

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <div style="font-size: 2em; text-align: center;">7</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.5em;">Will</div>	<b>OFFICE USE ONLY</b>	
	NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em;">Conley</div>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="text-align: center; font-size: 1.2em;">2000 castle bluff San Marcos, TX 78666</div>		
	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="text-align: center; font-size: 1.2em;">(512) 738-1079</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.5em;">Linda</div>		
	NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em;">Hewlett</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="text-align: center; font-size: 1.2em;">300 Joe Winberly Winberly, TX</div>		
	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="text-align: center; font-size: 1.2em;">(512) 847-5013</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	PERIOD COVERED Month    Day    Year                      THROUGH                      Month    Day    Year <div style="font-size: 1.5em;">3 / 14 / 04                      THROUGH                      04 / 03 / 04</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	ELECTION DATE                      ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <div style="font-size: 1.5em;">04 / 13 / 04</div>		
	OFFICE HELD (if any) <b>13 OFFICE SOUGHT (if known)</b>		
<b>9 REPORT TYPE</b>	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box;    Apt. / Suite #;    City;    State;    Zip Code		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Will Conley*

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

\$ 250

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

\$ 4,250

EXPENDITURE TOTALS

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

\$ 350

4. TOTAL POLITICAL EXPENDITURES

\$ 7,829.16

CONTRIBUTION BALANCE

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

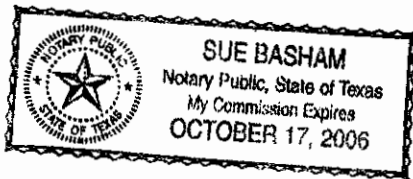
\$ 2,450

OUTSTANDING LOAN TOTALS

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

\$ 3000

### 19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Will Conley*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Will Conley, this the 12<sup>th</sup> day of April, 20 04, to certify which, witness my hand and seal of office.

*Sue Basham*  
Signature of officer administering oath

Sue Basham  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Will Conley</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$		
5 Date of loan <i>3/10/04</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Will Conley</i>	9 Loan Amount (\$) <i>3,000</i>
6 Is lender a financial institution? Y    N	8 Lender address; City; State; Zip Code <i>San Marcos, TX 78666</i>	10 Interest rate
		11 Maturity date <i>A</i>
12 Principal occupation / Job title (See Instructions) <i>President Conley Enterprises</i>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 3/16/04</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindberger Gogson Blair &amp; Sampson 6 Contributor address; City; State; Zip Code P. Box 17428 Austin, TX 78760</p>	<p>7 Amount of contribution (\$) 500</p>	<p>8 In-kind contribution description (if applicable)</p>
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<p>9 Principal occupation / Job title (See Instructions)</p>	<p>10 Employer (See Instructions)</p>
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<p>Date 3/18/04</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Cook Contributor address; City; State; Zip Code 102 Seminole Cove Lake Kiowa, TX 78240</p>	<p>Amount of contribution (\$) 200</p>	<p>In-kind contribution description (if applicable)</p>
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<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
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<p>Date 3/17/04</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Morris Contributor address; City; State; Zip Code 333 Cheatham San Marcos, TX 78666</p>	<p>Amount of contribution (\$) 250</p>	<p>In-kind contribution description (if applicable)</p>
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<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
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<p>Date 3/16/04</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Mitchell Contributor address; City; State; Zip Code 2300 Flite Acres Kimmerling, TX 78676</p>	<p>Amount of contribution (\$) 100</p>	<p>In-kind contribution description (if applicable)</p>
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<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
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<p>Date 3/10/04</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Gaddie Contributor address; City; State; Zip Code 117 Laurel Lane San Marcos, TX 78666</p>	<p>Amount of contribution (\$) 100</p>	<p>In-kind contribution description (if applicable)</p>
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<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
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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 Schedule A:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/15/04	6 Contributor address; City, State; Zip Code <i>Vallance Wilson</i> 1942 Cent. Houston TX TXC	2500		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/15/04	Contributor address; City, State; Zip Code <i>Tom Conley</i>	500		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City, State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City, State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor 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.**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Post Office</i>	8 Amount (\$)  <i>110</i>
	6 Payee address; City; State; Zip Code <i>San Marcos, TX</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Stamps</i>	

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

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

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

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

**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 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/25</b>	5 Payee name <b>Jared Patterson</b> 6 Payee address; City; State; Zip Code <b>1510 N Loop # 1112 Austin TX 78756</b>	7 Amount (\$) <b>2501.55</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>signs</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>3/19</b>	Payee name <b>Jared Patterson</b> Payee address; City; State; Zip Code <b>1510 N Loop # 1112 Austin TX 78756</b>	Amount (\$) <b>3258.15</b>
Purpose of payment (See instructions regarding type of information required.) <b>mail</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>3/30</b>	Payee name <b>Jared Patterson</b> Payee address; City; State; Zip Code <b>1510 W Loop # 1112 Austin TX 78756</b>	Amount (\$) <b>1774.46</b>
Purpose of payment (See instructions regarding type of information required.) <b>mail</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>5/20</b>	Payee name <b>Lowes</b> Payee address; City; State; Zip Code	Amount (\$) <b>185</b>
Purpose of payment (See instructions regarding type of information required.) <b>supplies</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		