

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">4</div>								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.5em;">                     Mr.                      Fred                      A.                 </div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.5em;">                     Terry                 </div>	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked   <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">                     SCANNED                 </div> Date Processed <div style="font-size: 1.5em; font-weight: bold;">                     OCT 29 2008                 </div> Date Imaged									
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX,                      APT / SUITE #                      CITY,                      STATE:                      ZIP CODE <div style="font-size: 1.5em; text-align: center;">                     P.O. Box 1517                      San Marcos Texas 78667                 </div>										
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="font-size: 1.5em; text-align: center;">                     (512)                      738-7038                 </div>										
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.5em;">                     Same                 </div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX										
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):                      APT / SUITE #:                      CITY,                      STATE,                      ZIP CODE										
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <div style="font-size: 1.5em; text-align: center;">                     (                      )                 </div>										
<b>9 REPORT TYPE</b>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year <div style="font-size: 1.5em; text-align: center;">                     10 / 06 / 08                      THROUGH                      10 / 27 / 08                 </div>										
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year <div style="font-size: 1.5em; text-align: center;">                     11 / 4 / 08                 </div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
<b>12 OFFICE</b>	<b>13 OFFICE SOUGHT</b> (if known) <div style="font-size: 1.5em; text-align: center;">                     City Council, Place 3                 </div>										
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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)**

additional pages

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME** \_\_\_\_\_

**COMMITTEE ADDRESS** \_\_\_\_\_

**COMMITTEE CAMPAIGN TREASURER NAME** \_\_\_\_\_

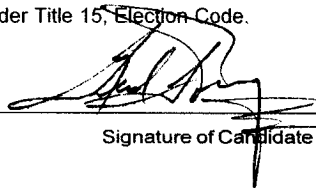
**COMMITTEE CAMPAIGN TREASURER ADDRESS** \_\_\_\_\_

\*\* 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. \*\*

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 135.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 135.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 35.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 35.33
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13047
<b>OUTSTANDING LOAN TOTALS</b>	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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said FRED TERRY, this the 28<sup>TH</sup> day of OCTOBER, 2008, to certify which, witness my hand and seal of office.

Sherry Mashburn  
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: <b>1</b>	
2 FILER NAME <b>Fred A. Terry</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/7/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James K. or Claudia R. Wise</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6325 Redwood Blvd San Marcos, Texas</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Realtor</b>		10 Employer (See Instructions) <b>Self</b>	
Date <b>10/8/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gerald Hill and Donna Hill</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>730 Belviah San Marcos, Texas</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Education / Communication</b>		Employer (See Instructions) <b>TSU / Time Warner</b>	
Date <b>10/20/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ryan Thomason</b>	Amount of contribution (\$) <b>\$35.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2450 Great Oaks San Marcos, Texas</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Construction</b>		Employer (See Instructions) <b>Self</b>	
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 <b>1</b>
2 FILER NAME <b>Freb A. Terry</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/10/08</b>	5 Payee name <b>Cartridge World</b> 6 Payee address; City; State; Zip Code <b>1160 Thorpe Lane #107 San Marcos, Texas 78666</b>	7 Amount (\$) <b>*16.78</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Office Supplies / Printer Ink</b> (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 <b>10/20/08</b>	Payee name <b>Cartridge World</b> Payee address; City; State; Zip Code <b>1160 Thorpe Lane #107 San Marcos, Texas 78666</b>	Amount (\$) <b>*12.45</b>
Purpose of payment (See instructions regarding type of information required.) <b>Office Supply / Printer Ink</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>10/25/08</b>	Payee name <b>Conley Car Wash</b> Payee address; City; State; Zip Code <b>1200 Thorpe Lane San Marcos, Texas</b>	Amount (\$) <b>*6.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Transportation / Maintenance</b> (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**