(512) 463-5800 1-800-325-8506

### **CANDIDATE / OFFICEHOLDER**

### FORM C/OH

CAMPAIG	N FINANC	E KEPUKI		COVER SHEET PG 1
The C/OH instruction G	iuide explains how	to complete this form.	1 ACCOUNT# (Ethics Commission flors)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Will	MI	OFFICE USE ONLY
NAME	NICKNAME	Conley	SUFFIX	RECEIVED IN THE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1	APT / SUITE #; С	STATE; ZIP CODE	— <b>/k</b> → ○ C T <b>9</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5 CANDIDATE/ OFFICEHOLDER PHONE	(512 ) 738	PHONE NUMBER 3-1079	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs.	Linda Linda	MI SUFFIX	Date Imaged
		He <b>wle</b> tt		
7 CAMPAIGN TREASURER ADDRESS (Residence or business	PO Box 1974, Winn	PO BOX PLEASE); APT / SU berfey, Texas 78676	NTE#; CITY; STATE;	ZIP COOE
8 CAMPAIGN TREASURER PHONE	(512 )	PHONE NUMBER 847-5013	EXTENSION	
9 REPORTTYPE	January 15	30th day before election		15th day after campaign treesurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Yeer THRO	DUGH 6 /30	Dey Year /2009
11 ELECTION	Month Day	Year ELECTION T		General Special
12 OFFICE	OFFICE HELD (K any) Hays County Comi	missioner, Pct 3	13 OFFICE SOUGHT (#	known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Candidates are requ	expenditures are campaign ired to disclose this informa-	expenditures made by others with tion only if they receive notificati	hout the candidate's prior consent or approval. ion of the direct campaign expenditure
BY OTHER INDIVIDUALS	Name			
☐ actrillionel peges	Address / PO Box; A	xt. / Suitte #; City; State;	Zip Code	
		go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Узира Сол	grify Commitmatorius Will Contey, Pct 3	16 ACCOUNT # (Ethics Commission Filters)
17 NOTICE FROM POLITICAL	candidate / officehok	otice of political contributions accepted or political expenditures made der. These expenditures may have been made without the candidate's ceholders are required to report this information only if they receive not	or officeholder's knowledge or consent.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	***************************************
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$7,000
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMS	\$58
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,245
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DEPORTING PERIOD	\$400.86
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	**************************************
19 AFFIDAVIT		I country or officers and desired	parium, that the
<del></del>		is true and correct and includes all	perjury, that the accompanying report information required to be reported by
	JOYCE A. COV	WAN me under Title 15, Election Code	
	Notary Public, State of My Commission Exp	ires	4/1/
OF OF	OCTOBER 28,		didste or Officeholder
AFFIX NOTARY STAME	P/SEAL ABOVE		V
Sworn to and subscri		the said Will Conkey	, this the <i>15</i> day
or July 2	20 <u>09</u> , to ce	rtify which, witness my hand and seal of office.	
Jour a. C	outen	Joyce A. COWAN	Norary
Signatifire of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering cath

### **POLITICAL CONTRIBUTIONS**

#### SCHEDULE A

(512) 463-5800

Russel Hinds 6 Comtributor address: City: State: Zip Code 12400 Hwy 71 W., Ste 350-245, Austin, TX 78738 9 Principal occupation / Job title (See Instructions) 3usiness Owner 10 Employer (See Instructions) Hinds Management LLC 10 Employer (See Instructions) Hinds Management LLC 11 Employer (See Instructions) Hinds Management LLC 11 Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date Principal occupation / Job title (See Instructions)  Date Full name of contributor	The Instru	ction Guide explains how to complete this form.		1 Total pages Sche 2	dule A:
Russel Hinds 6 Contributor address: City: State: Zip Code 12400 Hwy 71 W., Ste 350-245, Austin, TX 78738 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 110 Employer (See Instructions) 1110/2009 1110		AME		3 ACCOUNT# (Eth	ics Commission flors)
Russel Hinds   S Contributor address: City: State: Zip Code   \$1500	4 Date	5 Full name of contributorout-of-state PMC (IDI:	)		
12400 Hwy 71 W., Ste 350-245, Austin, TX 78738  9 Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)  110 Employer (See Instructions)  1110/2009  1110/200	2/15/2009	Russel Hinds		(4)	
9 Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)  11 Employer (See Instructions)  11 Employer (See Instructions)  11 Employer (See Instructions)  11 Employer (See Instructions)  12 Employer (See Instructions)  13 Employer (See Instructions)  14 Employer (See Instructions)  15 Employer (See Instructions)  16 Employer (See Instructions)  17 Employer (See Instructions)  18 Employer (See Instructions)  19 Employer (See Instructions)  20 Employer (See Instructions)  20 Employer (See Instructions)  21 Employer (See Instructions)  22 Employer (See Instructions)  22 Employer (See Instructions)  23 Employer (See Instructions)  23 Employer (See Instructions)  24 Employer (See Instructions)  25 Employer (See Instructions)  26 Employer (See Instructions)  27 Employer (See Instructions)  27 Employer (See Instructions)  28 Employer (See Instructions)  29 Employer (See Instructions)  29 Employer (See Instructions)  20 Employer (See Instructions)  21 Employer (See Instructions)  22 Employer (See Instructions)  23 Employer (See Instructions)  24 Employer (See Instructions)  25 Employer (See Instructions)  26 Employer (See Instructions)  27 Employer (See Instructions)  27 Employer (See Instructions)  28 Employer (See Instructions)  29 Employer (See Instructions)  20 Employer (See Instructions)  20 Employer (See Instructions)  20 Employer (See Instructions)  20 Employer (See Instructions)  21 Employer (See Instructions)  22 Employer (See Instructions)  23 Employer (See Instructions)  24 Employer (See Instructions)  25 Empl	•	6 Contributor address; City; State; Zip Code	, , ,	\$1500	I 
Dete   Full name of contributor		12400 Hwy 71 W., Ste 350-245, Austin, TX	78738	(if travel outside	    of Texas, complete Schedule T
Professionals Political Action Committee  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Dete Prull name of contributor Contributor address; City; State; Zip Code  3345 Plaza 10 Dr., Ste E, Beaumont, TX 77707  Principal occupation / Job title (See Instructions)  Deta Principal occupation / Job title (See Instructions)  Employer (See Instruction)  Employer (See Instruction (\$)  (If travel outside of Texas, complete Schedule 1		ccupation / Job title (See Instructions) ner			
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contributor (ff applicable contributor (ff applicable contributor address; City; State; Zip Code  3345 Plaza 10 Dr, Ste E, Beaumont, TX 77707  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Douglas Barclay  Contributor address; City; State; Zip Code  PO Box 1300, Wimberley TX 78676  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (ff applicable co	Date	Full name of contributorout-of-side PAC (IDF:			•
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Principal occupation / Job title (See Instructions)  Date  Full name of contributor   out-rease PPC(IDIs;		ļ		Of translautoids	 of Towar commisse Schoolse T
R. Leidon Sweet  Contributor address: City; State; Zip Code  3345 Plaza 10 Dr, Ste E, Beaumont, TX 77707  Principal occupation / Job title (See Instructions)  Deta Full name of contributor	Principal o	occupation / Job title (See Instructions)	Employer (See	<del></del>	or texts, compare schools i
R. Leidon Sweet  Contributor address; City; State; Zip Code  3345 Plaza 10 Dr, Ste E, Beaumont, TX 77707  Principal occupation / Job title (See Instructions)  Deta Full name of contributor	Dete	Full name of contributor out-of-state PAC (IDI):	)		
3345 Plaza 10 Dr, Ste E, Beaumont, TX 77707  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Deta Full name of contributor   Online of See Instructions   Amount of Contribution (\$)   In-kind contribution (\$)   description (if applicable of Texas, complete Schedule   PO Box 1300, Wimberley TX 78676  Principal occupation / Job title (See Instructions)  Deta Full name of contributor   Online of See Instructions   Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (if applicable of Texas, complete Schedule   In-kind contribution (In-kind contribution (If applicable of Texas, complete Schedule   In-kind contribution (If applicable	2/24/09	R. Leidon Sweet		contribution (\$)	description (if applicable
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor   out-of-table PMC(IDI):   Amount of contribution (ff applicable 2/25/09   Douglas Barclay   Contributor address: City; State: Zip Code   \$1000    PO Box 1300, Wimberley TX 78676   Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (ff applicable 2/4/09   Douglas J. Barclay   Contributor   out-of-table PAC(IDI:   Douglas J. Barclay   Contributor address; City; State; Zip Code   \$1000   S1000   Contributor (ff applicable 2/4/09   Contributor address; City; State; Zip Code   \$1000   S1000   S1000   Contributor (ff applicable 2/4/09   S1000   Contributor (ff applicable 2/4/09   S1000   S1000   Contributor (ff applicable 2/4/09   Con		Contributor address; City; State; Zip Code		\$1000	 
Principal occupation / Job title (See Instructions)  Data Full name of contributor		3345 Plaza 10 Dr, Ste E, Beaumont, TX 777	707	(If travel outside	of Texas, complete Schedule 1
Contributor address: City; State: Zip Code  PO Box 1300, Wimberley TX 78676  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributorout-fate PAC (IDs:	Principal o	occupation / Job title (See Instructions)	Employer (See		
Contributor address: City; State: Zip Code \$1000  PO Box 1300, Wimberley TX 78676  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributorout-of-state PAC (IDs:) Amount ofcontributiondescription (if applicable applicable	Date	Full name of contributor out-of-state PAC (IDA:			
Contributor address; City; State; Zip Code  PO Box 1300, Wimberley TX 78676  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (In-kind contribution description (if applicable contribution (If applicable contribution (If applicable contributor address; City; State; Zip Code  PO Box 1300, Wimberley, TX 78676  [If travel outside of Texas, complete Schedule contribution (If travel outside of Texas, complete Schedule contribution (III)	2/25/09	Douglas Barclay		contribution (\$)	description (if applicable
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (In-kind contribution description (if applicable Contribution (In-kind contribution (I				\$1000	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Page   Full name of contributor	PO Box 1300, Wimberley TX 78676				
Douglas J. Barclay  Contributor address; City; State; Zip Code \$1000  PO Box 1300, Wimberley, TX 78676  [If travel outside of Texas, complete Schedule]	Principal o	occupation / Job title (See Instructions)	Employer (See		or lease, compete scriedae I
Contributor address; City; State; Zip Code \$1000 PO Box 1300, Wimberley, TX 78676	Dete	Full name of contributorout-of-state PAC (IDI);	}		
Contributor address; City; State; Zip Code \$1000 PO Box 1300, Wimberley, TX 78676 (If travel outside of Texas, complete Schedule)	3/4/09	Douglas J. Barclay		contribution (\$)	description (if applicable
(If travel outside of Texas, complete Schedule		Contributor address; City; State; Zip Code		\$1000	 
		PO Box 1300, Wimberley, TX 78676			I
	Principal	occupation / Job title (See Instructions)	Employer (See		of Taxas, complete Schedule

### **POLITICAL CONTRIBUTIONS**

#### SCHEDULE A

(512) 463-5800

	R THAN PLEDGES OR LOA			
The Instru	ction Guide explains how to complete this form.		† Total pages Sche	dule A:
2 FILER NA Will Conley	AME		3 ACCOUNT# (Eth	ics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (IDIT:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/24/09	Dennis C. Bearden		CONTROLLON (4)	i description (in approache)
	6 Contributor address; City; State; Zip Code		\$1000	! !
	10460 W. Houston Pkwy S. #200, Houston,	, TX 77099	(If travel outside	 of Texas, complete Schedule T)
9 Principal o Business Ow	occupation / Job title (See Instructions) ner	10 Employer (See	Instructions)	
Dete	Full name of contributor		Amount of	In-kind contribution
3/6/09	Timothy Weston		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	•	\$500	<b>1</b> 1
	6300 Colina LN, Austin, TX 78759			I
Principal o	occupation / Job title (See Instructions)	Employer (See	<del></del>	of Texas, complete Schedule T)
Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/20/09	Jesse Alba		.	· }
	Contributor address; City; State; Zip Code	•	500	
	7909 Richard King Trl, Austin, TX 78749		//f travel autolds	of Texas, complete Schedule 1)
Principal o	occupation / Job title (See Instructions)	Employer (See		or raises, comprese acreation ty
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	•		
			(If travel outside	of Texas, complete Schedule T)
Principal o	occupation / Job title (See Instructions)	Employer (See	instructions)	
Dete	Full name of contributor ustof-state PAC (104:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		 
Principal occupation / Job title (See Instructions)		Employer (See		of Texas, complete Schedule T)
:	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see inst			requirements.

Texas Ethics Commission

1 Total pages Scholl 3 ACCOUNT # (El	
⇒ ⇒ 	\$ Loan Amount (\$) \$800 10 Interest rate 0 11 Maturity date
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	Interest rate
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ions)	
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	Amount Guaranteed (\$)
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	ions)

#### Austin, Texas 78711-2070 P.O. Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. (See Attached) 2 pages 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Will Conley, Hays County Commissioner Pct 3 5 Payee name Amount (\$) City; State; Zip Code 6 Payee address; 8 Purpose of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) City; State; Zip Code Payee address; Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office held (If travel outside of Texas, complete Schedule T) Deste Payee name (\$) Payee address; City; State; Zip Code Purpose of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH reculence) Candidate / Officeholder name Office held Office sought (If travel outside of Texas, complete Schedule T) Payee name Amount (\$) Pavee address: City; State; Zip Code Purpose of payment (See instructions regarding type of information -- Complete if direct expanditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Political Expenditures Will Conley, Hays County Commissioner, Pct 3

Date Pa	Payee	City	State	42	Amont	Reason
7/1/2009 San Marcos Kiwanis Club	s Club	San Marcos	¥	78666	\$30.00	Contribution
6/17/2009 Will Conley		Wimberley	<b>~</b>	78676	\$800.00	Loan Reimbursement
6/16/2009 Wimberley Chamber of Commerce	er of Commerce	Wimberley	<b>۲</b>	78676	\$500.00	4th of July
6/3/2009 Pride of San Marcos	6	San Marcos	¥	78666	\$70.00	Jeneteenth Banquet
5/13/2009 LBJ Museum		San Marcos	¥	78666	\$150.00	Sponsorship
5/4/2009 Wing Society - CASA	-	San Marcos	¥	78666	\$25.00	Contribution
5/1/2009 Wimberley Rotary Art Gala	Art Gala	Wimberley	¥	78676	\$500.00	Sponsorship
3/15/2009 Rebecca Conley		San Marcos	¥	78666	\$2,000.00	Fees
3/18/2009 Jennifer Anderson		Wimberley	¥	78676	\$300.00	Reimbursment
3/12/2009 Will Conley		Wimberley	×	78676	\$2,000.00	Loan Reimbursement
2/12/2009 Emily Ann Theater		Wimberley	¥	78676	\$200.00	Sponsorship
2/9/2009 Jerod Patterson		Austin	¥		\$380.00	Consulting
2/9/2009 Will Conley		Wimberley	¥	78676	\$1,000.00	Loan Reimbursement
2/6/2009 Ducks Unlimited		Wimberley	¥	78676	\$290.00	Sponsorship

\$8,245.00

## **CANDIDATE / OFFICEHOLDER REPORT:**

FORM C/OH - FR

	DES	IGNATION OF FINAL REPORT			
		struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Report" ••			
1	C/OH N	AME	2 ACCOUNT # (Ethics Commission filers)		
٧	Will Conley, Hays County Commissioner, Pct 3				
3	SIGNA	TURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Signature	of Candidate / Officeholder		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder	** ***********************************		
	A.	CAMPAIGN FUNDS			
	Chec	conty one:			
		I do not have unexpended contributions or unexpended interest or income earner	d from political contributions.		
	! have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		ed interest or income earned nnual report of unexpended interest or income earned on derstand that I must dispose		
	B.	ASSETS			
	Check	k only one:			
		I do not retain assets purchased with political contributions or interest or oth contributions.	er income from political		
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.		or interest or other income se of assets purchased with		
		Sig	nature of Candidate		
5		OFFICEHOLDER Complete this section only if you are an officeholder			
		I am aware that I remain subject to filing requirements applicable to an officeholder witreasurer on file. I am also aware that I will be required to file reports of unexpende I cease holding office, I retain assets purchased with political contributions or in political contributions.	d contributions if, at the time		
		Sign	nature of Officeholder		