

# 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>  19
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <i>Will P</i>	<b>OFFICE USE ONLY</b>  Date Received <i>7-15-05 SA</i>  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged	
	NICKNAME LAST SUFFIX <i>Conkey</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 <i>Linda M</i>	<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	
	NICKNAME LAST SUFFIX <i>Hewlett</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(512) 847-5013</i>		
<b>9 REPORT TYPE</b>	<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 checked="" 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>1 / 19 / 05</i>	THROUGH	Month Day Year <i>7 / 15 / 05</i>
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <i>11 / 05 / 04</i>	ELECTION TYPE <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) <i>Commissioner pct 3</i>	<b>13 OFFICE SOUGHT (if known)</b>	
<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		

**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

\$ 50

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

\$ 22,634.32

EXPENDITURE TOTALS

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

\$ ~~21,290~~

4. TOTAL POLITICAL EXPENDITURES

\$ ~~21,290~~ 21,290

CONTRIBUTION BALANCE

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

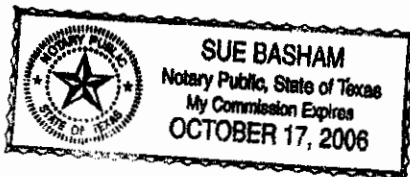
\$ 1344.50

OUTSTANDING LOAN TOTALS

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

\$ ~~0~~ 0

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Will Conley, this the 15<sup>th</sup> day of July, 20 05, 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

# LOANS

# SCHEDULE E

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
<b>5</b> Date of loan 2-01-05	<b>7</b> Name of lender Will Conkey <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$) 2,000
<b>6</b> Is lender a financial institution? Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address;    City;    State;    Zip Code 2007 Castle Bluff San Marcos TX 78666	<b>10</b> Interest rate <input checked="" type="checkbox"/>
<b>11</b> Maturity date <input checked="" type="checkbox"/>		
<b>12</b> Principal occupation / Job title (See Instructions) CCF Wash		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> 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		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  <b>17</b> 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.

# 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)
5/19/05	Col. Michael Dishman 6 Contributor address; City, State, Zip Code 509 Snyder Hill Dr San Marcos, TX 78666	100	
9 Principal occupation / Job title (See Instructions) retired		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)
5/19/05	Jeff Rogers Contributor address; City, State, Zip Code 320 Meadow Park New Braunfels, TX 78130	250	
Principal occupation / Job title (See Instructions) teacher		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)
5/19/05	Bill Burnett Contributor address; City, State, Zip Code PO Box 2157 Wimberly, TX 78676	100	
Principal occupation / Job title (See Instructions) owner		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)
5/19/05	Sue Birdwell Contributor address; City, State, Zip Code PO Box 342528 Austin, TX 78734	75	
Principal occupation / Job title (See Instructions) owner		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)
5-7-05	Billy Cunningham Contributor address; City, State, Zip Code 113 Wood Street Circle San Marcos, TX 78666	<del>\$360</del>	\$360 band
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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5-23-08	Jerry Gilmore 400 W Hopkins suite 400 San Marcos, TX 78668	<del>750</del> \$ 736.67	Food
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)
5-19-08	Charles Simms 301 Oak Ridge		\$770.65 drinks
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)	

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# 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)

5/19/05

Carson Gary

6 Contributor address; City; State; Zip Code

PO Box 2348  
Wimberley, TX 78676

100

9 Principal occupation / Job title (See instructions)

realtor

10 Employer (See instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/19/05

B Burnett

Contributor address; City; State; Zip Code

PO Box 2157  
Wimberley, TX 78676

100

Principal occupation / Job title (See instructions)

engineer

Employer (See instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/10/05

Thomas Lomis

Contributor address; City; State; Zip Code

6101A Bullard  
Austin, TX 78757

1,000

Principal occupation / Job title (See instructions)

engineer

Employer (See instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/3/05

W.H or Beth Mitchell

Contributor address; City; State; Zip Code

2300 Flite Acres Road  
Wimberley, TX 78676

100

Principal occupation / Job title (See instructions)

car wash owner

Employer (See instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/9/05

Barbara Pierson

Contributor address; City; State; Zip Code

100 E. Laurel LN  
San Marcos, TX 78666-4725

100

Principal occupation / Job title (See instructions)

professor

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/11/05	Political Action Committee of Winstead Sechrest & M MICK P.C. 6 Contributor address; City; State; Zip Code 5400 Renaissance Tower, 1201 Elm St DALLAS, TX 75270	500	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Layman			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/5/05	Randall Morris Contributor address; City; State; Zip Code 333 Cheatham San Marcos, TX 78666	500	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
realtor			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/1/05	Flint Britton Contributor address; City; State; Zip Code 2021 OAK VISTA DR Pflugerville, TX 78660-9472	100	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
engineer			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/05	Winton C Parkerfield Contributor address; City; State; Zip Code 1117 Cimarron Ct San Marcos, TX 78666	2,000	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
engineer			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/15/05	Bradford Yoek Contributor address; City; State; Zip Code PO Box 1526 San Marcos, TX 78667-1526	100	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
lawyer			

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**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 6/1/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter BAEN 6 Contributor address; City; State; Zip Code 401 Blanco River Ranch San Marcos, TX 78667	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Therapist		10 Employer (See Instructions)	
Date 6/23/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendell Hethcock Contributor address; City; State; Zip Code 1509 Hamilton San Marcos, TX 78666	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 5/5/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Marri S Contributor address; City; State; Zip Code 333 Cheat ham San Marcos, TX 78666	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retire		Employer (See Instructions)	
Date 5/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles D Nash, JR Contributor address; City; State; Zip Code PO Box 1007 San Marcos, TX 78667-1007	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) corp		Employer (See Instructions)	
Date 5/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Pennington Contributor address; City; State; Zip Code PO Box 2459 San Marcos, TX 78667	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Financial manager		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**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 5/9/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edwin Cable 6 Contributor address; City; State; Zip Code 113 Hill Dr San Marcos, TX 78666	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retiree		10 Employer (See Instructions)	
Date 5/17/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Majors Contributor address; City; State; Zip Code PO Box 653 San Marcos, TX 78666	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) layer		Employer (See Instructions)	
Date 5/10/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James F Green Contributor address; City; State; Zip Code PO Box 228 San Marcos, TX 78667-0228	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retiree		Employer (See Instructions)	
Date 5/17/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul B Watkins Contributor address; City; State; Zip Code 3409 Gatlin Creek Road Dripping Springs, TX 78620	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) developer		Employer (See Instructions)	
Date 5/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Ramsey Contributor address; City; State; Zip Code PO Box 2319 San Marcos, TX 78667-2319	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) judge		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**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)
4/30/05	Craig Pedersen 6 Contributor address; City, State; Zip Code 4703 Trail Crest Cir. Austin, TX 78735	100	
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)
5/19/05	David Jackson Contributor address; City, State; Zip Code 516 Sand Bend Kerrville, TX 78028	2,000	
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)
5/16/05	Thomas A. Hooker Contributor address; City, State; Zip Code 10932 Meadow Cliff Lane DALLAS, TX 75238	150	
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)
5/14/05	James O. Wiginton Contributor address; City, State; Zip Code 4323 Firebrick Lane DALLAS, TX 75287	150	
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)
5/19/05	Steven R. Brown Contributor address; City, State; Zip Code 409 Shadywood Lane Dripping Springs TX 78620	2500	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/19/05	John R. Schott 6 Contributor address; City; State; Zip Code 939 Willow Creek Circle San Marcos, TX 78666-5084	250	
9 Principal occupation / Job title (See Instructions) banker		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)
5/18/05	Linda Porter Contributor address; City; State; Zip Code PO BOX 422 San Marcos TX 78667	25	
Principal occupation / Job title (See Instructions) state politician		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)
5/19/05	Dan Green Contributor address; City; State; Zip Code 111 Carefree Cir. Austin, TX 78734	100	
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)
5/19/05	C.D. Polumbo Contributor address; City; State; Zip Code 7705 Sandia Loop Austin TX 78735	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)
5/13/05	Andrews & Kurth Texas PAC Contributor address; City; State; Zip Code 600 Travis, suite 4200 Austin, TX 77002	500	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# 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)

5/19/05

Scott E. Dukette

6 Contributor address; City; State; Zip Code

4410 Twisted Tree Dr.  
Austin, TX 78735

100

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)

5/19/05

Susan Tori

Contributor address; City; State; Zip Code

1515 Aradene Springs Dr. Suite E  
San Marcos, TX 78666

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)

5/17/05

Daron Butler

Contributor address; City; State; Zip Code

PO Box 130089  
Houston, TX 77219

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)

5/5/05

Sher Smer +

Contributor address; City; State; Zip Code

1717 West 6th St. Suite 300  
Austin, TX 78703

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)

4/22/05

James M. Hallord

Contributor address; City; State; Zip Code

1 Pro Lane  
Wimberly, TX 78676

2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# 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)
5/19/08	Raymond Kotowski Contributor address; City, State, Zip Code 106 Corrie Court San Marcos, TX 78666	100	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/19/08	Brian Olson Contributor address; City, State, Zip Code 1515 Agaveena George Dr San Marcos, TX 78666	50	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/19/08	Paulette Wallington Contributor address; City, State, Zip Code 1206 Debbie Ct San Marcos, TX 78666	25	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/19/08	Wendy Porterfield Contributor address; City, State, Zip Code 1117 Cimarron Ct San Marcos, TX 78666	250	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/19/08	Jane Hughson Contributor address; City, State, Zip Code 1600 N. 235 Dr San Marcos, TX 78666	100	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
N/A			

**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

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

5/19/05

ELEANOR Cates  
6 Contributor address; City; State; Zip Code  
1620 HofHei ~~AZ~~  
San Marcos, TX 78666

100

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)

5/19/05

H. Z. Gumbert, AR  
Contributor address; City; State; Zip Code  
306 E. Summit Dr  
Wimberley, TX 78676

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)

5/19/05

Todd Derkacz  
Contributor address; City; State; Zip Code  
1511 Ranch Road 12  
San Marcos, TX 78666

35

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)

5/19/05

Chris Good e  
Contributor address; City; State; Zip Code  
216 Zencoppe Gap  
San Marcos, TX 78666-5878

25

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)

5/19/05

Jane Murray  
Contributor address; City; State; Zip Code  
509 Snyder Hill Dr  
San Marcos, TX 78666

30

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# 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 file)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

5/17/05

Contrib S. Caberheady JR

Contributor address; City; State; Zip Code  
POB # 2785  
Wheeler, TX 78676-2785

100

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

retiree

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/18/05

Ed Longcope

Contributor address; City; State; Zip Code  
400 W. Hopkins St Suite 101  
San Marcos, TX 78666-4462

500

Principal occupation / Job title (See instructions)

Employer (See instructions)

land owner

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/19/05

Jeff Breed

Contributor address; City; State; Zip Code  
705 Mountain View  
San Marcos, TX 78666

25

Principal occupation / Job title (See instructions)

Employer (See instructions)

chamber

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/19/05

~~Gerard~~ Donna Hill

Contributor address; City; State; Zip Code  
730 Belvue St  
San Marcos, TX 78666

100

Principal occupation / Job title (See instructions)

Employer (See instructions)

Fire Wmn

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/19/05

Tracy Brathen

Contributor address; City; State; Zip Code  
- 147 Hilliard St  
Beeville, TX 78602

250

Principal occupation / Job title (See instructions)

Employer (See instructions)

engineer

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# 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)

5/19/05

Ronald D Pickens

6 Contributor address; City; State; Zip Code

1113 Military Dr  
San Marcos, TX 78666

100

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Mayor

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/20/05

Juan Donaldson

Contributor address; City; State; Zip Code

13520 Trout Wren  
Austin TX 78738

2000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Lawyer

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/13/05

Robert Callegari

Contributor address; City; State; Zip Code

12220 Triple Creek Dr  
Dripping Springs TX 78620

125

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Businessman

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/19/05

Felix Menka

Contributor address; City; State; Zip Code

4101 W Hwy 290 Bldg 602  
Austin TX 78737

125

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Businessman

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/23/05

Ron Lewis

Contributor address; City; State; Zip Code

1111 Guadalupe St.  
Austin TX 78707

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Mayor

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>04-08</i>	5 Payee name <i>Heritage Assentain</i>	7 Amount (\$) <i>\$40.00</i>
6 Payee address; City; State; Zip Code <i>San Marcos, TX 78668</i>		

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

Date <i>1-08</i>	Payee name <i>Texas State Scholarship Fund</i>	Amount (\$) <i>\$200</i>
Payee address; City; State; Zip Code <i>TSU University San Marcos TX 78668</i>		

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 <i>2-01-08</i>	Payee name <i>Rebecca Conkey</i>	Amount (\$) <i>\$2,100</i>
Payee address; City; State; Zip Code <i>701 Chimer SP San Marcos TX 78666</i>		

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

Date <i>7-14-05</i>	Payee name <i>Will Conkey</i>	Amount (\$) <i>\$17,700</i>
Payee address; City; State; Zip Code <i>2007 Castle Bluff San Marcos TX 78666</i>		

Purpose of payment (See instructions regarding type of information required.) <i>re-pay loan</i>	-- 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 files)
4 Date	5 Payee name <i>TSU Republican</i>	7 Amount (\$) <i>\$250</i>
<i>5-23-08</i>	6 Payee address; City, State, Zip Code <i>University Dr San Marcos, TX 78666</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>Letter</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>5-20-08</i>	Payee name <i>Rebecca Corley</i>	Amount (\$) <i>\$500</i>
	Payee address; City, State, Zip Code <i>101 Chicago St San Marcos, TX 78666</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Company manager</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <del>          </del>	Payee name <del>          </del>	Amount (\$) <del>          </del>
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 <i>5/10</i>	Payee name <i>U.S. Post Office</i>	Amount (\$) <i>\$60.00</i>
	Payee address; City, State, Zip Code <i>San Marcos, TX 78666</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i>		-- 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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6-6-05</i>	5 Payee name <i>Jennifer Anderson</i> 6 Payee address; City; State; Zip Code <i>Winderky, TX</i>	7 Amount (\$) <i>\$25</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>WHS Cheerleaders</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>6-05-06</i>	Payee name <i>N.R.A.</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$50</i>
Purpose of payment (See instructions regarding type of information required.) <i>membership</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>5-10-05</i>	Payee name <i>Blue Water</i> Payee address; City; State; Zip Code <i>city Fundraiser</i>	Amount (\$) <i>\$300</i>
Purpose of payment (See instructions regarding type of information required.) <i>parties</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>6-6-05</i>	Payee name <i>Papa John's</i> Payee address; City; State; Zip Code	Amount (\$) <i>\$15.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>pizza for volunteers</i>		<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>		