

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: <i>8</i>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Connie</i>	FIRST <i>Connie</i> LAST <i>Terry</i>	MI <i>7</i>				
	NICKNAME	SUFFIX	OFFICE USE ONLY				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <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 <i>Connie</i>	FIRST <i>Connie</i>	MI <i>7</i>	Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST <i>Terry</i>	SUFFIX	Receipt #	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE: ZIP CODE		
	<i>415 Dry Hollow La Vernia, TX</i>				<i>78121</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<i>(210)</i>	<i>422 2873</i>					
9 REPORT TYPE	<input checked="" 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 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 <i>11</i>	Day <i>07</i>	Year <i>2025</i>	Month <i>01</i>	Day <i>15</i>	Year <i>2026</i>	
				THROUGH			
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month <i>03</i>	Day <i>03</i>	Year <i>2026</i>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if known)			
	<i>Justice of the Peace Pct 3</i>			<i>Justice of the Peace Pct 3</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S) <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						

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

16 JC/OH NAME

Connie Terry

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)

\$ 250-

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

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 250 -

4. TOTAL POLITICAL EXPENDITURES

\$ 200 -

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 50 -

OUTSTANDING
LOAN TOTALS

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.

 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.
 (street) Le Vernia, TX 78121.
 (city) (state) (zip code) (country)
 Executed in Wilson County, State of Texas, on the 22 day of January, 20 26.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Connie Terry</i>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD <i>Mastercard - Capital One</i> <i>99.71</i>			\$ 99.71
5 CREDIT CARD ISSUER	Name of financial institution		
6 PAYMENT <i>99.71</i>	(a) Amount Charged <i>\$ 99.71</i>	(b) Date Expenditure Charged <i>12/30/25</i>	(c) Date(s) Credit Card Issuer Paid <i>01/13/2026</i>
7 PAYEE	(a) Payee name <i>Capital One</i>	(b) Payee address; <i>PO Box 60519</i>	City, State, Zip Code <i>City of Industry CA 91716-0519</i>
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>	(b) Description <i>cards</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Connie Terry</i>		Office Sought <i>JP3</i>
			Office Held <i>Wilson County</i>
PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
			Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>250</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>200</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>99.71</i>	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2977.51</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>200.00</i>	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>	

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 <i>Connie Terry</i>		3 Filer ID (Ethics Commission Filers)																															
4 Date 11/26	5 Full name of contributor <i>Jim Burdette</i>	6 Contributor address: City; State; Zip Code <i>221 Heritage View Adkins TX 78121</i>	7 Amount of contribution (\$) 200-																														
8 Contributor's principal occupation <i>retired</i>		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)																																	
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor Contributor address; City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> <tr> <td colspan="4"> <table border="1"> <tr> <td>Date</td> <td>Full name of contributor Contributor address; City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table> </td> </tr> </table>				Date	Full name of contributor 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)				<table border="1"> <tr> <td>Date</td> <td>Full name of contributor Contributor address; City; State; Zip Code</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date	Full name of contributor 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)			
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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.																																	

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2</i>	2 FILER NAME <i>Connie Terry</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/7/25</i>	5 Payee name <i>Wilson Co. Republican Party</i>	
6 Amount (\$) <i>\$ 375.00</i>	7 Payee address: <i>1616 County Road 357 Adkins, TX 78101</i>	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE <i>filing fee</i>		(a) Category (See Categories listed at the top of this schedule) (b) Description <i>notary fee</i>
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name <i>Connie Terry</i>		Office sought Office held
Date <i>11/8/25</i>	Payee name <i>UPS Store</i>	
Amount (\$) <i>\$ 20.00</i>	Payee address: <i>14414 US Highway 87 W La Vernia TX 78121</i>	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE <i>notary fee</i>		Category (See Categories listed at the top of this schedule) Description <i>notary fee</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name <i>Connie Terry</i>		Office sought Office held
Date <i>12-9-25</i>	Payee name <i>Eagle Ford Signs</i>	
Amount (\$) <i>\$1001.31</i>	Payee address: <i>1013 C Street Floresville TX 78114</i>	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE <i>Advertising</i>		Category (See Categories listed at the top of this schedule) Description <i>Advertising</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name <i>Connie Terry</i>		Office sought Office held

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	Connie Terry		
4 Date	5 Payee name		
12/18/25	Eagle Ford Signs		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
1127.64	1013 C Street	Floresville TX 78114	
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Signs, cards, etc.	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Connie Terry		
Date	Payee name		
12/13/25	Big Bear		
Amount (\$)	Payee address:	City: State: Zip Code	
31.38	12826 US Hwy 87W	La Vernia TX	78121
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	zip ties	
	<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
Connie Terry			
Date	Payee name		
1-06-26	Eagle Ford Signs		
Amount (\$)	Payee address:	City: State: Zip Code	
422.18	1013 C Street	Floresville TX	78114
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Signs	
	<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
Connie Terry			
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Connie Terry	
4 Date	5 Payee name	
1-21-26	HEB	
6 Amount (\$)	7 Payee address;	City State Zip Code
200.00	1444 US 87	La Vernia TX 78121
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>event expense</i>	(b) Description (See instructions regarding type of information required.) <i>gift cards</i>
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