



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

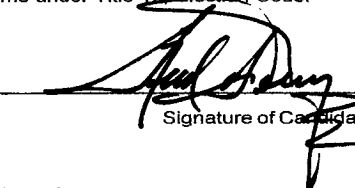
15 C/OH NAME <b>Fred A. Terry</b>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)	<p>.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	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	\$ 170.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 170.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 278.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 278.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

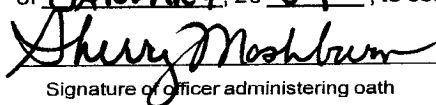
19 AFFIDAVIT

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 FREDA. TERRY, this the 16<sup>th</sup> day of JANUARY, 20 09, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	<u>SHERRY MASHBURN</u> Printed name of officer administering oath	<u>CITY CLERK</u> Title of officer administering oath
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# 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>11/03/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Kennworthy</b>	7 Amount of contribution (\$) <b>\$20.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>104 Valley Circle San Marcos, TX 78066</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Banking</b>		10 Employer (See Instructions) <b>Brookway Bank</b>	
Date <b>11/05/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linebarger, Goggam Blair &amp; Simpson LLP</b>	Amount of contribution (\$) <b>\$100.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 17428 Austin, TX 78760</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney At Law</b>		Employer (See Instructions) <b>Same</b>	
Date <b>11/12/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. Denise M. Trauth</b>	Amount of contribution (\$) <b>\$50.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>800 Academy St. San Marcos, TX 78066</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Education</b>		Employer (See Instructions) <b>Texas State University</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:
2 FILER NAME <i>Fred A. Terry</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/29/08</i>	5 Payee name <i>Star Awards</i>	7 Amount (\$) <i>7.04</i>
6 Payee address; City; State; Zip Code <i>1500 Interstate 35 South New Braunfels, TX 78130</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Name badge</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>11/24/08</i>	Payee name <i>Cartridge World of San Marcos</i>	Amount (\$) <i>12.45</i>
Payee address; City; State; Zip Code <i>1160 Turpelane #107 San Marcos, Texas 78066</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Ink for printer</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>11/9/08</i>	Payee name <i>Murphy USA</i>	Amount (\$) <i>11.00</i>
Payee address; City; State; Zip Code <i>13000 Interstate 35 Austin, TX 78753</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Gasoline</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>11/21/08</i>	Payee name <i>Furr's</i>	Amount (\$) <i>15.79</i>
Payee address; City; State; Zip Code <i>1121 Interstate 35 North San Marcos, TX 78066</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Lunch</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Fred A. Terry</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/3/08</i>	5 Payee name <i>San Marcos Post Office</i>	7 Amount (\$) <i>27.00</i>
6 Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> (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 <i>10/28/08</i>	Payee name <i>Office Dept</i>	Amount (\$) <i>10.16</i>
Payee address; City; State; Zip Code <i>201 Springtown Way San Marcos, Texas</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Office Supplies</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/4/08</i>	Payee name <i>Saltgrass Steakhouse</i>	Amount (\$) <i>47.32</i>
Payee address; City; State; Zip Code <i>221 Lessons Drive San Marcos, Texas 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Food</i> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/3/08</i>	Payee name <i>Tuffie Lumber</i>	Amount (\$) <i>1.89</i>
Payee address; City; State; Zip Code <i>Guadalupe Street San Marcos, TX 78666</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Supplies</i> (If travel outside of Texas, complete Schedule T)		-- 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 *Fred A. Teague* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>9/8/08</i>	5 Payee name <i>San Marcos Area Chamber Of Commerce</i>	7 Amount (\$) <i>20.00</i>
	6 Payee address; City; State; Zip Code <i>C.M. Allen Parkway San Marcos, TX 78666</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>Chamber Grant</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>10/10/08</i>	Payee name <i>NHS Print</i>	Amount (\$) <i>79.50</i>
	Payee address; City; State; Zip Code <i>New Hampshire</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Post Cards</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>11/18/08</i>	Payee name <i>Signature this Studio</i>	Amount (\$) <i>17.00</i>
	Payee address; City; State; Zip Code <i>705 West Hopkins #110 San Marcos, TX 78666</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Hair Maintenance</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>11/7/08</i>	Payee name <i>The Yellow Store</i>	Amount (\$) <i>21.05</i>
	Payee address; City; State; Zip Code <i>301 East Hopkins San Marcos, TX 78666</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Gasoline</i> <small>(If travel outside of Texas, complete Schedule T)</small>	-- 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  <i>12/22/08</i>	5 Payee name <i>United States Post Office</i> 6 Payee address; City; State; Zip Code <i>San Marcos, Texas 78666</i>	7 Amount (\$)  <i>8.40</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Stamps</i> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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