

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;">8</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Will P</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Conley</div>	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED IN THE JUL 17 2006 ELECTION OFFICE <small>Date Hand-delivered or Date Postmarked</small> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;"><small>Receipt #</small></td> <td style="width:50%;"><small>Amount</small></td> </tr> <tr> <td colspan="2"><small>Date Processed</small></td> </tr> <tr> <td colspan="2"><small>Date Imaged</small></td> </tr> </table>		<small>Receipt #</small>	<small>Amount</small>	<small>Date Processed</small>		<small>Date Imaged</small>			
<small>Receipt #</small>	<small>Amount</small>										
<small>Date Processed</small>											
<small>Date Imaged</small>											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <div style="text-align: center; font-size: 1.2em;">2002 Castle Bluff San Marcos, TX 78666</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; 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 P</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Hewitt</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <div style="text-align: center; font-size: 1.2em;">200 Joe Wimberly Wimberly, TX 78676</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.5em;">() X</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.5em;">1 / 15 / 06 THROUGH 7 / 15 / 06</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.5em;">X / /</div>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">Commissioner pct 3</div>	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.5em;">X</div>									
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 <div style="text-align: center; font-size: 2em;">X</div>										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME _____ 16 ACCOUNT # (Ethics Commission Filer) _____

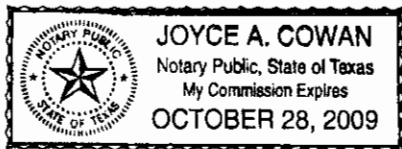
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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. **

<input checked="" type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME X
		COMMITTEE ADDRESS X
		COMMITTEE CAMPAIGN TREASURER NAME Y
		COMMITTEE CAMPAIGN TREASURER ADDRESS X

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 200
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,248.91 14,248.91
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 800
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,850
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Will Conley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Will Conley, this the 17 day of July, 2006, 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 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-31-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carter & Burgess PAC	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2705 Bee Cave Austin TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ENG		10 Employer (See Instructions)	
Date 5-05-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph Rowell	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20 Pump Station Rd Cedarburg, TX 78616		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retiree		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAR PAC	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2725 Briarwood Houston TX 77040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Shannon	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 92 San Jacinto Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Southaven Glenn	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 221 W. 82nd St Suite 1100 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5-31-06 Mike Werner 9444 La Siesta Blvd Austin, TX 78749		In-kind \$1348.94	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

E. [Signature]

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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)
5-31-06	Chris Solomon 6 Contributor address; City; State; Zip Code 4110 Rimrock Drive Lago Vista, TX 78645-6136	400	
9 Principal occupation / Job title (See Instructions) Sergeant		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)
5-31-06	Joe Baker Contributor address; City; State; Zip Code 959 Blue Springs Cove Round Rock TX 78681	500	
Principal occupation / Job title (See Instructions) eng		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)
5-31-06	Richard R. Riggins Contributor address; City; State; Zip Code 2302 Windcamp Austin, TX 78738-5477	1000	
Principal occupation / Job title (See Instructions) eng		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)
5-31-06	James Dannerbaum Contributor address; City; State; Zip Code 3100 W. Alabama St Houston, TX 77098	1000	
Principal occupation / Job title (See Instructions) eng		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)
5-31-06	John Walsh Contributor address; City; State; Zip Code 3607 Arrowhead Austin, TX 78731	500	
Principal occupation / Job title (See Instructions) eng		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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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)
5-31-06	Hallf. Associates State Pac 6 Contributor address; City; State; Zip Code 8616 north west Dallas, TX 75225	250	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
eng			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-31-06	Keith Young Contributor address; City; State; Zip Code 7315 Scenic Blvd dr Austin, TX 78736-1738	250	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
eng			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-31-06	Ann Douced Contributor address; City; State; Zip Code 2300 Gatlin Creek Dripping Springs, TX 78600	200	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
eng			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-31-06	Richard Seldin Contributor address; City; State; Zip Code 4066 Green Oak Lubbock TX 79410	1000	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
development			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-31-06	Samir Hanna Contributor address; City; State; Zip Code 9578 Big View Austin, TX 78730	600	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
eng			

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2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-31-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Turner, Collie + Brader PAC 6 Contributor address; City; State; Zip Code P.O. 130087 Houston, TX 77217	7 Amount of contribution (\$) 1000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ONG		10 Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Other Contributor address; City; State; Zip Code 10802 Overbrook Houston, TX 77042	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ONG		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Koren Friesen Contributor address; City; State; Zip Code 1603 Cnd Creek Trail Austin, TX 78731-2600	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ONG		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gerald Daugherty Contributor address; City; State; Zip Code 1903 Club Ridge Austin, TX 78735-1623	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gilbert Brayer Contributor address; City; State; Zip Code 3707 Green Trails Austin, TX 78731	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Langer		Employer (See Instructions)	

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2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date 5-31-06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donald Green 6 Contributor address; City; State; Zip Code 1713 Shuman Falls Pearland TX 77581	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) owner		10 Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Birdwell Contributor address; City; State; Zip Code p.o. 34250 Austin, TX 78734	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) developer		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Loomis Contributor address; City; State; Zip Code 6101A Bullard Austin, TX 78757	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradley Brown Contributor address; City; State; Zip Code 850 Canterbury Austin, TX 78737	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) eng		Employer (See Instructions)	
Date 5-31-06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Smith Contributor address; City; State; Zip Code 323 Hogskins San Marcos, TX 78666-4403	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) cultural		Employer (See Instructions)	

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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 (\$)	
5-23-06	Bob Pemberton P.O. Box 608 Austin, TX 78767-0608	\$200	
6 Payee address; City, State; Zip Code			
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held		
Campaign contribution	Judge Bob Pemberton 3rd Appellate		
Date	Payee name	Amount (\$)	
7-13-06	Sherriff Golf Tournament	\$500	
6 Payee address; City, State; Zip Code			
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Fundraiser school kids			
Date	Payee name	Amount (\$)	
7-3-06	San Marcos Sports Amentum San Marcos Parks & Rec Dep	\$100	
6 Payee address; City, State; Zip Code			
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
baseball team			
Date	Payee name	Amount (\$)	
	Payee address; City, State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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