

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Jeff Daily

16 ACCOUNT # (Ethics Commission filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 36,435.15

EXPENDITURE TOTALS

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

\$ 75.34

4. TOTAL POLITICAL EXPENDITURES

\$ 85936.56

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 10,606.28

OUTSTANDING LOAN TOTALS

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

\$ 15,000

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jeff Daily
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Daily, this the 15 day of January, 20 04, to certify which, witness my hand and seal of office.

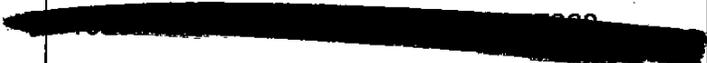
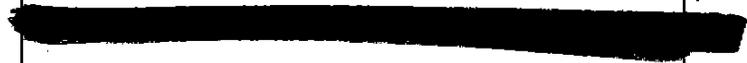
Traci Sautural
Signature of officer administering oath

Traci Sautural
Printed name of officer administering oath

Notary Public State of Texas
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A1: 1 of 5 | |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 11/25/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul May  | 7 Amount of contribution (\$) \$5,000 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 11/25/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul May Contributor address; City; State; Zip Code  | Amount of contribution (\$) \$5,000 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/19/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Apple, Jr. Contributor address; City; State; Zip Code  | Amount of contribution (\$) \$500 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/19/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: L.E. Simmons Contributor address; City; State; Zip Code  | Amount of contribution (\$) \$2500 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/18/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Home- PAC Contributor address; City; State; Zip Code  | Amount of contribution (\$) \$200 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 of 5

2 FILER NAME

Jeff Daily

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/19/2003

5 Full name of contributor

C Club PAC

out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$1,000

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/25/2003

Full name of contributor

Paul May

out-of-state PAC (ID#:

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

12/01/2003

Full name of contributor

James Gatton

out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

12/02/2003

Full name of contributor

Steven Jarvis

out-of-state PAC (ID#:

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

12/20/2003

Full name of contributor

Mark Kamin

out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

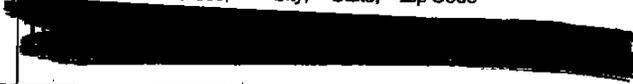
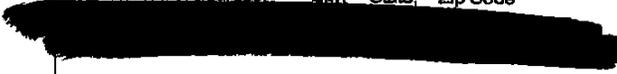
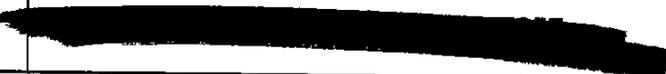
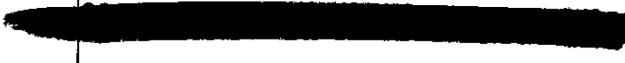
Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

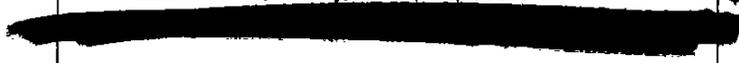
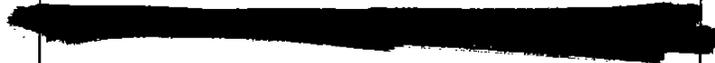
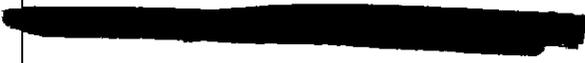
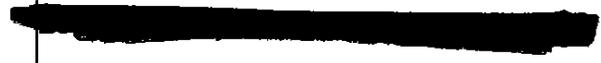
SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

| | | | |
|---|---|--|--|
| The INSTRUCTION Guide explains how to complete this form. | | 1 Total pages this Schedule A1: 3 of 5 | |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 12/02/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph Fite | 7 Amount of contribution (\$) \$50 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code  | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 11/25/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Daily | Amount of contribution (\$) \$10000 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 12/02/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greg Wilson | Amount of contribution (\$) \$500 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 12/04/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rothfelder & Falick, LLP | Amount of contribution (\$) \$100 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 12/02/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Diane Tate | Amount of contribution (\$) \$100 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A1: 4 of 5 | |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date 12/02/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tammy Canon 6 Contributor address; City; State; Zip Code  | 7 Amount of contribution (\$) \$100 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 12/05/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hartman Partnership, LLP Contributor address; City; State; Zip Code  | Amount of contribution (\$) \$10000 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 12/01/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BAC-PAC Contributor address; City; State; Zip Code  | Amount of contribution (\$) \$100 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 12/04/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joan Alford Contributor address; City; State; Zip Code  | Amount of contribution (\$) \$50 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 12/03/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathleen O'Connor Contributor address; City; State; Zip Code  | Amount of contribution (\$) \$100 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule A1: 5 of 5 | |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 12/02/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Dunwoody | 7 Amount of contribution (\$) \$100 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this Schedule B: 1 | |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | | \$ 0 |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) n/a | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| 7 Pledgor address; City; State; Zip Code | | | |
| 10 Principal occupation \ Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation \ Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1 of 72 FILER NAME
Jeff Daily

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/01/035 Payee name
Paul Skrabanek7 Amount
(\$)
\$458.446 Payee address; City; State; Zip Code
14211 Carneswood Ln., Tomball, TX 773758 Purpose of payment (See instructions regarding type of information required.)
Expenses9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/01/03Payee name
Commercial Printing ServicesAmount
(\$)
\$4,448.65Payee address; City; State; Zip Code
P.O. Box 800697, Houston, TX 77280Purpose of payment (See instructions regarding type of information required.)
Printing** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/01/03Payee name
Spencer NeumanAmount
(\$)
\$7,396.89Payee address; City; State; Zip Code
1314 West Webster, Houston, TX 77019Purpose of payment (See instructions regarding type of information required.)
Printing / Consulting Services** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/03/03Payee name
Robert DownsAmount
(\$)
\$7000Payee address; City; State; Zip Code
2803 White Oak, Houston, TX 77008Purpose of payment (See instructions regarding type of information required.)
Retail Campaign Work** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2 of 7**

2 FILER NAME **Jeff Daily**

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/04/03

5 Payee name
Michael Jordan

7 Amount (\$)
\$541

6 Payee address; City; State; Zip Code
1370 AFTON STREET APT#803, HOUSTON, TX 77055

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

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

Date
12/04/03

Payee name
LT Communications

Amount (\$)
\$393

Payee address; City; State; Zip Code
2617 Greenbriar, Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)
Printing / postage

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

Date
12/05/03

Payee name
Lee Padilla

Amount (\$)
\$2150

Payee address; City; State; Zip Code
12841 Green Dolphin, Houston, TX 77013

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
12/05/03

Payee name
Robert Downs

Amount (\$)
\$938

Payee address; City; State; Zip Code
2803 White Oak, Houston, TX 77008

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 3 of 7 |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/05/03 | 5 Payee name Quest Personnel | 7 Amount (\$) \$1012.50 |
| 6 Payee address; City; State; Zip Code 50 Briar Hollow, Suite 510E, Houston, TX 77027 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Contract Labor | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 12/08/03 | Payee name Yessenia Duaue | Amount (\$) \$60 |
| Payee address; City; State; Zip Code 11354 Bandlon Dr., Houston, TX 77072 | | |
| 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 12/08/03 | Payee name Sylvia Alejo | Amount (\$) \$60 |
| Payee address; City; State; Zip Code P.O. Box 222, South Houston, TX 77587 | | |
| 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 12/08/03 | Payee name Patty Alvarado | Amount (\$) \$60 |
| Payee address; City; State; Zip Code 7816 Keller, Houston, TX 77012 | | |
| 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 |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
4 of 7**2** FILER NAME
Jeff Daily**3** ACCOUNT # (Ethics Commission filers)**4** Date
12/08/03**5** Payee name
Melinda Hernandez**7** Amount
(\$)
\$60**6** Payee address; City; State; Zip Code
4306 Winterborne Dr., Pasadena, TX 77505**8** Purpose of payment (See instructions regarding type of information required.)
Contract Labor**9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date**
12/08/03**Payee name**
Vanessa Vega**Amount**
(\$)
\$60**Payee address; City; State; Zip Code**

12934 Bamboo Forest, Houston, TX 77044

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**
12/08/03**Payee name**
Melissa Rodriguez**Amount**
(\$)
\$60**Payee address; City; State; Zip Code**

12934 Bamboo Forest, Houston, TX 77044

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**
12/08/03**Payee name**
Aaron Wilson**Amount**
(\$)
\$60**Payee address; City; State; Zip Code**

1330 Caywood, Houston, TX 77055

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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 5 of 7 |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/08/03 | 5 Payee name Maria Duran <hr/> 6 Payee address; City; State; Zip Code 3222 Pasadena Blvd., Pasadena, TX 77503 | 7 Amount (\$) \$60 |
| 8 Purpose of payment (See instructions regarding type of information required.) Contract Labor | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/08/03 | Payee name Lourdes Aguinaw <hr/> Payee address; City; State; Zip Code 4510 Rusk St., Houston, TX 77023 | Amount (\$) \$60 |
| 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 12/08/03 | Payee name Ana Aguinaw <hr/> Payee address; City; State; Zip Code 4510 Rusk St., Houston, TX 77023 | Amount (\$) \$60 |
| 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 12/08/03 | Payee name Neli Sotelo <hr/> Payee address; City; State; Zip Code 12727 Silver Rod Ln., Houston, TX 77041 | Amount (\$) \$60 |
| 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 |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 6 of 7 |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/08/03 | 5 Payee name Mariana Aguinaw 6 Payee address; City; State; Zip Code 4510 Rusk St., Houston, TX 77023 | 7 Amount (\$) \$60 |
| 8 Purpose of payment (See instructions regarding type of information required.) Contract Labor | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 12/08/03 | Payee name Commercial Business Services Payee address; City; State; Zip Code P.O. Box 800697, Houston, TX 77280 | Amount (\$) \$287.45 |
| Purpose of payment (See instructions regarding type of information required.) Printing | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 12/08/03 | Payee name Paul Skrabanek Payee address; City; State; Zip Code 14211 Carneswood Ln., Tomball, TX 77375 | Amount (\$) \$2,785.14 |
| Purpose of payment (See instructions regarding type of information required.) Dec. Fee and reimbursement | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 12/08/03 | Payee name City of Houston Payee address; City; State; Zip Code 900 Bagby, Houston, TX 77002 | Amount (\$) \$5000 |
| Purpose of payment (See instructions regarding type of information required.) Recount Exp. | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
7 of 7**2** FILER NAME
Jeff Daily**3** ACCOUNT # (Ethics Commission filers)**4** Date
12/08/03**5** Payee name
Phil Owens**7** Amount
(\$)
\$1,011.46**6** Payee address; City; State; Zip Code
10231 Glenfield Park Ln., Houston, TX 77077**8** Purpose of payment (See instructions regarding type of information required.)
Sign Work**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/27/03Payee name
Campaign Data SystemsAmount
(\$)
\$541.46Payee address; City; State; Zip Code
4415 Lorinda Dr., Houston, TX 77018Purpose of payment (See instructions regarding type of information required.)
Data software fee**9** ** Complete 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 payment (See instructions regarding type of information required.)

9 ** Complete 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 payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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

1 Total pages Schedule G: **1 of 2**

2 **FILER NAME** Jeff Daily

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

| | | |
|---------------------------|---|---|
| 4 Date 10/21/03 | 5 Payee name International Mailing Systems, Inc. | 8 Amount (\$) \$795.79 |
| | 6 Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229 | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Postage | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 10/21/03 | Payee name International Mailing Systems, Inc. | Amount (\$) \$1264.91 |
| | Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229 | |
| | Purpose of expenditure (See instructions regarding type of information required.) Postage | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 10/29/03 | Payee name International Mailing Systems, Inc. | Amount (\$) \$715.67 |
| | Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229 | |
| | Purpose of expenditure (See instructions regarding type of information required.) Postage | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 10/29/03 | Payee name International Mailing Systems, Inc. | Amount (\$) \$1038.30 |
| | Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229 | |
| | Purpose of expenditure (See instructions regarding type of information required.) Postage | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 11/06/03 | Payee name International Mailing Systems, Inc. | Amount (\$) \$5555.94 |
| | Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229 | |
| | Purpose of expenditure (See instructions regarding type of information required.) Postage | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | | |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule G: 2 of 2 |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 11/06/03 | 5 Payee name International Mailing Systems, Inc. 6 Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229 | 8 Amount (\$) \$5614.09 |
| 7 Purpose of expenditure (See instructions regarding type of information required.) Postage | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 11/06/03 | Payee name International Mailing Systems, Inc. Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229 | Amount (\$) \$5614.09 |
| Purpose of expenditure (See instructions regarding type of information required.) Postage | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 11/06/03 | Payee name International Mailing Systems, Inc. Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229 | Amount (\$) \$5555.94 |
| Purpose of expenditure (See instructions regarding type of information required.) Postage | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 10/28/03 | Payee name Time Warner Ad Sales Payee address; City; State; Zip Code 20 Greenway Plaza, Suite 380A, Houston, Texas 77046 | Amount (\$) \$7012.50 |
| Purpose of expenditure (See instructions regarding type of information required.) Air time | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 11/20/03 | Payee name C & M Marketing Payee address; City; State; Zip Code 11451 Katy Freeway, #215, Houston, Texas 77079 | Amount (\$) \$17985 |
| Purpose of expenditure (See instructions regarding type of information required.) Media Buy | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

| | | |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule H: <p style="text-align: center; margin: 0;">1</p> |
| 2 FILER NAME <p style="margin: 0;">Jeff Daily</p> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Business name <p style="text-align: center; margin: 0;">n/a</p> | 7 Amount (\$) |
| 6 Business address; City; State; Zip Code | | |
| 8 Purpose of payment (See instructions regarding type of information required.) | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Business name | Amount (\$) |
| Business address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Business name | Amount (\$) |
| Business address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Business name | Amount (\$) |
| Business address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | | |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule I: 1 |
| 2 FILER NAME Jeff Daily | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name n/a | 8 Amount (\$) |
| 6 Payee address; City; State; Zip Code | | |
| 7 Purpose of expenditure (See instructions regarding type of information required.) | | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of expenditure (See instructions regarding type of information required.) | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEXAS ETHICS COMMISSION

P.O. Box 12070, Capitol Station
Austin, Texas 78711-2070

Francisco Hernandez
Chair

Ralph Wayne
Vice Chair

Karen Lundquist
Executive Director



Commissioners

Scott W. Fisher
Ernestine Glossbrenner
Jerome W. Johnson
Mickey Jo Lawrence
Cullen R. Looney
Wales H. Madden, III

January 21, 2004

Mr. Jeff Daily
5773 Woodway, PMB 275
Houston, Texas 77057



Dear Mr. Daily:

In the course of reviewing our files, we discovered you filed the enclosed document with the Texas Ethics Commission by mistake. The document should be filed with the City Secretary. The Texas Ethics Commission's *Campaign Finance Guide For Candidates And Officeholders Who File With Local Filing Authorities* is available on our website for your reference.

Although you do not file your campaign finance reports with the Ethics Commission, we can answer any questions you may have about your filing requirements. Please contact our office at one of the numbers listed below and ask to speak to an attorney if you need further advice.

Very truly yours,

A handwritten signature in cursive script that reads "Robert Mannas".

Robert Mannas
Assistant General Counsel

Enclosure: Form C/OH for Mr. Daily

RM:my

Come visit our home page at <http://www.ethics.state.tx.us> on the Internet.

(512) 463-5800 • 1-800-325-8506 • FAX (512) 463-5777 • TDD 1-800-735-2989

The Texas Ethics Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

TEXAS ETHICS COMMISSION

P.O. Box 12070, Capitol Station
Austin, Texas 78711-2070

Francisco Hernandez
Chair

Ralph Wayne
Vice Chair

Karen Lundquist
Executive Director



Commissioners

Scott W. Fisher
Ernestine Glossbrenner
Jerome W. Johnson
Mickey Jo Lawrence
Cullen R. Looney
Wales H. Madden, III

January 21, 2004

Mr. Jeff Daily
5773 Woodway, PMB 275
Houston, Texas 77057



Dear Mr. Daily:

In the course of reviewing our files, we discovered you filed the enclosed document with the Texas Ethics Commission by mistake. The document should be filed with the City Secretary. The Texas Ethics Commission's *Campaign Finance Guide For Candidates And Officeholders Who File With Local Filing Authorities* is available on our website for your reference.

Although you do not file your campaign finance reports with the Ethics Commission, we can answer any questions you may have about your filing requirements. Please contact our office at one of the numbers listed below and ask to speak to an attorney if you need further advice.

Very truly yours,

A handwritten signature in cursive script that reads "Robert Mannas".

Robert Mannas
Assistant General Counsel

Enclosure: Form C/OH for Mr. Daily

RM:my

Come visit our home page at <http://www.ethics.state.tx.us> on the Internet.

(512) 463-5800 • 1-800-325-8506 • FAX (512) 463-5777 • TDD 1-800-735-2989

The Texas Ethics Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.



RECEIVED
JAN 20 2004

Texas Ethics Commission

Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070