

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:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS FIRST MI
Will P
NICKNAME LAST SUFFIX
Conley

OFFICE USE ONLY

Date Received

Jac
01-14-04

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
305 N Guadalupe San Marcos TX 78666
PMB # 285

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 805-7500

Receipt #

Amount

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Cinda
NICKNAME LAST SUFFIX
Newlett

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
200 Soe Wimberley Blvd
Wimberley TX 78676

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 847-5013

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 01 / 03 THROUGH 12 / 31 / 03

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 09 / 04
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Commissioner Pet. 3

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

additional pages

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 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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

\$

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

\$ *6,850.00*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *4,742.28*

CONTRIBUTION BALANCE

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

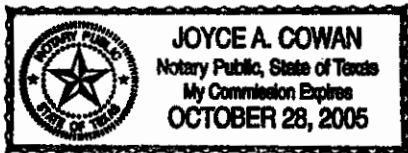
\$

OUTSTANDING LOAN TOTALS

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

\$ *8,000*

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 *14* day of *JAN*, 20*04*, to certify which, witness my hand and seal of office.

Joyce A. Cowan
Signature of officer administering oath

Joyce A. Cowan
Printed name of officer administering oath

NOTARY
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 Schedule A: 2	
2 FILER NAME Will Conley		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/01/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidney Botarque 6 Contributor address; City, State; Zip Code 307 Suttles Ave San Marcos, TX 78666	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/01/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Tarbutton Contributor address; City, State; Zip Code 127 E. Hopkins San Marcos, TX 78666	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker Wilson Contributor address; City, State; Zip Code 1910 Travis sw 1980 Houston, TX 77002	Amount of contribution (\$) \$5,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/06/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom & Debbie Conley Contributor address; City, State; Zip Code 9620 Meadow Creek Beaumont, TX 77706	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/07/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Terry Contributor address; City, State; Zip Code 325 E Hopkins San Marcos, TX 78666	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>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 Schedule A:	
2 FILER NAME <i>Will Conley</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>12/13/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matthew Garner</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1923 Slaterville rd Ithaca NY 14850</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/21/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Forrest Conley</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>723 Oneonta Shreveport, LA 71106</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/16/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Allman</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7200 Denton #117 Austin TX 78758</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/17/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Latour</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8000 Clydesdale Austin TX 78743</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/29/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Sims</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3041 Oakridge San Marcos TX 78666</i>			
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:

3

2 FILER NAME

Will Conley

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/10/03

5 Payee name

Hays County NRA

6 Payee address; City; State; Zip Code

7 Amount (\$)

25.00

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

tickets

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/02/03

Payee name

Sheriff Don Montague

Payee address; City; State; Zip Code

230 Belvin st San Marcos TX 78666

Amount (\$)

\$500

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

golf

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/10

Payee name

Jared Patterson

Payee address; City; State; Zip Code

B

Amount (\$)

148.84

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

Burner

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/14

Payee name

Office Depot

Payee address; City; State; Zip Code

Amount (\$)

\$6.48

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

name tag

** 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 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/11/03	5 Payee name UPS Store ----- 6 Payee address; City; State; Zip Code	7 Amount (\$) 46.00
8 Purpose of payment (See instructions regarding type of information required.) P.O. Box		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/27/03	Payee name Friends of Asker ----- Payee address; City; State; Zip Code	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/01/03	Payee name U.T. College Republicans ----- Payee address; City; State; Zip Code	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/03/03	Payee name Hays County Republican Party ----- Payee address; City; State; Zip Code	Amount (\$) \$750.00
Purpose of payment (See instructions regarding type of information required.) Filing Fee		** 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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/16/03</i>	5 Payee name <i>Jerald Patterson</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>\$2,186.90</i>
---------------------------	---	------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) <i>signs</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <i>12/23/03</i>	Payee name <i>Siga. Art?</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$416.77</i>
-------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>signs</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <i>12/29/03</i>	Payee name <i>Louise</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$242.95</i>
-------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>signs</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <i>12/30/03</i>	Payee name <i>Louise</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$119.31</i>
-------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>signs</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Will Conley</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan <i>11-01-03</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Will Conley</i>	9 Loan Amount (\$) <i>5,000</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>2002 Castle Bluff San Marcos, TX 78666</i>	10 Interest rate <i>0</i>
11 Maturity date <i>X</i>		
12 Principal occupation / Job title (See Instructions) <i>President Conley Enterprises</i>		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan <i>12-20-03</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Will Conley</i>	Loan Amount (\$) <i>3,000</i>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code	Interest rate <i>X</i>
Principal occupation / Job title (See Instructions) <i>President Conley Enterprises</i>		Maturity date <i>X</i>
Employer (See Instructions)		
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.