

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: <div style="font-size: 2em; text-align: center;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Will</div>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Conley</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">2002 Castle Bluff San Marcos, TX 78666</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 738 -1079</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Linda</div>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Hawless</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">200 Joe Wimberly Rd Wimberly TX 78676</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 847-5013</div>		
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 <div style="font-size: 1.5em;">1 / 01 / 04 THROUGH 3 / 01 / 04</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">3 / 09 / 04</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- 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

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: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$ <i>3,500</i>
5 Date of loan <i>3-01-04</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Will Conley</i>		9 Loan Amount (\$) <i>X</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>2002 Castle Bluff Lane Mercedes, TX 78056</i>		10 Interest rate <i>X</i>
12 Principal occupation / Job title (See Instructions) <i>Conley</i>			11 Maturity date <i>X</i>
13 Employer (See Instructions) <i>Conley Enterprises</i>		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
Principal occupation / Job title (See Instructions)			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.

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 <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 \$ 100.00

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

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 10,213.75

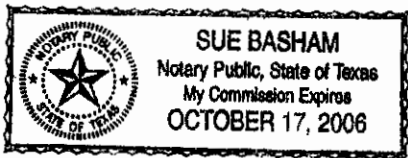
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1900

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3500

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 5th day of March, 2004, 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

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 FILER NAME <i>Will Conlay</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-17-01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Newton</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1105 Mountain View San Marcos, TX 78666</i>			
9 Principal occupation / Job title (See Instructions) <i>partner</i>		10 Employer (See Instructions)	
Date <i>2-07-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Col Michael Dishman</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>507 Saydon Hill San Marcos, TX 78666</i>			
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>1-20-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wendell Hettrick</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1509 Hamilton San Marcos, TX 78666</i>			
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>2-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>C.O.B Realty</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1405 United Dr Ste 115 San Marcos, TX 78666-9231</i>			
Principal occupation / Job title (See Instructions) <i>owner</i>		Employer (See Instructions)	
Date <i>2-28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Centu</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1422 Sunshine Strip Herlingen, TX 78550</i>			
Principal occupation / Job title (See Instructions) <i>car salesman</i>		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 Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date 1-20-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Powers 6 Contributor address; City; State; Zip Code 111 E San Antonio St San Marcos TX 78666	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Judge		10 Employer (See Instructions)	
Date 2-02-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randel Morris Contributor address; City; State; Zip Code 800 Delun St San Marcos TX 78666	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) reception		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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:
2 FILER NAME <i>Will Conley</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-07</i>	5 Payee name <i>Hays County</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>6.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Mug</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1-07</i>	Payee name <i>CESCO</i> Payee address; City; State; Zip Code <i>1436 Highland Dr. San Marcos, TX 78666</i>	Amount (\$) <i>2,883.46</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplies</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1-12</i>	Payee name <i>Cones</i> Payee address; City; State; Zip Code <i>San Marcos, TX</i>	Amount (\$) <i>46.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplies</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1-15</i>	Payee name <i>Rhinos</i> Payee address; City; State; Zip Code	Amount (\$) <i>300</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplies</i>		** 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 1-18	5 Payee name Jerod Patterson ----- 6 Payee address; City; State; Zip Code 1510 N Loop #1112 Austin, TX 78756	7 Amount (\$) \$3528.80
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8 Purpose of payment (See instructions regarding type of information required.) mail	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-19	Payee name Hill Country Sun ----- Payee address; City; State; Zip Code	Amount (\$) \$100
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Purpose of payment (See instructions regarding type of information required.) Newspaper	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-19	Payee name News Dispatch ----- Payee address; City; State; Zip Code	Amount (\$) \$50
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Purpose of payment (See instructions regarding type of information required.) Newspaper	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-19	Payee name M.S.P.S ----- Payee address; City; State; Zip Code	Amount (\$) \$99.98
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Purpose of payment (See instructions regarding type of information required.) my	** 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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Jared Patterson</i>	7 Amount (\$)
	6 Payee address; City; State; Zip Code <i>1510 N Loop #1117 Austin, TX 78756</i>	<i>\$608.51</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>mail</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>1-29</i>	Payee name <i>Sams</i>	Amount (\$)
	Payee address; City; State; Zip Code <i>Austin, TX</i>	<i>\$224.37</i>

Purpose of payment (See instructions regarding type of information required.) <i>Food</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>1-31</i>	Payee name <i>TSU College Republicans</i>	Amount (\$)
	Payee address; City; State; Zip Code <i>Texas State</i>	<i>\$300</i>

Purpose of payment (See instructions regarding type of information required.) <i>donation</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>1-31</i>	Payee name <i>Linda Howlett</i>	Amount (\$)
	Payee address; City; State; Zip Code <i>200 Joe Winberly Rd. Lumberly, TX 78676</i>	<i>112.24</i>

Purpose of payment (See instructions regarding type of information required.) <i>Food</i>	** 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:

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

4 Date	5 Payee name	7 Amount (\$)
2-10-07	Carb ----- 6 Payee address; City; State; Zip Code Wimberly TX 78676	65.00

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

Date	Payee name	Amount (\$)
2-16-07	Jerod Patten ----- Payee address; City; State; Zip Code 1310 N Loop #112 Austin, TX 78750	1888.81

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

Date	Payee name	Amount (\$)
	----- Payee address; City; State; Zip Code	

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

Date	Payee name	Amount (\$)
	----- Payee address; City; State; Zip Code	

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

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