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 | MRS. TERRI L NICKNAME LAST SUFFIX BERRY | OFFICE USE ONLY Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | Patricia Roberson, Stategors Augustration Gaines County, Texas | | |
| Change of Address | 601 SW 8TH SEMINOLE TX 79360 | DEPUTY | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (432) 788-7147 | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST MI | Receipt # Amount \$ | | |
| NAME | MRS. TERRI L. NICKNAME LAST SUFFIX | Date Processed | | |
| | BERRY | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; | ZIP CODE | | |
| (Residence or Business) | 601 SW 8TH SEMINOLE TX | 79360 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (432) 788-7147 | | | |
| 9 REPORT TYPE | January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month 06 / | Day Year / 30 / 21 | | |
| 11 ELECTION | Month Day Year Primary Runoff Other Description General Special | E | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) | vn) . | | |
| GO TO PAGE 2 | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | 15 F | iller ID (Ethics Commission Filers) | | |
|---|--|--|-------------------------------------|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMM SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIOF SUCH EXPENDITURES. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | · | | | |
| | | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | 1 | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 | | |
| | 2. TOTAL | POLITICAL CONTRIBUTIONS | <u> </u> | | |
| | (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 0 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNLESS | \$ 0 | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$, 0 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | \$ 0 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | | |
| 18 AFFIDAVIT | | | | | |
| SARA ABBOTT Notary Public, State of Texas Comm. Expires 02-18-2024 Notary ID 12300137 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 / SEALABOVE | | | | | |
| Sworn to and subscribed before me, by the said Terri Berry, this the 23 to, | | | | | |
| day of June, to certify which, witness my hand and seal of office. | | | | | |
| Gara thlubo Sara Abbott Notary Public | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |