

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 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Will <hr/> NICKNAME LAST SUFFIX Conley	OFFICE USE ONLY RECEIVED OCT 27 2008 ELECTION OFFICE Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 701 Mountain Crest, Wimberley, Texas 78676		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 738-1079		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Linda <hr/> NICKNAME LAST SUFFIX Hewlett		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE PO Box 1974, Wimberley, Texas 78676		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 847-5013		
9 REPORT TYPE	<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 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 10 1 2008 10 26 2008		
11 ELECTION	ELECTION DATE Month Day Year 11 4 2008	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Hays County Commissioner, Pct 3	13 OFFICE SOUGHT (if known) Hays County Commissioner, Pct 3	
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. ** <hr/> Name <hr/> Address / PO Box Apt / Suite # City State Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

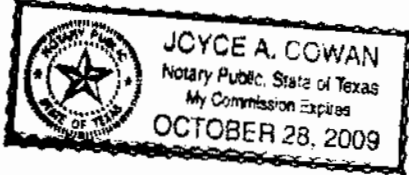
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <small>Will Conley, County Commissioner pd 3</small>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)	<p>• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</p>		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	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	\$ Itemized
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$15,380
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$145.85
	4. TOTAL POLITICAL EXPENDITURES	\$38,891.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1803.26
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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Will Conley, this the 28 day of OCT., 2008, to certify which, witness my hand and seal of office.

<i>[Signature]</i>	<u>Joyce A. Cowan</u>	<u>NOTARY</u>
Signature of officer administering oath	Printed name of officer administering oath	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 **3 (See attached)**

2 FILER NAME
Will Conley 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)
	6 Contributor address: City, State, Zip Code		

(If travel outside of Texas, complete Schedule T)

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)
	Contributor address: City, State, Zip Code		

(If travel outside of Texas, complete Schedule T)

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		

(If travel outside of Texas, complete Schedule T)

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		

(If travel outside of Texas, complete Schedule T)

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		

(If travel outside of Texas, complete Schedule T)

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.

Name	Physical Address	Address	City	State	Zip	Contribution	Date
TREPAC/TEXAS ASSOCIATION OF REALTORS, PAC		P.O. Box 2246	Austin	TX	78768-2246	\$750.00	9/19/2008
Chris and Jennifer Solomon	4110 Rimrock Drive		Lago Vista	TX	78645	\$500.00	10/1/2008
DEAN S. GODDARD	21 WOODCREEK DRIVE		WIMBERLEY	TX	78676	\$50.00	10/1/2008
HEIDI W. ROSS & DAVID G. ROSS	1703 W. 44TH. ST.		Austin	TX	78756	\$75.00	10/1/2008
James and Shirley Dannenbaum	3100 W. Alabama St		Houston	TX	77098	\$1,000.00	10/1/2008
JEFF L. CURREN & MICHELE D. CURREN	148 LANDONS WAY		GEORGETOWN	TX	78633	\$50.00	10/1/2008
JEFFERY R. ROGERS	320 MEADOW PARK		NEW BRAUNFELS	TX	78130	\$500.00	10/1/2008
KAREN A. FRIESE	6603 CAT CREEK TRL.		Austin	TX	78731	\$250.00	10/1/2008
Kitty Sue Quinn	612 Oakwood Loop		San Marcos	TX	78666	\$150.00	10/1/2008
MARK RODRIGUEZ & BARBARA H. RODRIGUEZ	10502 PLUMWOOD DR.		Austin	TX	78750-3325	\$250.00	10/1/2008
ROBERT & OLGA CUELLAR	5905 TOM WOOTEN DR.		Austin	TX	78731	\$50.00	10/1/2008
ADAM K. & COURTNEY D. FISHER	1021 MESQUITE HOLLOW PL.		ROUND ROCK	TX	78665	\$50.00	10/2/2008
ALAN M. GLEN & BETSY M. GLEN	110 BLUFF PARK CIRCLE		Austin	TX	78746	\$250.00	10/2/2008
ALASTAIR T. MILLER	10005 RICHELIEU RD.		Austin	TX	78750-2835	\$50.00	10/2/2008
BILL G. CAFFEY	251 GOODNIGHT TRAIL		DRIPPING SPRINGS	TX	78620	\$500.00	10/2/2008
BRUCE B. BYRON	5801 TOM WOOTEN DR.		Austin	TX	78731-6509	\$100.00	10/2/2008
CHRISTIE HODO (TERI MORGAN-HDR	430 WALKER CT.		WAXAHACHIE	TX	75167	\$50.00	10/2/2008
CRAIG D. PEDERSON	4703 TRAIL CREST CIRCLE	P.O. BOX201088	Austin	TX	78735	\$200.00	10/2/2008
DIANE C. WATSON & ROBERT J. WATSON	300 MISSION TRL.		WIMBERLEY	TX	78676-6312	\$100.00	10/2/2008
Hank and Georgia Smith	12409 Cascade Caverns Trl		Austin	TX	78739	\$500.00	10/2/2008
HARRY W. THOMPSON & JUDY S. THOMPSON	10004 ISLE ROYALEWAY		Austin	TX	78747	\$250.00	10/2/2008
J.SCOTT JOHNSON & NANCY P. LEDBETTER	20020 FARM POND LANE		PFLUGERVILLE	TX	78660-7746	\$100.00	10/2/2008
James Sassin and Allison Curlee	2205 Tower Dr		Austin	TX	78703	\$50.00	10/2/2008
JIM POWERS	1280 DRIFTING WIND RUN		DRIPPING SPRINGS	TX	78620	\$200.00	10/2/2008
JOE M. & JO ANN BAKER	959 BLUE SPRING COVE		ROUND ROCK	TX	78681	\$200.00	10/2/2008
Keith and Jeanna Young	7315 Scenic Brk Dr		Austin	TX	78736	\$500.00	10/2/2008
KRISTA K or BRANDON M. NEAL	1320 SPRING LAKE DR.		DRIPPING SPRINGS	TX	78620	\$50.00	10/2/2008
LOREN ECHEBERRIA & PAULO M. MISI			CEDAR PARK	TX	78613-4434	\$100.00	10/2/2008
M RENEE MAYER	3724 ROCKY FORD DR.		Austin	TX	78749-6932	\$25.00	10/2/2008
MELISSA & TRAVIS MCCOLLUM	1028 QUAIL VALLEY DR.		GEORGETOWN	TX	78626	\$50.00	10/2/2008
PIX D. HOWELL & CATHERINE E. HOWELL		P.O. BOX663	WIMBERLEY	TX	78676	\$100.00	10/2/2008
REBECCA A. MCGAUGHY & MICHAEL R. AULICK	700 S CREEKWOOD DR.		DRIFTWOOD	TX	78619	\$50.00	10/2/2008
ROLAND E. GAMBLE & LOIS GAMBLE	5908 MOUNTAIN VILLA DRIVE		Austin	TX	78731-3753	\$250.00	10/2/2008

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F
see attached

2 FILER NAME
Will Conley

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
	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
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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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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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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Date	Check Number	Name	Reason	Amount
10/8/2008	1096	Natalie Dozier	Labor	\$115.00
10/8/2008	1098	Post Master	postage	\$1,969.61
10/11/2008	1051	Bria Miller	labor	\$68.00
10/11/2008	1052	Deborah Conle	reimbursment	\$125.00
10/11/2008	1100	Charlie Johnsor	shrimp	\$1,000.00
10/11/2008	1099	Post Master	postage	\$1,356.00
10/11/2008	transfer	Rebecca Conley	expenses/tv/supplies	\$8,000.00
10/14/2008	1062	Jerod Pattersor	consulting/mail	\$12,166.97
10/15/2008	1054	Deborah Conle	reimbursment	\$54.00
10/15/2008	1056	Jordan Andersc	Labor	\$62.50
10/15/2008	1053	Cash	Labor	\$200.00
10/15/2008	1059	Cash	Labor	\$200.00
10/15/2008	1057	Sign Arts	signs	\$338.28
10/16/2008	1060	Jessica Chavez	Labor	\$66.00
10/18/2008	1063	Charlie Johnsor	food	\$1,000.00
10/20/2008	1068	Chrstina Vela	Labor	\$114.00
10/20/2008	1065	Deborah Conle	ink/stamps	\$142.86
10/20/2008	1064	Cash	reimbursement	\$300.00
10/20/2008	1066	Jerod Pattersor	consulting	\$10,419.62
10/21/2008	1067	Holly Media Gr	newspaper ad	\$180.00
10/23/2008	1071	Cash	Labor	\$568.00
10/28/2008	1072	Joe Prather	website	\$300.00
			expenses less than 50	\$145.85
Total Expenses				\$38,891.69