Lamar Blvd Austin, TX 78703-5400</p> <p><b>7 Purpose of expenditure (See instructions regarding type of information required.)</b> Business Meeting</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p><b>8 Amount (\$)</b>  \$25.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p><b>Date</b>  03/16/2009</p>	<p><b>Payee name</b> Waterloo Ice House</p> <hr/> <p><b>Payee address; City; State; Zip Code</b> 600 N Lamar Blvd Austin, TX 78703-5400</p> <p><b>Purpose of expenditure (See instructions regarding type of information required.)</b> Business Meeting</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p><b>Amount (\$)</b>  \$17.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>