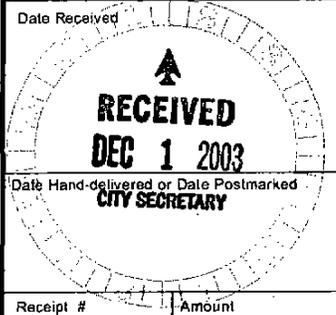


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
5773 Woodway, PMB 275, Houston, TX 77057			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
1450 W. Sam Houston Pkwy. N #100, Houston, TX 77043		<input type="checkbox"/> Receipt # <input type="checkbox"/> Amount <input type="checkbox"/> Date Processed <input type="checkbox"/> Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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
11 ELECTION	Month	Day	Year
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
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 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

\$ 56.95

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

\$ 77,506.95

EXPENDITURE TOTALS

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

\$ 198.00

4. TOTAL POLITICAL EXPENDITURES

\$ 86,058.30

CONTRIBUTION BALANCE

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

\$ 8,880.12

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.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeff Daily, this the 1<sup>st</sup> day of December, 20 03, to certify which, witness my hand and seal of office.

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 A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <b>1 of 10</b>	
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/28/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Al Hartman</b> 6 Contributor address; City, State, Zip Code [REDACTED]	7 Amount of contribution (\$) <b>\$5000</b>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/27/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Goldie</b> Contributor address; City, State, Zip Code [REDACTED]	Amount of contribution (\$) <b>\$2500</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/27/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill McMinn</b> Contributor address; City, State, Zip Code [REDACTED] TX	Amount of contribution (\$) <b>\$5000</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/27/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Associated Republicans of Texas</b> Contributor address; City, State, Zip Code [REDACTED]	Amount of contribution (\$) <b>\$1000</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/27/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Daily</b> Contributor address; City, State, Zip Code [REDACTED]	Amount of contribution (\$) <b>\$20000</b>	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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages this Schedule A: <span style="float: right; font-size: 1.2em;">2 of 10</span>	
<b>2</b> FILER NAME <span style="font-size: 1.2em; margin-left: 100px;">Jeff Daily</span>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date <span style="font-size: 1.2em;">10/29/03</span>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">Lawence Levy</span> <b>6</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	<b>7</b> Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 20px;">\$100</span>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation \ Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/30/03</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">Kevin Stolle</span> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 20px;">\$250</span>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/31/03</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">John Elsner</span> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 20px;">\$250</span>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/31/03</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">L.E. Simmons</span> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 20px;">\$2500</span>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">10/31/03</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; margin-left: 20px;">Nelda Blair</span> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$) <span style="font-size: 1.2em; margin-left: 20px;">\$1000</span>	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 10**

2 FILER NAME  
**Jeff Daily**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/06/03**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bob Perry**

7 Amount of contribution (\$)  
**\$5000**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date  
**11/06/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Doylene Perry**

Amount of contribution (\$)  
**\$5000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date  
**11/07/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Outdoor PAC**

Amount of contribution (\$)  
**\$500**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date  
**11/07/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Charles Frost**

Amount of contribution (\$)  
**\$100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date  
**11/07/03**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**George Littell**

Amount of contribution (\$)  
**\$500**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]

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: <b>4 of 10</b>	
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/11/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Annette Williams</b> 6 Contributor address: City: State: Zip Code [REDACTED]	7 Amount of contribution (\$) <b>\$200</b>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/08/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen Pohl</b> Contributor address; City: State: Zip Code [REDACTED]	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/11/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Home - PAC</b> Contributor address; City: State: Zip Code [REDACTED]	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/10/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Hutzelman</b> Contributor address; City: State: Zip Code [REDACTED]	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/10/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Finkelman</b> Contributor address; City: State: Zip Code [REDACTED]	Amount of contribution (\$) <b>\$250</b>	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.		<b>1</b> Total pages this Schedule A: <b>5 of 10</b>	
<b>2</b> FILER NAME <b>Jeff Daily</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date <b>11/12/03</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John H. Moon</b> <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$) <b>\$500</b>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation \ Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date <b>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Lybarger</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/08/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wiley Mossy</b> Contributor address; City; State; Zip Code [REDACTED], TX	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/24/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alan Kirshner</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/13/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Will Perry</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$5000</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <b>6 of 10</b>	
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/13/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. Laura Perry</b> 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) <b>\$5000</b>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/10/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ron Woliver</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Stover</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/14/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Fizer</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/15/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Verdene Ryder</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$500</b>	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: <b>7 of 10</b>	
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/12/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Post</b> 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) <b>\$500</b>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Van Pelt, IV</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anabel Lassus</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan Clinton</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Neal Meyer</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>			



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <b>8 of 10</b>	
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/18/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis Macey</b>	7 Amount of contribution (\$) <b>\$250</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/18/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Ratterman</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/17/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Gustafson</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/14/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HOU CON PAC</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Perry</b>	Amount of contribution (\$) <b>\$5000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
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:  
9 of 10

2 FILER NAME  
Jeff Daily

3 ACCOUNT # (Ethics Commission filers)

4 Date  
11/12/03

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Stefani Perry

7 Amount of contribution (\$)  
\$5000

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/23/03

Anastas Pass

Contributor address; City; State; Zip Code  
[REDACTED]

\$50

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/18/03

Mark Boyer

Contributor address; City; State; Zip Code  
[REDACTED]

\$500

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/20/03

Jeanette Rash

Contributor address; City; State; Zip Code  
[REDACTED]

\$200

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/17/03

H.L. Wade

Contributor address; City; State; Zip Code  
[REDACTED]

\$100

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: **10 of 10**

2 FILER NAME **Jeff Daily**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/17/03**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Joe Lynch**

7 Amount of contribution (\$) **\$250**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**11/16/03**

**Howard Klein**  
Contributor address; City; State; Zip Code  
[REDACTED]

**\$50**

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**11/20/03**

**Conrad Moren**  
Contributor address; City; State; Zip Code  
[REDACTED]

**\$150**

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**11/19/03**

**Gerald Mischon**  
Contributor address; City; State; Zip Code  
[REDACTED]

**\$200**

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**11/18/03**

**Edward Boswell**  
Contributor address; City; State; Zip Code  
[REDACTED]

**\$250**

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 6**

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

<b>4</b> Date <b>10/21/03</b>	<b>5</b> Payee name <b>Phil Owens</b> <hr/> <b>6</b> Payee address; City, State, Zip Code <b>10231 Glenfield Park Ln., Houston, TX 77077</b>	<b>7</b> Amount (\$) <b>\$1083.24</b>
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>Sign Work</b>	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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<b>Date</b> <b>10/27/03</b>	<b>Payee name</b> <b>Commercial Printing Services</b> <hr/> <b>Payee address; City, State, Zip Code</b> <b>P.O. Box 800697, Houston, TX 77280</b>	<b>Amount (\$)</b> <b>\$580.57</b>
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<b>Purpose of payment (See instructions regarding type of information required.)</b> <b>Printing</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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<b>Date</b> <b>10/30/03</b>	<b>Payee name</b> <b>Spencer Neuman</b> <hr/> <b>Payee address; City, State, Zip Code</b> <b>1314 West Webster, Houston, TX 77019</b>	<b>Amount (\$)</b> <b>\$19417.02</b>
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<b>Purpose of payment (See instructions regarding type of information required.)</b> <b>Printing</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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<b>Date</b> <b>10/30/03</b>	<b>Payee name</b> <b>Commercial Printing Services</b> <hr/> <b>Payee address; City, State, Zip Code</b> <b>P.O. Box 800697, Houston, TX 77280</b>	<b>Amount (\$)</b> <b>\$1028.39</b>
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<b>Purpose of payment (See instructions regarding type of information required.)</b> <b>T-shirts and printing</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**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: <b>2 of 6</b>
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/03/03</b>	5 Payee name <b>Paul Skrabanek</b> 6 Payee address; City; State; Zip Code <b>14211 Carneswood Ln., Tomball, TX 77375</b>	7 Amount (\$) <b>\$1800</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Consulting</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/03/03</b>	Payee name <b>Robert Downs</b> Payee address; City; State; Zip Code <b>2803 White Oak, Houston, TX 77008</b>	Amount (\$) <b>\$1100</b>
Purpose of payment (See instructions regarding type of information required.) <b>sign work</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/03/03</b>	Payee name <b>Commercial Printing Services</b> Payee address; City; State; Zip Code <b>P.O. Box 800697, Houston, TX 77280</b>	Amount (\$) <b>\$245.73</b>
Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/03/03</b>	Payee name <b>LT Communications</b> Payee address; City; State; Zip Code <b>2606 Persa, #4, Houston, TX 77098</b>	Amount (\$) <b>\$5000</b>
Purpose of payment (See instructions regarding type of information required.) <b>Consulting Services</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>3 of 6</b>
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/09/03</b>	5 Payee name <b>Painter Communications</b> ----- 6 Payee address; City; State; Zip Code <b>3000 Greenridge Place, Suite 1623, Houston, TX 77057</b>	7 Amount (\$) <b>\$266</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Phone Work</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/10/03</b>	Payee name <b>Micheal Franks</b> ----- Payee address; City; State; Zip Code <b>1103 Crestmont, Warton, TX 77488</b>	Amount (\$) <b>\$1915.72</b>
Purpose of payment (See instructions regarding type of information required.) <b>signs</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/11/03</b>	Payee name <b>Commercial Printing Services</b> ----- Payee address; City; State; Zip Code <b>P.O. Box 800697, Houston, TX 77280</b>	Amount (\$) <b>\$2272.12</b>
Purpose of payment (See instructions regarding type of information required.) <b>Signs</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/12/03</b>	Payee name <b>Paul Skrabanek</b> ----- Payee address; City; State; Zip Code <b>14211 Carneswood Ln., Tomball, TX 77375</b>	Amount (\$) <b>\$176.17</b>
Purpose of payment (See instructions regarding type of information required.) <b>Expences</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4 of 6</b>
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/11/03</b>	5 Payee name <b>Commercial Printing Services</b> 6 Payee address; City; State; Zip Code <b>P.O. Box 800697, Houston, TX 77280</b>	7 Amount (\$) <b>\$1082.50</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/12/03</b>	Payee name <b>Andrew Kazanas</b> Payee address; City; State; Zip Code <b>9159 Cardwell, Houston, TX 77055</b>	Amount (\$) <b>\$9682.46</b>
Purpose of payment (See instructions regarding type of information required.) <b>Expences, Ad Reinbursement \$3000, Postage</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/12/03</b>	Payee name <b>Michael Jodan</b> Payee address; City; State; Zip Code <b>1370 AFTON STREET APT#803, HOUSTON, TX 77055</b>	Amount (\$) <b>\$145</b>
Purpose of payment (See instructions regarding type of information required.) <b>Sign Work</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/15/03</b>	Payee name <b>Amy Duty</b> Payee address; City; State; Zip Code <b>5402 Theall Road, Houston, TX 77066</b>	Amount (\$) <b>\$325</b>
Purpose of payment (See instructions regarding type of information required.) <b>Expences</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule F: **5 of 6**

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

<b>4</b> Date <b>11/15/03</b>	<b>5</b> Payee name <b>Michael Jodan</b> <hr/> <b>6</b> Payee address; City; State; Zip Code <b>1370 AFTON STREET APT#803, HOUSTON, TX 77055</b>	<b>7</b> Amount (\$) <b>\$329</b>
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) <b>Sign Work</b>	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>11/19/03</b>	Payee name <b>Phil Owens</b> <hr/> Payee address; City; State; Zip Code <b>10231 Glenfield Park Ln., Houston, TX 77077</b>	Amount (\$) <b>\$838.38</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Sign Work</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>11/19/03</b>	Payee name <b>Painter Communications</b> <hr/> Payee address; City; State; Zip Code <b>3000 Greenridge Place, Suite 1623, Houston, TX 77057</b>	Amount (\$) <b>\$11,100</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Phone Work</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>11/19/03</b>	Payee name <b>Michael Jodan</b> <hr/> Payee address; City; State; Zip Code <b>1370 AFTON STREET APT#803, HOUSTON, TX 77055</b>	Amount (\$) <b>\$200</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Banner</b>	** 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: <b>6 of 6</b>
2 FILER NAME <b>Jeff Daily</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/19/03</b>	5 Payee name <b>Robert Downs</b> ..... 6 Payee address; City, State; Zip Code <b>2803 White Oak, Houston, TX 77008</b>	7 Amount (\$) <b>\$7000</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Temp Work</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/20/03</b>	Payee name <b>Quest Personnel</b> ..... Payee address; City, State; Zip Code <b>50 Briar Hollow Lane East, Suite 510, Houston, TX 77027</b>	Amount (\$) <b>\$500</b>
Purpose of payment (See instructions regarding type of information required.) <b>Temp Work</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/20/03</b>	Payee name <b>Spencer Neuman</b> ..... Payee address; City, State; Zip Code <b>1314 West Webster, Houston, TX 77019</b>	Amount (\$) <b>\$12000</b>
Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/25/03</b>	Payee name <b>Michael Jodan</b> ..... Payee address; City, State; Zip Code <b>1370 AFTON STREET APT#803, HOUSTON, TX 77055</b>	Amount (\$) <b>\$273</b>
Purpose of payment (See instructions regarding type of information required.) <b>Sign Work</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

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

2 FILER NAME **Jeff Daily**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>11/15/03</b>	5 Payee name <b>Q-Search, Inc,</b>	8 Amount (\$) <b>\$7,500</b>
6 Payee address; City; State; Zip Code <b>Hollowbrook Office Park, Bldg. 1, 11 Marshall Rd., Suite 1M, Wappingers Falls, NY 12590</b>		
7 Purpose of expenditure (See instructions regarding type of information required.) <b>Research</b>		

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.)		

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.)		

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.)		

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.)		

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

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