

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

Will

Conlay

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2007 Castle Bluff
San Marcos, TX 78666

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 738-1079

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

Linda
Hewlett

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

200 Joe Wimbush
Wimbush, TX 78676

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

()

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 15 / 07 THROUGH 07 / 15 / 07

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
/ /

12 OFFICE

OFFICE HELD (if any)
County Commissioner

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received: **RECEIVED IN THE**
JUL 16 2007
ELECTION OFFICE

Date Hand-delivered or Date Postmarked

| | |
|----------------|--------|
| Receipt # | Amount |
| Date Processed | |
| Date Imaged | |

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 6/06 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicia Manick 6 Contributor address; City; State; Zip Code 1401 290 Austin, TX 78737 | 7 Amount of contribution (\$) \$150 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation \ Job title (See Instructions) eng | | 10 Employer (See Instructions) | |
| Date 6/06 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Callegari Contributor address; City; State; Zip Code 12220 Triple Creek Orpington Springs TX 78621 | Amount of contribution (\$) \$150 | In-kind contribution description (if applicable) |
| Principal occupation \ Job title (See Instructions) Summer | | Employer (See Instructions) | |
| Date 1/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Scott Contributor address; City; State; Zip Code 11811 E-10 Houston, TX 77227 | Amount of contribution (\$) \$5,000 | In-kind contribution description (if applicable) |
| Principal occupation \ Job title (See Instructions) business owner | | Employer (See Instructions) | |
| Date 8/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russ Mahman Contributor address; City; State; Zip Code Orpington Springs TX | Amount of contribution (\$) \$500 | In-kind contribution description (if applicable) |
| Principal occupation \ Job title (See Instructions) retired | | 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 6 Payee address; City; State; Zip Code | 7 Amount (\$) |
| 4/17 | Hays County 4-H San Marcos, TX 78666 | \$720 |
| 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 |
| help kids | | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| 4/23 | Winberry Veterans Memorial P.O. Box 801 Winberry, TX 78776 | \$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 |
| help veterans | | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| 3/22 | College Republicans university | \$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 |
| help college students | | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| | | |
| 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 |
| | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission #s)

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 6,300

EXPENDITURE TOTALS

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

\$ 61.53

4. TOTAL POLITICAL EXPENDITURES

\$ 1520

CONTRIBUTION BALANCE

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

\$ 11,278.47

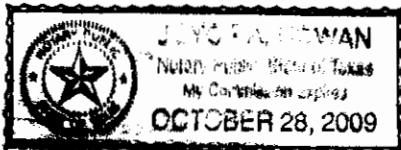
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Will Conley, this the 16 day of July, 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