

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;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">W.I.I</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Conley</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received RECEIVED <div style="font-size: 1.5em; font-weight: bold;">JUL 15 2010</div> <div style="font-size: 1.5em; font-weight: bold;">ELECTION OFFICE</div> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed 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 Wimberly TX 78676		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 738 - 1079		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Linda Hewlett NICKNAME LAST SUFFIX Hewlett		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1979 Wimberly TX 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 checked="" 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 7-1-09 1-1-10 7-1-10		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Hays County Commissioner (PT)	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 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)

\$ 11,239

EXPENDITURE TOTALS

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

\$ 423

4. TOTAL POLITICAL EXPENDITURES

\$ ~~1,539~~

CONTRIBUTION BALANCE

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

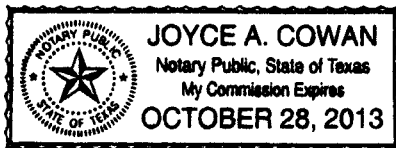
\$ 9067

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Will Cowley, this the 16 day of July, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Will Conley Campaign Contributions Due July 15, 2010

Contributor	Address	\$ Amt
WF and Judy Smith	4161 E HWY 290 #100, Dripping Springs, TX	\$500
Winton and Kimberley Porterfield	1010 Stagecoach Trail, San Marcos, TX	\$1,000
Dolores Juarez	1402 Lehman St., Houston, TX 77018	\$1,000
Charles Ray	PO Box 51608 Midland, TX 79710	\$1,000
Scott Dukette	4410 Twisted Tree Dr., Austin, TX 78735	\$500
Richard R Scott (1991 Trust)	11811 I-10 East, Ste 630, Houston, TX 77229	\$2,500
David and Sandra Loft	8201 Denali Pkwy #3, Austin, TX 78726	\$200
Julia B. and H Rene Moulinet	7 Brookside Dr. Wimberley, TX, 78676	\$250
Walter Alan Elias	151 Eaton Ln, Austin, TX 78737	\$250
James A and Kay H Broadus	605 Rainbow Cove, Austin, TX 78746	\$500
Cobb Fendley PAC	13430 Northwest Freeway, Ste 100, Houston, TX 77040	\$250
Harry John Trube	2707 Scenic Dr., Austin, TX 78703	\$100
Gerald T. Daugherty	1403 Club Ridge CV, Austin, TX 78735	\$250
Jeff Rogers	1312 Havenwood Blvd, New Braunfels, TX 78132	\$250
Thomas G. Loomis and Gail Buxton	4004 Sinclair Ave., Austin, TX 78756	\$250
Jesse and Marit Alba	7909 Richard King Trl., Austin, TX 78749	\$500
Robert McDonald	2110 A Boca Raton Dr., Ste 201, Austin, TX 78747	\$500
HDR Inc., PAC	8404 Indian Hills Dr., Omaha, NE 68114	\$500

Total \$4,330

11,239

74 state college Republicans #439

WF & Judy Smith 4 1810 ~~1100~~ 790 Dripping Springs #2500

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>7-1</i>	5 Payee name <i>Marie Sam Langman</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 982 Kyle, TX 78640</i>	7 Amount (\$) <i>\$700</i>
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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
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Date <i>7-02</i>	Payee name <i>Jessie Patten</i> Payee address; City; State; Zip Code <i>P.O. Box 20722 Austin TX 78720</i>	Amount (\$) <i>\$1400</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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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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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 6 Payee address; City; State; Zip Code	7 Amount (\$)
2-16 <i>Industrious</i> <i>Winters, TX 78776</i>	170.86
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
<i>company supply</i>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
1-20 <i>Princeton Valley Republic</i> <i>P.O. Box 488 Winters, TX 78776</i>	\$ 450
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
<i>contribution</i>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
2-10 <i>News Dispatch</i> <i>Spring Springs, TX</i>	\$ 50
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
<i>Subscription</i>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
1-18 <i>Pizza Heat</i> <i>Winters, TX 78776</i>	\$ 30
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
<i>meeting</i>		
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 1-15	5 Payee name Texas For Rick Perry 6 Payee address; City; State; Zip Code P.O. Box 2013 Austin, TX 78768	7 Amount (\$) \$150
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8 Purpose of payment (See instructions regarding type of information required.) contribution	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-12	Payee name Rebecca Combs 6 Payee address; City; State; Zip Code 101 Fntc RD San Marcos, TX 78666	Amount (\$) \$88.21
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8 Purpose of payment (See instructions regarding type of information required.) website	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3-1	Payee name Combs 6 Payee address; City; State; Zip Code Combs, TX 78678	Amount (\$) \$62
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8 Purpose of payment (See instructions regarding type of information required.) fund	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1-28	Payee name Will Combs 6 Payee address; City; State; Zip Code 701 m + road San Marcos, TX 78676	Amount (\$) \$150
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8 Purpose of payment (See instructions regarding type of information required.) copy 100	9 ** 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 filers)

4 Date	5 Payee name	7 Amount (\$)
6-25	Family Justice Center P.O. Box 1644 San Marcos, TX 78667	\$ 50
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
Non-profit	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
6-25	Family Justice Center same ↑	\$ 500
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Non-profit	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
6-15	Will Conley 701 Mt Crest Wimberly, TX 78676	\$ 200
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
loan repay	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
6-15-1	Pizza Hut Wimberly, TX 78676	\$ 31
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
campaign meeting	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 filers)
4 Date 4-10	5 Payee name Pizza Hut 6 Payee address; City; State; Zip Code Lindbergh, TX 78676	7 Amount (\$) \$75
8 Purpose of payment (See instructions regarding type of information required.) meets		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-08	Payee name Jerald Patterson 6 Payee address; City; State; Zip Code P.O. Box 20702 Austin, TX 78720	Amount (\$) \$1,000
Purpose of payment (See instructions regarding type of information required.) website		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-29	Payee name Center for Public Policy 6 Payee address; City; State; Zip Code 5930 Middle Fiskville Rd Austin, TX 78752	Amount (\$) \$100
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
Date 3-31	Payee name Jerald Patterson 6 Payee address; City; State; Zip Code P.O. Box 20702 Austin, TX 78720	Amount (\$) \$1000
Purpose of payment (See instructions regarding type of information required.) camping museum		** 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 filers)

4 Date 2-19	5 Payee name Night to Remember 6 Payee address; City; State; Zip Code Wimberly TX 78676	7 Amount (\$) \$200
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8 Purpose of payment (See instructions regarding type of information required.) non-profit	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2-26	Payee name Night to Remember Payee address; City; State; Zip Code Wimberly TX 78676	Amount (\$) \$120
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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 3-01	Payee name Lions Payee address; City; State; Zip Code Wimberly TX 78676	Amount (\$) \$62
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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 2-22	Payee name Acts from the Heart Payee address; City; State; Zip Code Wimberly TX 78676	Amount (\$) \$200
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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED