

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="text-align: center; font-size: 2em;">7</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Will</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">center</div>	OFFICE USE ONLY <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED IN THE</div> <div style="text-align: center; font-size: 1.5em;">JAN 18 2007 <i>jac</i></div> <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">ELECTION OFFICE</div> <div style="text-align: center; font-size: 1.2em;">Date Hand-delivered or Date Postmarked</div> <div style="text-align: center; font-size: 1.5em; margin-top: 5px;"><i>Ice Storm jac</i></div>									
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>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged			
Receipt #	Amount										
Date Processed											
Date Imaged											
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</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Heckler</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 See Wimberly Wimberly, TX 78676</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">()</div>										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input checked="" 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 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 checked="" 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 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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<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)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.5em;">7 / 15 / 06 THROUGH 1 / 15 / 07</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.5em;">1 / 15 / 07</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;"><i>pt 3 Commission</i></div>	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 <hr/> 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 filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

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

\$

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

\$ 1250

EXPENDITURE TOTALS

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

\$ 1180

4. TOTAL POLITICAL EXPENDITURES

\$ 5320

CONTRIBUTION BALANCE

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

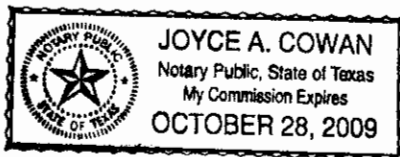
\$ 6,530

OUTSTANDING LOAN TOTALS

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

\$ 0

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 18 day of JAN, 2007, 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 this Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/31	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Pedersen 6 Contributor address; City; State; Zip Code 4703 Trail Crest Circle Austin, TX 78735	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PBS PAC Contributor address; City; State; Zip Code 2001 NW 100 Miami, FL 33172	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions) Construction services		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)	

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	5 Payee name	7 Amount (\$)
11/01	Food Bank Payee address; City, State; Zip Code 202 San Antonio San Marcos, TX 78666	\$10
8 Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
donation		
Date	Payee name	Amount (\$)
10/03	Lee M Payee address; City, State; Zip Code P.O. Box 1751 San Marcos, TX 78667	\$100
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
political contribution		DA Lee M DA X
Date	Payee name	Amount (\$)
10/02	First Baptist Church Payee address; City, State; Zip Code 312 Highway San Marcos, TX 78667	\$25
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
meal		
Date	Payee name	Amount (\$)
7/27	Rebecca Lindsey Payee address; City, State; Zip Code 1701 Channing St San Marcos, TX 78666	\$175
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
refund		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/26	5 Payee name <u>Jennifer Anderson</u> 6 Payee address; City; State; Zip Code <u>Wimberly, TX</u>	7 Amount (\$) \$150
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8 Purpose of payment (See instructions regarding type of information required.) <u>reimbursement</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/04	Payee name <u>College Republicans</u> Payee address; City; State; Zip Code <u>University org</u>	Amount (\$) \$250
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Purpose of payment (See instructions regarding type of information required.) <u>donation</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 11/13	Payee name <u>San Marcos Education Foundation</u> Payee address; City; State; Zip Code <u>San Marcos, TX 78666</u>	Amount (\$) \$500
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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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Date 10/26	Payee name <u>Will Conroy</u> Payee address; City; State; Zip Code <u>2009 Castle Bluff San Marcos, TX 78666</u>	Amount (\$) \$110
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Purpose of payment (See instructions regarding type of information required.) <u>reimbursement political expense</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>09/28</i>	5 Payee name <i>Bill Henry</i>	7 Amount (\$) <i>\$ 200</i>
6 Payee address; City; State; Zip Code <i>4117 Hamilton Hollow San Marcos, TX 78666</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>political donation</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Bill Henry</i> Office sought: <i>District Judge Judge</i> Office held:
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Date <i>09/07</i>	Payee name <i>Sum Patterson</i>	Amount (\$) <i>\$2000</i>
Payee address; City; State; Zip Code <i>1516 N. Loop #112 Austin, TX 78756</i>		

Purpose of payment (See instructions regarding type of information required.) <i>political expense</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>08/08</i>	Payee name <i>Jim Powers Company</i>	Amount (\$) <i>\$300</i>
Payee address; City; State; Zip Code <i>P.O. Box 350 Drift Springs TX 78620</i>		

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

Date <i>07/24</i>	Payee name <i>San Marcos Youth Baseball</i>	Amount (\$) <i>\$100</i>
Payee address; City; State; Zip Code <i>P.O. Box 111 San Marcos TX 78666</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: _____
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
07/26	Food Bank Payee address; City; State; Zip Code 200 San Antonio San Marcos, TX 78665	\$200
8 Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
contribution		
Date	Payee name	Amount (\$)
7/15	Suff. Semble For Kids Payee address; City; State; Zip Code	\$500
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 (\$)
8/01	Russ Molz Payee address; City; State; Zip Code P.O. Box 957 D.S. TX 78620	\$400
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
political contribution		Russ Molz
Date	Payee name	Amount (\$)
8/10	Russ Molz Payee address; City; State; Zip Code P.O. Box 952 Spring Springs TX 78120	\$300
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
donation		Russ Molz

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED