

# 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> <i>15 pages</i>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<i>Will Conley</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE
	<i>2002 Castle Bluff San Marcos, TX 78666</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(512) 738-1079</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<i>Linda Hamlett</i>	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	<i>200 Joe Winlock Blvd</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	<i>( )</i>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month	Day	Year
	<i>7 / 01 / 04</i>		THROUGH
		Month	Day
		<i>10 / 01 / 04</i>	
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<i>11 / 02 / 04</i>	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT</b> (if known)
	<i>X</i>		
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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		

**OFFICE USE ONLY**

Date Received  
*10/4/04*  
*SB*

Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

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

\$ 94

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

\$ ~~1,660~~ 1,660

EXPENDITURE TOTALS

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

\$ 305.70

4. TOTAL POLITICAL EXPENDITURES

\$ 4,892.18

CONTRIBUTION BALANCE

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

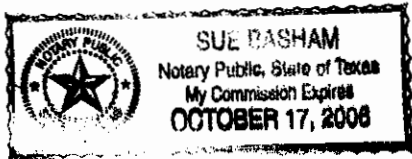
\$

OUTSTANDING LOAN TOTALS

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

\$ 15,700

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Will Conley, this the 4<sup>th</sup> day of October, 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

3 ACCOUNT # (Ethics Commission files)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9-02-04

Robert McDonald  
 6 Contributor address; City; State; Zip Code  
 2110 Boca Raton ~~Street~~ Suite 206  
 Austin, TX 78747

\$250

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)

9-15-04

Ivar Gunnerson  
 Contributor address; City; State; Zip Code  
 P.O. Box 746  
 San Marcos, TX 78667

~~\$~~ \$500  
 (L. Howard)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

billboards

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-27-04

John Weisman  
 Contributor address; City; State; Zip Code  
 P.O. Box 167  
 Walde, TX 78802

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

restoration

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-22-04

Walter Demand  
 Contributor address; City; State; Zip Code  
 P.O. Box 1148  
 Austin, TX 78767

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Layan

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-9-04

Associated General Contractors  
 Contributor address; City; State; Zip Code  
 P.O. Box 2185  
 Austin, TX 78768

\$500

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 Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

8-28-04

Ray Kotowski  
Contributor address; City; State; Zip Code

\$100

106 Camie Ct  
San Marcos, TX 78666

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)

8-27-04

Rick Green  
Contributor address; City; State; Zip Code

\$100

P.O. Box 900  
Dripping Springs, TX 78620

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)

7-28-04

Hays County Republicans  
Contributor address; City; State; Zip Code

\$750

P.O. Box 1655  
San Marcos, TX 78666

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)

8-01-04

Daron Butler  
Contributor address; City; State; Zip Code

\$500

P.O. Box 130089  
Houston, TX 77219

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)

7-30-04

D.P. McDuff  
Contributor address; City; State; Zip Code

\$250

8960 Lone Tree Dr  
Manor, TX 78653

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 Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 8-28-01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. H. & Bath Mitchell	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2300 Flite Acres Rd Wimberly, TX 78676			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
---	--------------------------------

Date 8-30-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric & Christy Hudgins	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 228 Camaro Way San Marcos, TX 78666			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8-27-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Harper	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 East Mimsa San Marcos, TX 78666			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8-26-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Taylor	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1806 W. Stassney lane ste 105 Austin, TX 78745			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8-16-01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Gilmore	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 W Hopkins suite 200 San Marcos, TX 78666			

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 Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

8-26-04

Chris Carson  
Contributor address; City; State; Zip Code  
1921 Corporate Dr Ste 102  
San Marcos, TX 78666

\$250

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)

8-18-04

Keith Jackson  
Contributor address; City; State; Zip Code  
6504 Bridge Point Parkway Ste 200  
Austin, TX 78730

\$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)

8-26-04

Brad Bailey  
Contributor address; City; State; Zip Code  
P.O. Box 702024  
San Antonio, TX 78270-2024

\$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)

8-26-04

Christalen Hosen  
Contributor address; City; State; Zip Code  
92 Ridgewood Cir  
Wimberly, TX 78676-2146

\$100

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)

8-16-04

Home Builders Association  
Contributor address; City; State; Zip Code  
7957 Anderson Square  
Austin, TX 78757

\$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 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)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

8-25-04

James Dannenbaum

6 Contributor address; City; State; Zip Code

3100 W. Alabama St  
Houston, TX 77012

\$1000

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)

8-26-04

Pix Howell

Contributor address; City; State; Zip Code

P.O. Box 663  
Wimberly, TX 78676

\$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)

8-26-04

Robert &amp; Melinda Habingreither

Contributor address; City; State; Zip Code

1202 Thorpe Ln Apt 201  
San Marcos, TX 78666-6551

\$250

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)

7-26-04

James Jordan

Contributor address; City; State; Zip Code

1704 Mistywood Dr  
Austin, TX 78746-7802

\$1000

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)

8-10-04

Charles Nash

Contributor address; City; State; Zip Code

P.O. Box 1007  
San Marcos, TX 78667-1007

\$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 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)

<b>4</b> Date 8-9-04	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bell	<b>7</b> Amount of contribution (\$) \$250	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code 3660 Stoneridge # E101 Austin, TX 78746			

<b>9</b> Principal occupation / Job title (See Instructions)	<b>10</b> Employer (See Instructions)
--	---------------------------------------

Date 8-4-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Morris	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 333 Cheatham San Marcos, TX 78666			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8-08-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Glen	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 West 612 st suite 300 Austin, TX 78703			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8-09-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Askew	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 881 Wimberley, TX 78676			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8-26-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Clark	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2200 FAR Gallant Dr Austin, TX 78746			

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 Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date 8-10-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Lawler	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13021 Legendary Dr #1023 Austin, TX 78727			

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 8-05-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Lineberger	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760			

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 8-22-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmett McCoy	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1424 San Marcos, TX 78666			

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 8-24-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Maulinet	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7 Brookside Wimberly, TX 78676-2602			

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 8-25-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Griffith	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 609 Stagecoach Trail San Marcos, TX 78666			

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 Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

8-11-04

Richard Sheldon  
Contributor address; City, State; Zip Code  
4006 Green Oak Dr  
Waco, TX 76710

\$500

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)

8-13-04

George Prall  
Contributor address; City, State; Zip Code  
8616 Northwest Plaza  
Dallas, TX 75225

\$250

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)

8-13-04

Dr. Darrell Piersol  
Contributor address; City, State; Zip Code  
109 El Laurel Lane  
San Marcos, TX 78666-7725

\$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)

8-13-04

Donald Huggerton  
Contributor address; City, State; Zip Code  
78 Woodcreek Dr.  
Wimberly, TX 78676

\$100

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)

8-10-04

Rud Rutledge  
Contributor address; City, State; Zip Code  
P.O. 1132  
San Marcos, TX 78666

\$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 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)

4 Date 9/8/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. John Gaddie	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 117 Laurel Lane San Marcos, TX 78666			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
---	--------------------------------

Date 9/8/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. James Studer	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2304 Flite Acres Wimberly, TX 78676			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelburne Ueselka	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4807 Mt Bonnell Rd Austin, TX 78731			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Kathy Galinger	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 723 Mountain Dr San Marcos, TX 78666			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8-30-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Mitchell	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 5654 Austin, TX 78763			

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 Schedule A:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 9-28-04	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Green	<b>7</b> Amount of contribution (\$) \$100	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code P.O. Box 228 San Marcos, TX 78667-0228			

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date 9-28-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. I. Peyton	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 517 Franklin San Marcos, TX 78666			

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

# 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>8-09-04</i>	5 Payee name <i>Rhino</i>	7 Amount (\$) <i>\$600</i>
6 Payee address; City; State; Zip Code		

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

Date <i>9-15-04</i>	Payee name <i>Hunter Mini Storage</i>	Amount (\$) <i>\$60</i>
Payee address; City; State; Zip Code		

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

Date <i>8-7-04</i>	Payee name <i>Jerod Peterson</i>	Amount (\$) <i>\$668.12</i>
Payee address; City; State; Zip Code		

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

Date <i>9-28-04</i>	Payee name <i>Ducks Unlimited</i>	Amount (\$) <i>\$240</i>
Payee address; City; State; Zip Code <i>Vincent, TX</i>		

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

# 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 6 Payee address; City; State; Zip Code	8 Amount (\$)
8-02-04	San Marcos Record City; State; Zip Code	\$ 126.00 <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) ads	
8-21-04	R.N.H.A. Payee address; City; State; Zip Code	\$ 140 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Endorser	
8-26-04	Palmer's Payee address; City; State; Zip Code	\$ 675.24 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Food & drinks	
8-27-04	Jessad Patterson Payee address; City; State; Zip Code	\$ 2165.07 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign lit	
9-5-04	McCoy's Payee address; City; State; Zip Code	66.53 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Signs	

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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date  9-13-04	5 Payee name <u>McCoy's</u> 6 Payee address; City; State; Zip Code	8 Amount (\$)  \$51.22
7 Purpose of expenditure (See instructions regarding type of information required.)  Signs		<input type="checkbox"/> Reimbursement from political contributions intended

Date  7-28-04	Payee name <u>Dunbar Unlimited</u> Payee address; City; State; Zip Code	Amount (\$)  \$100
Purpose of expenditure (See instructions regarding type of information required.)  Fundraising		<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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