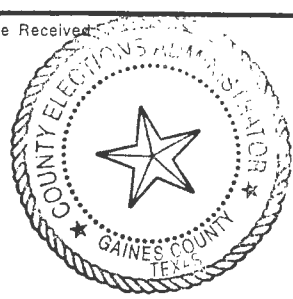


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td style="text-align: center;">MRS.</td> <td style="text-align: center;">TERRI</td> <td style="text-align: center;">L</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; border-top: 1px solid black;">BERRY</td> </tr> </table>		MS / MRS / MR	FIRST	MI	MRS.	TERRI	L	NICKNAME	LAST	SUFFIX	BERRY			<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 5px;"> OFFICE USE ONLY </div> <div style="text-align: center;">  </div>						
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BERRY																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">ADDRESS / PO BOX;</td> <td style="width:20%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:20%; border-bottom: 1px solid black;">CITY;</td> <td style="width:20%; border-bottom: 1px solid black;">STATE;</td> <td style="width:10%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; border-top: 1px solid black;">601 SW 8TH SEMINOLE TX 79360</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	601 SW 8TH SEMINOLE TX 79360					Date Received:								
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			Date Processed																		
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:20%; text-align: center;">Year</td> <td style="width:20%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:20%; text-align: center;">Year</td> </tr> <tr> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">07 / 01</td> <td style="text-align: center; border-bottom: 1px solid black;">2025</td> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">12 / 31</td> <td style="text-align: center; border-bottom: 1px solid black;">2025</td> </tr> <tr> <td colspan="6" style="text-align: center;">THROUGH</td> </tr> </table>			Month	Day	Year	Month	Day	Year	07 / 01		2025	12 / 31		2025	THROUGH					
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer 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 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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 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

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Terri Berry

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Terri Berry, this the 10th day of January, 20 20, to certify which, witness my hand and seal of office.

Kayla C. Pipkin

Signature of officer administering oath

Kayla C Pipkin

Printed name of officer administering oath

Elections Administrator

Title of officer administering oath