

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr
FIRST: Will
MI:
NICKNAME: Conley
LAST:
SUFFIX:

OFFICE USE ONLY

RECEIVED IN THE
FEB 05 2010
ELECTION OFFICE

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
701 Mountain Crest Dr., Wimberley, TX 78676

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
(512) 738-1079

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.
FIRST: Linda
MI:
NICKNAME: Hewlett
LAST:
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
PO Box 1974, Wimberley, TX 78676

8 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
(512) 847-5013

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
7 / 1 / 2009 12 / 31 / 2009

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any):
Hays County Commissioner, Pct 3

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Use)

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

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

\$ 8100

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3889

CONTRIBUTION BALANCE

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

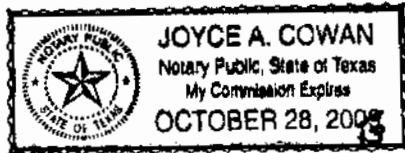
\$ 4311.86

OUTSTANDING LOAN TOTALS

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

\$ 650

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Will Conley, this the 5 day of Feb., 20 10, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Joyce A. Cowan
Printed name of officer administering oath

NOTARY
Title of officer administering oath

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 9/16/09	5 Payee name Lion S 6 Payee address; City; State; Zip Code Kimberly, TX 78676	7 Amount (\$) \$124
8 Purpose of payment (See instructions regarding type of information required.) dues		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/10/09	Payee name Kimberly Valley Republicans Payee address; City; State; Zip Code Kimberly, TX 78676	Amount (\$) \$60
Purpose of payment (See instructions regarding type of information required.) Guest tickets		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/23/09	Payee name Jennifer Anderson Payee address; City; State; Zip Code Kimberly, TX 78676	Amount (\$) \$825
Purpose of payment (See instructions regarding type of information required.) campaign labor		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/3/09	Payee name Hays County Brown Suits Payee address; City; State; Zip Code San Antonio, TX 78661	Amount (\$) \$200
Purpose of payment (See instructions regarding type of information required.) kids		-- 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 <i>12/28/17</i>	5 Payee name <i>Rebecca Conly</i> 6 Payee address; City; State; Zip Code	7 Amount (\$) <i>240</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>website</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>12/3/17</i>	Payee name <i>NU CRA</i> Payee address; City; State; Zip Code <i>Washington D.C.</i>	Amount (\$) 100 <i>100</i>
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Purpose of payment (See instructions regarding type of information required.) <i>dues</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>9/15/19</i>	Payee name <i>Dues Unlimited</i> Payee address; City; State; Zip Code <i>Manchester, TX 78676</i>	Amount (\$) <i>175</i>
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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	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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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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 7/28/09	5 Payee name Tropical Sno 6 Payee address; City; State; Zip Code Wimberly, TX 78676	7 Amount (\$) \$225
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8 Purpose of payment (See instructions regarding type of information required.) coupons for kids for Career Day	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 8/1/07	Payee name College of Fine Arts Payee address; City; State; Zip Code San Marcos, TX 78666	Amount (\$) 100
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Purpose of payment (See instructions regarding type of information required.) non-profit	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/1/09	Payee name San Marcos Kiwanis Payee address; City; State; Zip Code San Marcos, TX 78666	Amount (\$) 30
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Purpose of payment (See instructions regarding type of information required.) sponsor flag	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/22/09	Payee name Rotary Payee address; City; State; Zip Code San Marcos, TX 78666	Amount (\$) 100
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Purpose of payment (See instructions regarding type of information required.) Dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 Here)
4 Date 12/3/08	5 Payee name <i>ARCA</i> 6 Payee address; City; State; Zip Code <i>Kimberly, TX 78676</i>	7 Amount (\$) \$100
8 Purpose of payment (See instructions regarding type of information required.) <i>Basketball spin</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/15/08	Payee name <i>Lien's</i> Payee address; City; State; Zip Code <i>Kimberly, TX 78676</i>	Amount (\$) \$60
Purpose of payment (See instructions regarding type of information required.) <i>dues</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/2/07	Payee name <i>Friends of Bill Murray</i> Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	Amount (\$) \$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	
Date 7/19/07	Payee name <i>Rebecca Conkey</i> Payee address; City; State; Zip Code <i>701 chimney San Marcos, TX 78666</i>	Amount (\$) \$1150
Purpose of payment (See instructions regarding type of information required.) <i>computer later</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 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 Will Conley		3 ACCOUNT # (Ethics Commission file)	
4 Date 7/30/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAN-PAC	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2925 Briarpark Dr., FL.4 Houston, TX 77042			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/16/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Loomis, Gail Buxton	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4004 Sinclair Ave Austin, TX 78756-3523			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Home Builders Assoc of Austin, Homepac Personal	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7952 Anderson Square Austin, TX 78757			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7-16-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jesse Alba	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7909 Richard Trail Austin, TX 78761			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tina Walker	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2400 Mt Gainer Dripping Springs, TX 78628			
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 this Schedule A:	
2 FILER NAME Will Conley		3 ACCOUNT # (Ethics Commission files)	
4 Date 7/19/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sam Shackelford and Jill Shackelford	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2804 Calaw Cove Austin, TX 78746			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/16/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James and Kimberly Roohms	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2138 Woodston Drive Round Rock, TX 78681			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/16/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Shelley Rodriguez	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 485 Nicholas Lane Driftwood, TX 78619			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/8/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raba-Kistner PAC, Inc	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 690287 San Antonio, TX 78269			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/14/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert and Karen Reyes	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3409 Trickling Springs Way Pflugerville, TX 78660			
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 this Schedule A:	
2 FILER NAME <i>Will Conley</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>7/16/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Chandra Hosek</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1401 Bay Hill Dr. Austin, TX 78746-6201</i>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/16/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim Powers</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 350 Dripping Springs, TX 78620</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/14/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gerald T. Daugherty</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1403 Club Ridge CV Austin, TX 78735-1624</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tracy and Joni Terrill</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10723 Galsworthy Ln Austin, TX 78739-1755</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rebecca McLaughly, Michael Avlick, Oak Song Farm</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>700 S. Creekwood dr. Driftwood, TX 78619</i>			
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 this Schedule A:

2 FILER NAME

Will Conley

3 ACCOUNT # (Ethics Commission files)

4 Date

7/16/09

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

Scott Dukette

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4410 Twisted Tree Dr.
Austin, TX 78735-6432

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

7/16/09

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

Marc A. Rodriguez

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1122 Colorado St., Ste 2399
Austin, TX 78701

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

7/16/09

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

Richard L Higgins Jr.

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

154 Desert Springs Cove
Buda, TX 78610

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

7/16/09

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

Wayne and Carla Lott

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

17116 Northlake Hills Dr.
Jonestown, TX 78645-4453

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

7/16/09

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

Daniel and Laura Rogers

Amount of contribution (\$)

\$300

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7108 Covered Bridge Dr.
Austin, TX 78736

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Will Conley		3 ACCOUNT # (Ethics Commission files)	
4 Date 7/14/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Half Associates State PAC 6 Contributor address; City; State; Zip Code 1201 North Bowser Rd Richardson, TX 75081	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/15/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher M Solomon Contributor address; City; State; Zip Code 4110 Rim Rock Dr. Lago Vista, TX 78645-6136	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/16/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Winton and Kimberly Porterfield Contributor address; City; State; Zip Code 1010 Stagecoach Trail San Marcos TX 78666	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Samir Hanna Contributor address; City; State; Zip Code 9528 Big View Dr. Austin, TX 78730	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 7/16/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Garry and Deborah Vacek Contributor address; City; State; Zip Code 12911 FM 967 Buda, TX 78610	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		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)
7/16/19	Rene Montano 6 Contributor address; City; State; Zip Code Winters, TX 78676	\$250	
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)
9/8/19	Andy Dodson Contributor address; City; State; Zip Code 361 Middle Creek Buda, TX 78616		\$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)
	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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