

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: 24px; font-weight: bold;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr.</i> <i>Fred</i> <i>A.</i> ----- NICKNAME LAST SUFFIX <i>Terry</i>	OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <div style="font-size: 24px; font-weight: bold; border: 2px solid black; padding: 5px; display: inline-block;">SCANNED</div> <div style="font-size: 24px; font-weight: bold;">OCT 08 2008</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 1517</i> <i>San Marcos TX</i> <i>78667</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512)</i> <i>738-7038</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Same</i> ----- NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>()</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>08 / 26 / 08</i> <i>10 / 05 / 08</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 4 / 08</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council, Place 3</i>	
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

Fred A. Terry

16 ACCOUNT # (Ethics Commission Filers)

17 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. ••

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

\$ 50.00

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

\$ 500.00

EXPENDITURE TOTALS

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

\$ 150.29

4. TOTAL POLITICAL EXPENDITURES

\$ 458.80

CONTRIBUTION BALANCE

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

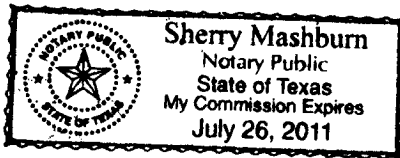
\$

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said FRED A. TERRY, this the 8th day of OCTOBER, 20 08, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

SHERRY MASHBURN
Printed name of officer administering oath

CITY CLERK
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Fred A. Terry		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/4/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Janette Wade	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1305 Under World Dr. #102 San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 9/30/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred A. Terry	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1517 San Marcos, Texas 78667		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	
Date 10/2/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred A. Terry	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1517 San Marcos, Texas 78667		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Fred A. Terry

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/05/08

5 Payee name

Cartridge World

6 Payee address; City; State; Zip Code

1160 Thurgelane #107 San Marcos, Texas 78066

7 Amount (\$)

\$ 35.72

8 Purpose of payment (See instructions regarding type of information required.)

Office Supplies / Printer Ink
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

9/05/08

Payee name

Office Depot

Payee address; City; State; Zip Code

201 Springtown Way San Marcos, Texas 78066

Amount (\$)

\$ 48.68

Purpose of payment (See instructions regarding type of information required.)

Office Supplies / Paper
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

9/08/08

Payee name

United States Post Office

Payee address; City; State; Zip Code

San Marcos, Texas 78066

Amount (\$)

\$ 35.40

Purpose of payment (See instructions regarding type of information required.)

Stamps
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

9/19/08

Payee name

Furr's Buffet

Payee address; City; State; Zip Code

1121 North Interstate 35 San Marcos, Texas 78066

Amount (\$)

\$ 12.09

Purpose of payment (See instructions regarding type of information required.)

Food
(If travel outside of Texas, complete Schedule T)

.. 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: <u>2</u>
2 FILER NAME <u>FRED A. TEDDY</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>9/29/08</u>	5 Payee name <u>United States Post Office</u> 6 Payee address; City; State; Zip Code <u>San Marcos, Texas 78066</u>	7 Amount (\$) <u>\$ 8.40</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Stamps</u> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>9/25/08</u>	Payee name <u>San Marcos Area Chamber Of Commerce</u> Payee address; City; State; Zip Code <u>202 North C.M. Allen Parkway San Marcos, Texas 78066</u>	Amount (\$) <u>\$ 10.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>Chamber Event Entry Fee</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>9/30/08</u>	Payee name <u>Sign Arts</u> Payee address; City; State; Zip Code <u>P.O. Box 1416 San Marcos, Texas 78067</u>	Amount (\$) <u>\$ 308.51</u>
Purpose of payment (See instructions regarding type of information required.) <u>18x24 Signs & Wire Frames</u> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED