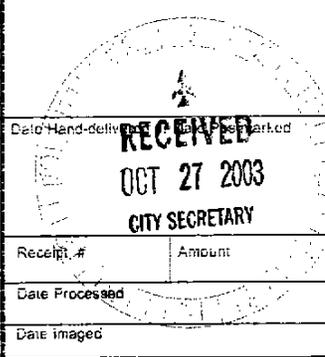


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Jeff	OFFICE USE ONLY Date Received  Date Hand-delivered: Date Mailed: Date Permitted: Receipt # Amount Date Processed Date Imaged			
	NICKNAME LAST SUFFIX Daily				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 5773 Woodway, PMB 275, Houston, TX 77057					
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 914-8402					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Al				
	NICKNAME LAST SUFFIX Hartman				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1450 W. Sam Houston Pkwy. N #100, Houston, TX 77043				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 467-2222				
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09 / 26 / 2003 10 / 25 / 2003				
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2003	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (If any) None	13 OFFICE SOUGHT (If known) Houston City Council - District G			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name Address / PO BOX APT / SUITE # CITY STATE ZIP CODE				
<input type="checkbox"/> additional pages					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Jeff Daily

16 ACCOUNT # (Ethics Commission files)

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

\$ 3.77

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

\$ 11,500

EXPENDITURE TOTALS

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

\$ n/a

4. TOTAL POLITICAL EXPENDITURES

\$ 42,427.99

CONTRIBUTION BALANCE

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

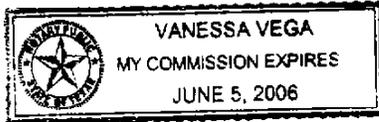
\$ 8,848.29

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Daily this the 27th day of October 20 03 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 1 of 4	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/29/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Perry 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$5000	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette Williams Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Mears Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Apple Jr. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Van Pelt, IV Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 2 of 4	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/20/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Untermeyer 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Lynch Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James A. Baker Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Dailey Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Van Pelt Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000	In-kind contribution 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 3 of 4	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/21/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom Arnold, M.D. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen Pohl Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dane Grant Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ed White Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lynne Aronoff Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100	In-kind contribution 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 4 of 4	
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/21/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anabel Lassus 6 Contributor address; City; State; Zip Code [REDACTED] 63	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Davis Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Wilson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Stover Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Dewhurst Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250	In-kind contribution 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.

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 filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$ 0

5 Date

6 Full name of pledgor 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 out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

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.

LOANS	SCHEDULE E
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: 1
--	---

2 FILER NAME Jeff Daily	3 ACCOUNT # (Ethics Commission filers)
--	---

4 TOTAL OF UNITEMIZED LOANS: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐	\$ 0
--	-------------

5 Date of loan 10/13/03	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Daily	9 Loan Amount (\$) \$15,000
6 Is lender a financial institution? Y X	8 Lender address; City; State; Zip Code 713 Rocky River Rd., Houston, TX 77056	10 Interest rate 6%
		11 Maturity date 10/13/04

12 Description of Collateral <input checked="" type="checkbox"/> none

13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
---	--	----------------------------------

17 Principal Occupation	18 Employer
--------------------------------	--------------------

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral <input type="checkbox"/> none
--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
---	--	------------------------

Principal Occupation	Employer
----------------------	----------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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 4
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/03/03	5 Payee name Andrew Kazanas 6 Payee address; City; State; Zip Code 9159 Cardwell, Houston, TX 77055	7 Amount (\$) \$3,350
8 Purpose of payment (See instructions regarding type of information required.) Consulting Fee		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/03/03	Payee name Andrew Kazanas Payee address; City; State; Zip Code 9159 Cardwell, Houston, TX 77055	Amount (\$) \$2,327.38
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Signs, Sprint Digital Print		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/08/03	Payee name Absolute Sign and Neon Payee address; City; State; Zip Code 1101 Maple Leaf St., Houston, TX 77016	Amount (\$) \$1450
Purpose of payment (See instructions regarding type of information required.) Banner		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/08/03	Payee name Spencer Neuman Payee address; City; State; Zip Code 1314 West Webster, Houston, TX 77019	Amount (\$) \$16,313.88
Purpose of payment (See instructions regarding type of information required.) \$3500 Consulting fee, \$12,813.88 printing		-- 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 4
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/10/03	5 Payee name Daughters of Liberty 6 Payee address; City; State; Zip Code #3 Homewood Row Ln., Houston, TX 77056	7 Amount (\$) \$45
8 Purpose of payment (See instructions regarding type of information required.) Lunch 10/22/03		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/08/03	Payee name LT Communication Ltd. Payee address; City; State; Zip Code 2606 Persa, #4, Houston, TX 77098	Amount (\$) \$2,000
Purpose of payment (See instructions regarding type of information required.) Consulting fee October		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/08/03	Payee name Commercial Printing Services Payee address; City; State; Zip Code P.O. Box 800697, Houston, TX 77280	Amount (\$) \$680.30
Purpose of payment (See instructions regarding type of information required.) T- Shirts		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/08/03	Payee name LT Communication Ltd. Payee address; City; State; Zip Code 2606 Persa, #4, Houston, TX 77019	Amount (\$) \$53.40
Purpose of payment (See instructions regarding type of information required.) Postage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 4
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/10/03	5 Payee name Painter Communications 6 Payee address; City; State; Zip Code 3000 Greenridge Place, Suite 1623, Houston, TX 77057	7 Amount (\$) \$8186
8 Purpose of payment (See instructions regarding type of information required.) Phone work		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/12/03	Payee name Burnett Staffing Payee address; City; State; Zip Code 9800 Richmond Avenue, Suite 800, Houston, TX 77042	Amount (\$) \$2500
Purpose of payment (See instructions regarding type of information required.) Temp Work		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/17/03	Payee name Commercial Printing Services Payee address; City; State; Zip Code P.O. Box 800697, Houston, TX 77280	Amount (\$) \$638.68
Purpose of payment (See instructions regarding type of information required.) Signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/19/03	Payee name Cheryl Stalinsky Payee address; City; State; Zip Code 32410 Watersmeet, Fulshear, TX 77441	Amount (\$) \$2500
Purpose of payment (See instructions regarding type of information required.) Consulting Fees		** 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 4
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/21/03	5 Payee name Robert Downs ----- 6 Payee address; City; State; Zip Code 2803 White Oak, Houston, TX 77008	7 Amount (\$) \$505
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 10/12/03	Payee name Phil Owens ----- Payee address; City; State; Zip Code 10231 Glenfield Park Ln., Houston, TX 77077	Amount (\$) \$1083.24
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
Date 10/21/03	Payee name Commercial Printing Services ----- Payee address; City; State; Zip Code P.O. Box 800697, Houston, TX 77280	Amount (\$) \$795.11
Purpose of payment (See instructions regarding type of information required.) Signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name ----- Payee address; City; State; Zip Code	Amount (\$)
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

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 09/15/03	5 Payee name International Mailing Systems, Inc. 6 Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229	8 Amount (\$) \$5438.35
7 Purpose of expenditure (See instructions regarding type of information required.) Postage		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/19/03	Payee name International Mailing Systems, Inc. Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229	Amount (\$) \$5438.35
Purpose of expenditure (See instructions regarding type of information required.) Postage		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/25/03	Payee name International Mailing Systems, Inc. Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229	Amount (\$) \$6017.24
Purpose of expenditure (See instructions regarding type of information required.) Postage		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/02/03	Payee name International Mailing Systems, Inc. Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229	Amount (\$) \$5441.85
Purpose of expenditure (See instructions regarding type of information required.) Postage		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/16/03	Payee name International Mailing Systems, Inc. Payee address; City; State; Zip Code P.O. Box 230229, Houston, TX 77223-0229	Amount (\$) \$2060.88
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 10/08/03	5 Payee name International Mailing Systems, Inc.	8 Amount (\$) \$5438.35
	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	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input 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: 1
2 FILER NAME Jeff Daily		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name n/a	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	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED