CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

8739

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2	OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST: Gerald	MI	Date Received
	NICKNAME	LAST: Daugherty	SUFFIX	2016 FEB -1 PM 2:29 FILED FOR RECORD Dana DeBeauvoir Travis County

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [X] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit _____
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

Date Hand-delivered or Date Postmarked

Receipt # ____ Amount $ ____

5 ORIGINAL PERIOD COVERED

Month	Day	Year		Month	Day	Year
01	/ 01	/ 2015	THROUGH	06	/ 30	/ 2015

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

Changed to reflect day of bill, not day of payment. Reflects day of bill received.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

[X] **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

[ ] **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

CHEREE' VOIGT
MY COMMISSION EXPIRES
September 9, 2019
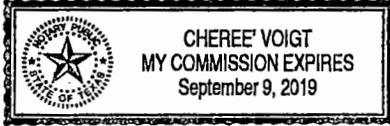
AFFIX NOTARY STAMP / SEAL ABOVE

_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _Gerald Daugherty_ this the _1st_ day of _February_

20 _16_ , to certify which, witness my hand and seal of office.

_____	Chereé Voigt	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 (2,2)	**2** FILER NAME Gerald Daugherty	**3** Filer ID (Ethics Commission Filers)

4 Date 4/11/15	**5** Payee name Real Estate Council of Austin (RECA)	

6 Amount ($) 261.°°	**7** Payee address; City; State; Zip Code 98 San Jacinto Blvd. Suite 510 Austin, TX 78701	

8 **PURPOSE** **OF** **EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) 2015 membership dues	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name		
Amount ($)	Payee address; City; State; Zip Code		

PURPOSE **OF** **EXPENDITURE**	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name		
Amount ($)	Payee address; City; State; Zip Code		

PURPOSE **OF** **EXPENDITURE**	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 9/8/2015