

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mr.                                      Will                                      P.	<b>OFFICE USE ONLY</b>  <div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">                     Received                      JAN 15 2019                      Elections Office                 </div>	
	NICKNAME                                      LAST                                      SUFFIX  Conley		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 701 Mountain Crest Dr.                                      Wimberley                      TX    78676		
<input type="checkbox"/> Change of Address			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 512 )                      738-1079	Date Received	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mrs.                                      Erin                                      B.	Date Hand-delivered or Date Postmarked	
	NICKNAME                                      LAST                                      SUFFIX  Conley	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 701 Mountain Crest Dr.                                      Wimberley                      TX                      78676	Date Processed	
(Residence or Business)		Date Imaged	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 512 )                      667-8656		
<b>9</b> REPORT TYPE	<input checked="" 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)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year 10                      /                      28                      /                      2018                      THROUGH                      12                      /                      31                      /                      2018		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year 11                      /                      6                      /                      2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)	
		Hays County Judge	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME** Will P. Conley **15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

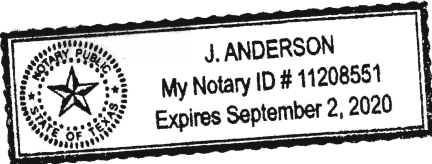
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 500.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,050.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 3,749.73
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 82,758.91
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 147.25
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 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: *[Handwritten Signature]*

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Will P. Conley, this the 15 day of January, 2019, to certify which, witness my hand and seal of office.

[Handwritten Signature]      J Anderson      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME Will P. Conley		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,550.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 79,009.18
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 5
<b>2</b> FILER NAME Will P. Conley		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/29/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highpointe Trace LLC <b>6</b> Contributor address; City; State; Zip Code 2 Venture STE 350, Irvine CA 92618	<b>7</b> Amount of contribution (\$)  \$5,000
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis Conner Contributor address; City; State; Zip Code 1717 West 6th St. STE 375 , Austin ,TX 78703	Amount of contribution (\$)  \$2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/18	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00386029 ) HNTB Holdings, LTD PAC Contributor address; City; State; Zip Code 715 Kirk Dr, Kansas City, MO 84106	Amount of contribution (\$)  \$2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Davidson Contributor address; City; State; Zip Code 13267 East Letts Lane Carmel, IN 46074	Amount of contribution (\$)  \$2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Will P. Conley		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/29/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg Reyes <b>6</b> Contributor address; City; State; Zip Code 28 Hedwig Cir Houston, TX 77024	<b>7</b> Amount of contribution (\$) \$5,000
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/30/18	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00103903) HDR Inc. PAC Contributor address; City; State; Zip Code 8404 Indian Hills Dr. Omaha, NE 68114	Amount of contribution (\$) \$4,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/1/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Lynch Contributor address; City; State; Zip Code 20603 Highland Lake Loop Lago Vista, TX 78645	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/1/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Kaatz Contributor address; City; State; Zip Code 347 Esperanza Trl Johnson City, TX 78636	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Will P. Conley		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/2/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashed Islam <b>6</b> Contributor address; City; State; Zip Code 11901 Paltsades Pkwy, Austin TX 78732	<b>7</b> Amount of contribution (\$) \$200
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/5/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennon Beasley Contributor address; City; State; Zip Code 829 Ranchers Club LN Driftwood, TX 78619	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Feagin Contributor address; City; State; Zip Code 5211 Scarborough Ln Dallas, TX 75287	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Burkhardt Contributor address; City; State; Zip Code 5423 Hilton Head Dr. Dallas, TX 75287	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Will P. Conley		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  11/13/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Crozler <hr style="border-top: 1px dashed black;"/> <b>6</b> Contributor address; City; State; Zip Code 1450 Rich Ln Buda, TX 78610	<b>7</b> Amount of contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  11/14/18	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Borenstein <hr style="border-top: 1px dashed black;"/> <b>Contributor address;</b> City; State; Zip Code 1708 Halter LN Cedar Park, TX 78613	<b>Amount of contribution (\$)</b>  \$200
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  10/29/18	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Harris <hr style="border-top: 1px dashed black;"/> <b>Contributor address;</b> City; State; Zip Code PO Box 1001, Wimberley, TX 78676	<b>Amount of contribution (\$)</b>  \$2,500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  10/29/18	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Myers <hr style="border-top: 1px dashed black;"/> <b>Contributor address;</b> City; State; Zip Code PO Box 828 Wimberley, TX 78676	<b>Amount of contribution (\$)</b>  \$1,000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Will P. Conley		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/29/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. Lane Hartsock <hr/> <b>6</b> Contributor address; City; State; Zip Code 511 Mountain Crest Dr Wimberley, TX 78676	<b>7</b> Amount of contribution (\$)  \$100
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 10/29/18	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis Conner <hr/> <b>Contributor address; City; State; Zip Code</b> 1717 West 6th St. STE 375 Austin TX 78703	<b>Amount of contribution (\$)</b>  \$2,500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/29/18	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Davidson <hr/> <b>Contributor address; City; State; Zip Code</b> 13267 East Letts Ln Carmel, IN 46074	<b>Amount of contribution (\$)</b>  \$2,500
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Will P. Conley	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 10/28/18	<b>5</b> Payee name Patterson & Co,			
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code 166 Hargraves Dr. STE C-400, Box 423, Austin, TX 78737			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Campaign Materials, Postage/Fulfillment, Online Advertising, Media Buy, Data Work	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

Date 10/28/18	Payee name JP Delgado				
Amount (\$) \$264	Payee address; City; State; Zip Code San Marcos, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held			

Date 10/28/18	Payee name Tom Conley				
Amount (\$) \$1,230.07	Payee address; City; State; Zip Code San Marcos, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Will Conley	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/29/18	<b>5</b> Payee name Next Day Flyers	
<b>6</b> Amount (\$) 138.16	<b>7</b> Payee address; City; State; Zip Code Van Nuys, CA	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Campaign Materials	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/29/18	Payee name next Day Flyers	
Amount (\$) 138.16	Payee address; City; State; Zip Code Van Nuys, CA	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Campaign Materials	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/30/18	Payee name Patterson & Co	
Amount (\$) \$18,431	Payee address; City; State; Zip Code 166 Hargraves Dr, Ste C-400, Box 423, Austin, TX 78737	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Campaign Materials, Postage/Fulfillment, Online Advertising, Media Buy, Data Work	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Will Conley	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 11/5/18	<b>5</b> Payee name United Way of Hays County				
<b>6</b> Amount (\$) \$750	<b>7</b> Payee address; City; State; Zip Code San Marcos, TX				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/5/18	Payee name Brooks Vansdale				
Amount (\$) 200	Payee address; City; State; Zip Code San Marcos, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/6/18	Payee name HEB				
Amount (\$) 256.81	Payee address; City; State; Zip Code Event Expense				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Will Conley	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 11/8/18	<b>5</b> Payee name HCCS Athletic Booster				
<b>6</b> Amount (\$) \$180	<b>7</b> Payee address; City; State; Zip Code San Marcos, TX				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/9/18	Payee name JP Delgado				
Amount (\$) \$792	Payee address; City; State; Zip Code San Marcos, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/13/18	Payee name DSRM				
Amount (\$) \$948.71	Payee address; City; State; Zip Code PO Box 631, Amarillo, TX				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Will Conley	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/13/18	<b>5</b> Payee name Time Warner Cable
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<b>6</b> Amount (\$) \$205.40	<b>7</b> Payee address; City; State; Zip Code Austin, TX
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) \$Office Overhead	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/15/18	Payee name Austin Risk Consultants
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Amount (\$) \$4,000	Payee address; City; State; Zip Code Wimberley, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Administrative and event services	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME  
Will Conley

2 Filer ID (Ethics Commission Filers)

### 3 SIGNATURE

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 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I 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.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- 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.

\_\_\_\_\_  
Signature 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 who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder