

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |                             |
|--|---|---|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                               |   | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:        |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST<br><i>Connie</i>  | MI                          |
|  | NICKNAME  | LAST<br><i>Terry</i>  | SUFFIX                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;   | APT / SUITE #;  | CITY; STATE; ZIP CODE       |
|  | <i>415 Dry Hollow La Vernia TX 78121</i>  |   |                             |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                   |
|  | <i>(210)</i>  | <i>422 2873</i>   |                             |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST<br><i>Connie Terry</i>  | MI                          |
|  | NICKNAME  | LAST<br><i>Terry</i>  | SUFFIX                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;  | CITY; STATE; ZIP CODE       |
|  | <i>415 Dry Hollow La Vernia TX 78121</i>  |   |                             |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                   |
|  | <i>(210)</i>  | <i>422 2873</i>   |                             |
| 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)  |   |                             |
| 10 PERIOD COVERED  | Month   | Day   | Year                        |
|  | <i>1</i>  | <i>28</i>   | <i>22</i>                   |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE               |
|  | Month   | Day   | Year                        |
| <i>3 / 1 / 22</i>  |   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                             |
| 12 OFFICE  | OFFICE HELD (if any)  |   | 13 OFFICE SOUGHT (if known) |
|  | <i>JP3 Wilson County</i>  |   | <i>JP3 Wilson County</i>    |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages       | 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  | COMMITTEE NAME  |                             |
| <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS   |   |                             |
| <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME   |   |                             |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |                             |

| OFFICE USE ONLY                                    |  |
|--|--|
| Date Received                                      | <b>FILED</b>                             |
| For record in my office                            | <i>22</i> day of <i>Feb</i> 20 <i>22</i> |
| at   | <i>10:00</i> o'clock <i>A</i> M          |
| EVA S MARTINEZ County Clerk<br>Wilson County Texas |  |
| <i>Kenneth C. [Signature]</i> Deputy               |  |
| By Date Hand Delivered or Date Postmarked          |  |
| Receipt #  | Amount \$                                |
| Date Processed                                     |  |
| Date Imaged  |  |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0  |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 75.63                                      |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0  |

**18 SIGNATURE** 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

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

**OR**

**(2) Unsworn Declaration**

My name is Connie Terry, and my date of birth is 12-8-57.  
 My address is 415 Dry Hollow, Le Vernia, TX, 78121, USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Wilson County, State of \_\_\_\_\_ on the 22 day of February, 2022.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Connie Terry</i>      |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <i>0</i>                            |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ <i>0</i>                            |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ <i>0</i>                            |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ <i>0</i>                            |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>0</i>                            |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ <i>0</i>                            |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ <i>0</i>                            |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ <i>75.63</i>                        |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ <i>0</i>                            |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <i>0</i>                            |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <i>0</i>                            |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i>                            |



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |  |                            |
|--|---|--|----------------------------|
| <b>1</b> Total pages Schedule F4:                                  | <b>2</b> FILER NAME<br><i>Connie Terry</i>  | <b>3</b> Filer ID (Ethics Commission Filers)             |                            |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |   | \$ <i>75.63</i>  |                            |
| <b>5</b> Date<br><i>1-27-22</i>                                    | <b>6</b> Payee name<br><i>1st Source Digital</i>  |  |                            |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address; City; State; Zip Code<br><i>4390 E FM 1518 Selma, TX 78154</i>  |  |                            |
| <b>9</b> TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |                            |
| <b>10</b> PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  | (b) Description<br><i>"Re-Elect" additions for signs</i> |                            |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                            |
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH      | Candidate / Officeholder name<br><i>Connie Terry</i>  | Office sought<br><i>JPB Wilson County</i>                | Office held<br><i>same</i> |
| Date   | Payee name  |  |                            |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |                            |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |                            |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)  |  | Description                |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                            |
| Complete ONLY if direct expenditure to benefit C/OH                | Candidate / Officeholder name   | Office sought  | Office held                |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED