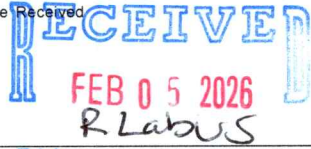


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	☒ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election			☐ Runoff ☐ Exceeded modified reporting limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report Other (specify) _____	
	5 ORIGINAL PERIOD COVERED			Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
Month Day Year Month Day Year <u>11 / 01 / 2025</u> THROUGH <u>01 / 15 / 2026</u>					

6 EXPLANATION OF CORRECTION

① Misunderstanding on Cover sheet page 2

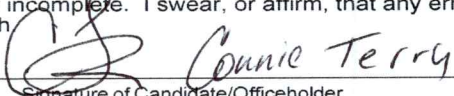
② Payments to Wilson County News were previously omitted.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


 Signature of Candidate/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

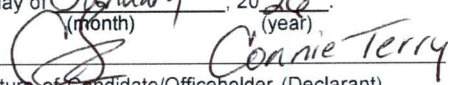
OR

(2) Unsworn Declaration

My name is Connie Terry, and my date of birth is 12/08/1957.

My address is 415 Dry Hollow, La Vernia, TX, 78121, US.
 (street) (city) (state) (zip code) (country)

Executed in Wilson County, State of Texas, on the 5th day of January, 2026.
 (month) (year)


 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Amended

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed <u>8</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
OFFICE USE ONLY			
Date Received			
Date Hand-delivered or Date Postmarked			
Receipt # Amount \$			
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	☒ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)		
10 PERIOD COVERED	☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known)		
14 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		COMMITTEE NAME	
☐ GENERAL		COMMITTEE ADDRESS	
☐ SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME <u>Connie Terry</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>error at 250 - 50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>error at 200.00 250.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>error at 250 - 0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>error at 200 - 3506.12</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>error at 50 - 0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Connie Terry

Signature of Candidate/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 12/08/1957.
My address is 415 Dry Hollow, La Vernia, TX, 78121 US.
(street) (city) (state) (zip code) (country)
Executed in Wilson County, State of Texas, on the 4 day of February, 20 26.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Connie Terry</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>200—</i>
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>error at 250 - 0</i>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>528.61</i>
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2077.51</i>
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>200—</i>
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 1
2 FILER NAME Connie Terry		3 Filer ID (Ethics Commission Filers)
4 Date 1-11-26	5 Full name of contributor ☐ out-of-state PAC ID#: _____ Jim Burdette	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 221 Heritage View Adkins, TX 78101		
8 Contributor's principal occupation retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor ☐ out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor ☐ out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	1	2 FILER NAME	Connie Terry		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$ 528.61
5 CREDIT CARD ISSUER	Name of financial institution Master Card - Capital One				
6 PAYMENT	(a) Amount Charged \$ 99.71	(b) Date Expenditure Charged 12/30/25	(c) Date(s) Credit Card Issuer Paid 01/13/2026		
7 PAYEE	(a) Payee name Eagle Ford Signs	(b) Payee address; 1013 C Street Floresville TX 78114 ☐ Check if individual's residence address.	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Printing Expense		(b) Description signs cards		
☒ Political ☐ Non-Political	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Connie Terry		Office Sought JP3 Wilson County	Office Held JP3 Wilson County	
PAYMENT	(a) Amount Charged \$ 214.45	(b) Date Expenditure Charged 12-31-25	(c) Date(s) Credit Card Issuer Paid 01-13-2026		
PAYEE	(a) Payee name Wilson County News	(b) Payee address; 1012 C Street Floresville, TX 78114 ☐ Check if individual's residence address.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description newspaper ad		
☒ Political ☐ Non-Political	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Connie Terry		Office Sought JP3 Wilson County	Office Held JP3 Wilson County	
PAYMENT	(a) Amount Charged \$ 214.45	(b) Date Expenditure Charged 1-14-26	(c) Date(s) Credit Card Issuer Paid 02-13-26		
PAYEE	(a) Payee name Wilson County News	(b) Payee address; 1012 C St. Floresville, TX 78114 ☐ Check if individual's residence address.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Newspaper ad		
☒ Political ☐ Non-Political	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Connie Terry		Office Sought JP3 Wilson County	Office Held JP3 Wilson County	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Connie Terry		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/25	5 Payee name Wilson County Republican Party		
6 Amount (\$) 375.00 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1616 County Road 357 Adkins, TX 78101 ☐ Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) filing fee		(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held Connie Terry JPB Wilson County JPB Wilson County			
Date 11/8/25	Payee name UPS store		
Amount (\$) 20.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14414 US Highway 87 W, La Vernia, TX 78121 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) notary fee		Description
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 Connie Terry JPB Wilson County JPB Wilson County			
Date 12/9/25	Payee name Eagle Ford Signs		
Amount (\$) 1001.31 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1013 C street Floresville, TX 78114 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description signs
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 Connie Terry JPB Wilson County JPB Wilson County			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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.

1 Total pages Schedule G: 2	2 FILER NAME Connie Terry	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/25	5 Payee name Eagle Ford Signs	
6 Amount (\$) 1127.64 ☐ Reimbursement from political contributions intended	7 Payee address: 1013 C Street Floresville TX 78114 City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs, cards, etc.
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Connie Terry Office sought Office held		
Date 12/13/25	Payee name Big Bear	
Amount (\$) 31.38 ☐ Reimbursement from political contributions intended	Payee address: 12826 US Hwy 87W La Vernia TX 78121 City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description zip ties
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Connie Terry Office sought Office held		
Date 1-06-26	Payee name Eagle Ford Signs	
Amount (\$) 422.18 ☐ Reimbursement from political contributions intended	Payee address: 1013 C Street Floresville TX 78114 City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Connie Terry Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Connie Terry	3 Filer ID (Ethics Commission Filers)
---------------------------------------	-------------------------------------	---------------------------------------

4 Date 1-21-26	5 Payee name HEB
--------------------------	----------------------------

6 Amount (\$) 200.00	7 Payee address; 1444 US 87	City La Vernia	State TX	Zip Code 78121
--------------------------------	---------------------------------------	--------------------------	--------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) event expense	(b) Description (See instructions regarding type of information required.) gift cards
--	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
---------------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
---------------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
---------------------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED