

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 58		
3 COMMITTEE NAME On Your Terms				OFFICE USE ONLY		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address				Date Received		
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 Broadway, Apt/Suite A San Antonio TX 78215				Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Ms	FIRST Betty	MI J	Receipt #	
		NICKNAME	LAST Sutherland	SUFFIX	Amount	
		Date Processed				
		Date Imaged				
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1001 Broadway, Apt/Suite A San Antonio TX 78213				
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 Broadway, Apt/Suite A San Antonio TX 78213				
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION		
			(210) 828-3451			
9 REPORT TYPE		30th Day Before Main Election				
10 PERIOD COVERED		Month	Day	Year	Month	
			7/1/2008		9/25/2008	
		THROUGH				
11 ELECTION		ELECTION DATE		ELECTION TYPE		
		Month	Day	Year		
			11/4/2008		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME On Your Terms	ACCOUNT # (Ethics Commission filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME ON YOUR TERMS
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Not Applicable
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <div style="text-align: right;">ELECTION DATE</div> Month Day Year <div style="text-align: right;">11/4/2008</div>
		DESCRIPTION ON YOUR TERMS is a Political Action Committee

14 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)	\$ 474185.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 418166.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

15 AFFIDAVIT

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.

*** Electronically Certified ***

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms Betty J Sutherland, this the 6th day of October, 20 08, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 32

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/2/2008

5 Full name of contributor out-of-state PAC (ID#: _____)

Barbara Gentry

6 Contributor address; City; State; Zip Code

104 Hiler Rd.
San Antonio, TX 78209

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)

Jack Spector

Contributor address; City; State; Zip Code

227 Devine
San Antonio, TX 78209

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)

Curtis Anastasio

Contributor address; City; State; Zip Code

3103 Old Elm Way
San Antonio, TX 78230

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)

Norma Rodriguez

Contributor address; City; State; Zip Code

2101 W. Summit
San Antonio, TX 78201

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)

Edith McAllister

Contributor address; City; State; Zip Code

203 Terrell Rd.
San Antonio, TX 78209

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
2 of 32

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/2/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Frank Morrill

6 Contributor address; City; State; Zip Code

332 Morningside
San Antonio, TX 78209

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Mrs James Branton

Contributor address; City; State; Zip Code

127 E. Lynwood Ave.
San Antonio, TX 78212

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
GraceAnn Durr

Contributor address; City; State; Zip Code

66 Fonthill Way
San Antonio, TX 78218

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
John Daniels

Contributor address; City; State; Zip Code

1 Towers Park, Apt/Suite: 707
San Antonio, TX 78209

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Karen Lee Zachry

Contributor address; City; State; Zip Code

606 Arcadia Place
San Antonio, TX 78209

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/2/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Nancy Dugger

7 Amount of contribution (\$)
25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

126 Hiler
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
William Scanlan Jr

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

112 E. Pecan, Apt/Suite: 3000
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Banks Smith

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

112 E. Pecan, Apt/Suite: 3000
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
George H Spencer Jr.

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

112 E. Pecan, Apt/Suite: 1300
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Martha Seeligson

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

711 College Blvd.
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/2/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Jeffrey Rochelle

6 Contributor address; City; State; Zip Code

631 Ciruela St.
San Antonio, TX 78209

7 Amount of
contribution (\$)
1000.00

8 In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
R. Michael Berrier dba La Tuna

Contributor address; City; State; Zip Code

202 Lavaca St.
San Antonio, TX 78210

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Boone Powell

Contributor address; City; State; Zip Code

1138 E. Commerce
San Antonio, TX 78205

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Stephen Hixon

Contributor address; City; State; Zip Code

114 Rio Bravo
San Antonio, TX 78232

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Kate Crosby

Contributor address; City; State; Zip Code

1407 Twilight Ridge
San Antonio, TX 78258

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/2/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Gloria Galt

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

700 E. Hildebrand
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Frank Arnold

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1731 Eagle Pt.
San Antonio, TX 78248

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
Dan Naranjo

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 781828
San Antonio, TX 78278

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
W. C Wolff Jr.

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

210 Shannon Lee
San Antonio, TX 78216

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/3/2008

Full name of contributor out-of-state PAC (ID#: _____)
Larry Raba

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8814 Callaghan
San Antonio, TX 78230

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/3/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Jorge Gonzalez

6 Contributor address; City; State; Zip Code

28460 Verde Mountain Trail
San Antonio, TX 78261

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/3/2008

Full name of contributor out-of-state PAC (ID#: _____)
John Kauth

Contributor address; City; State; Zip Code

300 Convent, Apt/Suite: 1350
San Antonio, TX 78205

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/3/2008

Full name of contributor out-of-state PAC (ID#: _____)
Robert McClane

Contributor address; City; State; Zip Code

132 Grant Ave.
San Antonio, TX 78209

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/3/2008

Full name of contributor out-of-state PAC (ID#: _____)
Susan Blackwood MD

Contributor address; City; State; Zip Code

706 Birdsong
San Antonio, TX 78258

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/3/2008

Full name of contributor out-of-state PAC (ID#: _____)
Ann Ash

Contributor address; City; State; Zip Code

6338 N. New Braunfels PMB 137
San Antonio, TX 78209

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/3/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Nancy Kelley

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2 Mallory Lane
San Antonio, TX 78257

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/3/2008

Full name of contributor out-of-state PAC (ID#: _____)
Betty Meng

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7400 Crestway Dr.
San Antonio, TX 78239

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Dell Gibson

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7731 Broadway, Apt/Suite: D215
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Richard M Kleberg III

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 17777
San Antonio, TX 78217

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
C. A Gerfers

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2514 Wilderness Hill
San Antonio, TX 78231

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/7/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
J. Cary Barton

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

700 N. St. Mary's, Apt/Suite: 1825
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Margie Shackelford

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2703 Marlborough
San Antonio, TX 78230

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Mary Heard

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

103 Haverhill Way
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Michael Birnbaum

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8000 IH 10 West, Apt/Suite: 200
San Antonio, TX 78230

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Henry Cisneros

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

454 Soledad, Apt/Suite: 300
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/7/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Barbara Johnson

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3743 Sunset Cliff
San Antonio, TX 78261

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Wayne Harwell

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 17065
San Antonio, TX 78217

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Cookie Belinsky

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

27 Aston Glen
San Antonio, TX 78257

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Clement O Williams Jr

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13319 Candida Pl.
San Antonio, TX 78232

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Weston Entertainment LP

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

112 E. Pecan, Apt/Suite: 1212
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
10 of 32

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/7/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Ralph Williamson
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

8202 IH 35 N., Apt/Suite: 490
San Antonio, TX 78239

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/7/2008

Full name of contributor out-of-state PAC (ID#: _____)
Roger C Hill Sr
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

210 W. Lynwood
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
Richard Butler
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

821 Firefly
San Antonio, TX 78216

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
Charles Wright
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

150 Mount Erin Pass
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
Barbara Banker
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

230 Geddington
San Antonio, TX 78249

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/9/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Lynda McCombs

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

200 Canyon Dr.
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
Helen Groves

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 N. St. Mary's, Apt/Suite: 1200
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
James R McCulloch III

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3251 S. Valley View Ln.
San Antonio, TX 78217

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
Wilbur L Matthews Jr

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9121 E. Valley View Ln
San Antonio, TX 78217

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
Richard Goldsmith

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

200 Paseo Encinal
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages Schedule A:
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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/10/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Brian Adams

7 Amount of contribution (\$)
50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

21110 Promontory Dr.
San Antonio, TX 78258

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
Robert Braubach

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

106 S. St. Mary's, Apt/Suite: 200
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
Sam Barshop

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

900 Isom Rd., Apt/Suite: 300
San Antonio, TX 78216

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
David Spencer

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

26610 Harmony Hills
San Antonio, TX 78258

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
T. Randall Cain

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

245 Luther Dr.
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/10/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Thomas Keyser

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

98 Saddletree Dr.
San Antonio, TX 78231

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
Leco Management

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3707 N. St. Mary's, Apt/Suite: 201
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
Seawillow F. Perron Parterns, Ltd.

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3707 N. St. Mary's, Apt/Suite: 201
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/11/2008

Full name of contributor out-of-state PAC (ID#: _____)
Stephen Katz

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

222 Harrison Ave.
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/11/2008

Full name of contributor out-of-state PAC (ID#: _____)
Yvonne Lifshutz

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

363 E. Terra Alta
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/14/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Joan Kelleher

7 Amount of contribution (\$)
1000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

144 Thelma Dr.
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
Abigail Kampmann

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6 Laurel Pl.
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/17/2008

Full name of contributor out-of-state PAC (ID#: _____)
Edward E Collins III

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

202 Madison
San Antonio, TX 78204

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/17/2008

Full name of contributor out-of-state PAC (ID#: _____)
Mrs Louis Stumberg

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

310 S. St. Mary's, Apt/Suite: 701
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/17/2008

Full name of contributor out-of-state PAC (ID#: _____)
Jesse Oppenheimer

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

711 Navarro, 6th Fl.
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/2/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
David Starr
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
1000.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

7334 Blanco
San Antonio, TX 78216

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
Ms Allison Hayne
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

PO Box 15040
San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
Wayne Alexander
Contributor address; City; State; Zip Code

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

2 Lost Timbers
San Antonio, TX 78248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
Louis Fox
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

34 Haverhill Way
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
William Sammons
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

214 Winding Way
San Antonio, TX 78232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/21/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Ronald Kern

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

625 Mission St.
San Antonio, TX 78210

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
Maurie Kern

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13625 Bluff Circle
San Antonio, TX 78216

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
Judith Morton

Amount of contribution (\$)
2000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1919 Oakwell Farms Pkwy, Apt/Suite: 270
San Antonio, TX 78218

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/24/2008

Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson, LLP

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 17428
Austin, TX 78760

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/24/2008

Full name of contributor out-of-state PAC (ID#: _____)
Marmon Mok, L.L.P.

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 N. St. Mary's, Apt/Suite: 600
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/24/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Dietz

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

24718 Faraday
San Antonio, TX 78257

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/25/2008

Full name of contributor out-of-state PAC (ID#: _____)
Goode Casseb Jones Riklin Choate & Watson

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 120480
San Antonio, TX 78212

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)
Committee for Responsible Government

Employer (See Instructions)

Date
7/25/2008

Full name of contributor out-of-state PAC (ID#: _____)
Mark Cavender

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 6821
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/25/2008

Full name of contributor out-of-state PAC (ID#: _____)
Charles Wender

Amount of contribution (\$)
25000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8023 Vantage
San Antonio, TX 78230

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/25/2008

Full name of contributor out-of-state PAC (ID#: _____)
William R. Sinkin & Associates

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

311 Nottingham
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/28/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
C. Ritchie Spence MD
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

12663 Old Wick Rd.
San Antonio, TX 78230

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/28/2008

Full name of contributor out-of-state PAC (ID#: _____)
Cecilia Garza
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

2608 N. Main, Apt/Suite: 1
San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/28/2008

Full name of contributor out-of-state PAC (ID#: _____)
Lorena Dunlap
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

475 Burr Rd.
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/28/2008

Full name of contributor out-of-state PAC (ID#: _____)
W. Marvin Rush
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

PO Box 34630
San Antonio, TX 78265

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/29/2008

Full name of contributor out-of-state PAC (ID#: _____)
Peter Holt
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

2191 Little Blanco Rd.
Blanco, TX 78606

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
7/29/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Barbara Chandler
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

612 Rua De Matta
San Antonio, TX 78232

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
7/30/2008

Full name of contributor out-of-state PAC (ID#: _____)
Carl Bain
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

19719 Folonari
San Antonio, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/30/2008

Full name of contributor out-of-state PAC (ID#: _____)
Deni Sciano
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

5 Ashin Way
San Antonio, TX 78232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/30/2008

Full name of contributor out-of-state PAC (ID#: _____)
Roger Heminghaus
Contributor address; City; State; Zip Code

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

PO Box 696010
San Antonio, TX 78269

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/30/2008

Full name of contributor out-of-state PAC (ID#: _____)
William Greehey
Contributor address; City; State; Zip Code

Amount of contribution (\$)
7500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

PO Box 780489
San Antonio, TX 78278

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
8/1/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Edward H Austin Jr.
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

755 E. Mulberry, Apt/Suite: 450
San Antonio, TX 78212

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/1/2008

Full name of contributor out-of-state PAC (ID#: _____)
Bruce Reppert
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

7110 Oakridge Dr.
San Antonio, TX 78229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/1/2008

Full name of contributor out-of-state PAC (ID#: _____)
Edward E Whitacre Jr
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

155 Bushnell
San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/5/2008

Full name of contributor out-of-state PAC (ID#: _____)
Michael Roth
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

3803 Mill Court
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/5/2008

Full name of contributor out-of-state PAC (ID#: _____)
Louise Burke
Contributor address; City; State; Zip Code

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

829 College Blvd.
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
8/7/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Jeanette Longoria

6 Contributor address; City; State; Zip Code

6111 Broadway
San Antonio, TX 78209

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/8/2008

Full name of contributor out-of-state PAC (ID#: _____)
Loopy Limited Partnership

Contributor address; City; State; Zip Code

9033 Aero, Apt/Suite: 202
San Antonio, TX 78217

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/8/2008

Full name of contributor out-of-state PAC (ID#: _____)
M.T.C. Real Estate

Contributor address; City; State; Zip Code

800 Dolorosa, Apt/Suite: 204
San Antonio, TX 78207

Amount of
contribution (\$)
2500.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/8/2008

Full name of contributor out-of-state PAC (ID#: _____)
Ruben Cervantes

Contributor address; City; State; Zip Code

203 Rio Seco
San Antonio, TX 78232

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/8/2008

Full name of contributor out-of-state PAC (ID#: _____)
Alan Dreeben

Contributor address; City; State; Zip Code

6511 Tri County Pkwy
Schertz, TX 78154

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/8/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
James Ellis

7 Amount of contribution (\$)
2500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

225 Geneseo
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/11/2008

Full name of contributor out-of-state PAC (ID#: _____)
Jennifer Spencer

Amount of contribution (\$)
1500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

26610 Harmony Hills
San Antonio, TX 78258

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/11/2008

Full name of contributor out-of-state PAC (ID#: _____)
Malcolm Hartman

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1250 NE Loop 410, Apt/Suite: 210A
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/11/2008

Full name of contributor out-of-state PAC (ID#: _____)
George Hixon

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

315 E. Commerce, Apt/Suite: 300
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/11/2008

Full name of contributor out-of-state PAC (ID#: _____)
The Quantative Group, LP

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 N. St. Mary's, Apt/Suite: 800
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
8/11/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Weir Labatt III
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/12/2008

Full name of contributor out-of-state PAC (ID#: _____)
Sam Dawson
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/12/2008

Full name of contributor out-of-state PAC (ID#: _____)
Eugene H Dawson Jr
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/12/2008

Full name of contributor out-of-state PAC (ID#: _____)
ALBERT W HARTMAN III
Contributor address; City; State; Zip Code

Amount of contribution (\$)
150.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/12/2008

Full name of contributor out-of-state PAC (ID#: _____)
TIM JOHNSON
Contributor address; City; State; Zip Code

Amount of contribution (\$)
35.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
8/13/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
STEVE DUFILHO Compass Bancshares Inc PAC Tx
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
10000.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/13/2008

Full name of contributor out-of-state PAC (ID#: _____)
RODOLFO MOLINA
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/13/2008

Full name of contributor out-of-state PAC (ID#: _____)
THREE LEE INVESTMENTS, LTD. LP
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/13/2008

Full name of contributor out-of-state PAC (ID#: _____)
JOEL KLEIN
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/14/2008

Full name of contributor out-of-state PAC (ID#: _____)
Charles T Barrett Jr
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
8/15/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
E CROSS & COMPANY LTD - LP

6 Contributor address; City; State; Zip Code

100 SANDAU RD, Apt/Suite: 300
SAN ANTONIO, TX 78216

7 Amount of contribution (\$)
5000.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/18/2008

Full name of contributor out-of-state PAC (ID#: _____)
JAMES GORMAN

Contributor address; City; State; Zip Code

7373 BROADWAY
SAN ANTONIO, TX 78209

Amount of contribution (\$)
2000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/18/2008

Full name of contributor out-of-state PAC (ID#: _____)
ALFRED HOLCOMB

Contributor address; City; State; Zip Code

10101 REUNION PLACE, Apt/Suite: 970
SAN ANTONIO, TX 78216

Amount of contribution (\$)
1500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/18/2008

Full name of contributor out-of-state PAC (ID#: _____)
Bill Lyons

Contributor address; City; State; Zip Code

720 Castano
San Antonio, TX 78209

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/18/2008

Full name of contributor out-of-state PAC (ID#: _____)
Marmon Mok LLP

Contributor address; City; State; Zip Code

700 N. St. Mary's, Apt/Suite: 1600
San Antonio, TX 78205

Amount of contribution (\$)
2000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
8/18/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
GRAHAM M WESTON
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
10000.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/18/2008

Full name of contributor out-of-state PAC (ID#: _____)
SANTA CLARA LAND COMPANY LTD
Contributor address; City; State; Zip Code

Amount of contribution (\$)
10000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/19/2008

Full name of contributor out-of-state PAC (ID#: _____)
VIRGINIA VAN STEENBERG
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/19/2008

Full name of contributor out-of-state PAC (ID#: _____)
NANCY BAROHN
Contributor address; City; State; Zip Code

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
PAUL PACE MD
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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3 ACCOUNT # (Ethics Commission filers)

4 Date
8/21/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
J. Schwartz Advertising & Public Relations
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
25.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

1314 Spanish Oaks
San Antonio, TX 78213

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
BRUCE FLOHR
Contributor address; City; State; Zip Code

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

127 GRANT AVE.
SAN ANTONIO, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/26/2008

Full name of contributor out-of-state PAC (ID#: _____)
CARYN HASSLOCHER
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

50 HAVERHILL
SAN ANTONIO, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/26/2008

Full name of contributor out-of-state PAC (ID#: _____)
Embrey Partners, Ltd.
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

1020 NE Loop 410, Apt/Suite: 700
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/28/2008

Full name of contributor out-of-state PAC (ID#: _____)
LIFSHUTZ COMPANIES LP dba LIBERTY PROPERTIES
Contributor address; City; State; Zip Code

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

215 W. TRAVIS ST.
SAN ANTONIO, TX 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
8/28/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
HAMMER/LIFSHUTZ HOSPITALITY LLC
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
2000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8/28/2008

Full name of contributor out-of-state PAC (ID#: _____)
DEREK NAISER
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/28/2008

Full name of contributor out-of-state PAC (ID#: _____)
WILLIAM BALTHROPE
Contributor address; City; State; Zip Code

Amount of contribution (\$)
1500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
MILTON B LEE II
Contributor address; City; State; Zip Code

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
CAROLYN SHELLMAN
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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3 ACCOUNT # (Ethics Commission filers)

4 Date
9/2/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
EDDIE WILLIAMS
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

8711 TIMBER CLOUD
SAN ANTONIO, TX 78251

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
9/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
STEPHEN BARTLEY
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

4203 MOLOKAI
AUSTIN, TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
ALPHONSO LUJAN
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

204 BRIDGES LANE
BUDA, TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
CHRISTOPHER BARRON
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

731 MELLO OAK
SAN ANTONIO, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
JELYNNE LE BLANC BURLEY
Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

126 E. BRANDON DR.
SAN ANTONIO, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
9/2/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
MICHAEL KOTARA
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
9/2/2008

Full name of contributor out-of-state PAC (ID#: _____)
LA FONDA RANCH, L.L.C.
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/4/2008

Full name of contributor out-of-state PAC (ID#: _____)
PAMELA CRAIG
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/4/2008

Full name of contributor out-of-state PAC (ID#: _____)
Fulbright & Jaworski L.L.P. Texas Committee
Contributor address; City; State; Zip Code

Amount of contribution (\$)
10000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
NuStarpac
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date
9/9/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson LLP
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
7500.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

PO Box 17428
Austin, TX 78760

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
9/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
PMG INTERNATIONAL, LTD.
Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

PO Box 7608
SAN ANTONIO, TX 78207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
KAUSHALYA SUBRAANIAM
Contributor address; City; State; Zip Code

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

11 SAN ISIDRO
SAN ANTONIO, TX 78261

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/29/2008

Full name of contributor out-of-state PAC (ID#: _____)
TAYSHA RIGGS
Contributor address; City; State; Zip Code

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

112 WEST GRAMERCY
SAN ANTONIO, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
JOHN SAENZ
Contributor address; City; State; Zip Code

Amount of contribution (\$)
300.00

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

300 HOMESTEAD RIDGE
NEW BRAUNFELS, TX 78132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/23/2008

5 Full name of contributor out-of-state PAC (ID#: _____)

SAN ANTONIO HOTEL & LODGING ASSOC.

6 Contributor address; City; State; Zip Code

PO Box 691754
SAN ANTONIO, TX 78269

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

PAC ACCOUNT

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule B:
1 of 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

On Your Terms

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule C:

1 of 9

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/10/2008

5 Corporation / Labor Organization name

Silver Ventures, Inc.

6 Corporation / Labor Organization address; City; State; Zip Code

PO Box 460567
San Antonio, TX 78246-0567

7 Amount of
contribution (\$)
25000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
7/11/2008

Corporation / Labor Organization name

Law Offices of Pat Maloney, P.C.

Corporation / Labor Organization address; City; State; Zip Code

239 E. Commerce
San Antonio, TX 78205

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
7/14/2008

Corporation / Labor Organization name

Valero Services, Inc.

Corporation / Labor Organization address; City; State; Zip Code

PO Box 696000
San Antonio, TX 78269-6000

Amount of
contribution (\$)
25000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
7/14/2008

Corporation / Labor Organization name

Beldon Roofing Company

Corporation / Labor Organization address; City; State; Zip Code

PO Box 13380
San Antonio, TX 78213

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
7/17/2008

Corporation / Labor Organization name

Jack Nicholson & Company

Corporation / Labor Organization address; City; State; Zip Code

PO Box 100450
San Antonio, TX 78201-1750

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule C:

2 of 9

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/21/2008

5 Corporation / Labor Organization name
Trillion Management Company

6 Corporation / Labor Organization address; City; State; Zip Code

8620 N. New Braunfels, Apt/Suite: 400
San Antonio, TX 78217

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
7/21/2008

Corporation / Labor Organization name
4M Properties, Inc. Operating

Corporation / Labor Organization address; City; State; Zip Code

8207 Callaghan, Apt/Suite: 400
San Antonio, TX 78230

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
7/24/2008

Corporation / Labor Organization name
Southwest Business Corporation

Corporation / Labor Organization address; City; State; Zip Code

PO Box 795027
San Antonio, TX 78279

Amount of
contribution (\$)
10000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
7/25/2008

Corporation / Labor Organization name
Winstead Attorneys

Corporation / Labor Organization address; City; State; Zip Code

1201 Elm St., Apt/Suite: 5400
Dallas, TX 75270

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
7/28/2008

Corporation / Labor Organization name
The RK Group

Corporation / Labor Organization address; City; State; Zip Code

PO Box 1361
San Antonio, TX 78295

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule C:

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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/29/2008

5 Corporation / Labor Organization name
Davidson & Triolo PC Committee for Civic Awareness

6 Corporation / Labor Organization address; City; State; Zip Code

7550 IH 10 West, Apt/Suite: 800
San Antonio, TX 78229

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
7/29/2008

Corporation / Labor Organization name
Broadway National Bank

Corporation / Labor Organization address; City; State; Zip Code

PO Box 17001
San Antonio, TX 78217

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/1/2008

Corporation / Labor Organization name
Timber Tech Texas, Inc.

Corporation / Labor Organization address; City; State; Zip Code

PO Box 989
Cibolo, TX 78108

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/4/2008

Corporation / Labor Organization name
H.E. Butt Grocery Company

Corporation / Labor Organization address; City; State; Zip Code

PO Box 839944
San Antonio, TX 78283

Amount of
contribution (\$)
15000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/5/2008

Corporation / Labor Organization name
Law Offices of Frank Herrera

Corporation / Labor Organization address; City; State; Zip Code

111 Soledad, Apt/Suite: 1900
San Antonio, TX 78205

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule C:

4 of 9

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/5/2008

5 Corporation / Labor Organization name
Koontz McCombs Development, Inc.

6 Corporation / Labor Organization address; City; State; Zip Code

755 E. Mulberry, Apt/Suite: 100
San Antonio, TX 78212

7 Amount of
contribution (\$)
5000.00

8 In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/5/2008

Corporation / Labor Organization name
Don Durden, Inc. dba Civil Engineering Consultants

Corporation / Labor Organization address; City; State; Zip Code

11550 IH 10 West, Apt/Suite: 395
San Antonio, TX 78230

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/5/2008

Corporation / Labor Organization name
The Friends of Art A. Hall

Corporation / Labor Organization address; City; State; Zip Code

PO Box 866
San Antonio, TX 78293

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/7/2008

Corporation / Labor Organization name
Hasslocher Enterprises, Inc. dba Frontier Enterprises,

Corporation / Labor Organization address; City; State; Zip Code

8520 Crowhill Blvd
San Antonio, TX 78209

Amount of
contribution (\$)
10000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/7/2008

Corporation / Labor Organization name
Alamo Fireworks, Inc.

Corporation / Labor Organization address; City; State; Zip Code

PO Box 200710
San Antonio, TX 78220

Amount of
contribution (\$)
2000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule C:
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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/8/2008

5 Corporation / Labor Organization name
Beldon Roofing Company

6 Corporation / Labor Organization address; City; State; Zip Code

PO Box 13380
San Antonio, TX 78213

7 Amount of
contribution (\$)
9000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/11/2008

Corporation / Labor Organization name
LAW OFFICES OF PAT MALONEY, PC

Corporation / Labor Organization address; City; State; Zip Code

239 E. Commerce
San Antonio, TX 78205

Amount of
contribution (\$)
2000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/12/2008

Corporation / Labor Organization name
PAPE-DAWSON ENGINEERS

Corporation / Labor Organization address; City; State; Zip Code

555 E. RAMSEY
San Antonio, TX 78216

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/14/2008

Corporation / Labor Organization name
DAVIS CEDILLO & MENDOZA INC

Corporation / Labor Organization address; City; State; Zip Code

755 E. MULBERRY
SAN ANTONIO, TX 78212

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/15/2008

Corporation / Labor Organization name
KAUFMAN & ASSOCIATES, INC.

Corporation / Labor Organization address; City; State; Zip Code

100 W HOUSTON
SAN ANTONIO, TX 78205

Amount of
contribution (\$)
2500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule C:

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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/19/2008

5 Corporation / Labor Organization name

RABA-KISTNER, INC.

6 Corporation / Labor Organization address; City; State; Zip Code

12821 WEST GOLDEN LANE
SAN ANTONIO, TX 78249

7 Amount of
contribution (\$)
5000.00

8 In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/19/2008

Corporation / Labor Organization name

PATE ENGINEERS INC.

Corporation / Labor Organization address; City; State; Zip Code

13333 NORTHWEST FRWY, Apt/Suite: 300
HOUSTON, TX 77040

Amount of
contribution (\$)
10000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/21/2008

Corporation / Labor Organization name

AUSTIN CAPITAL, INC.

Corporation / Labor Organization address; City; State; Zip Code

5005 WEST AVENUE
SAN ANTONIO, TX 78213

Amount of
contribution (\$)
2500.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/26/2008

Corporation / Labor Organization name

PHYLLIS BROWNING COMPANY

Corporation / Labor Organization address; City; State; Zip Code

6101 BROADWAY
SAN ANTONIO, TX 78209

Amount of
contribution (\$)
1500.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

Date
8/26/2008

Corporation / Labor Organization name

CH2M HILL, INC.

Corporation / Labor Organization address; City; State; Zip Code

9191 S. JAMAICA ST.
ENGLEWOOD, CO 80112

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(if travel outside of Texas, complete schedule T)

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule C:

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2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/22/2008

5 Corporation / Labor Organization name

SAN ANTONIO SPURS

6 Corporation / Labor Organization address; City; State; Zip Code

1 AT&T CENTER
SAN ANTONIO, TX 78219

7 Amount of
contribution (\$)
25000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/22/2008

Corporation / Labor Organization name

Structural Engineering Associates, Inc.

Corporation / Labor Organization address; City; State; Zip Code

3838 NW Loop 410
San Antonio, TX 78229

Amount of
contribution (\$)
2100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/28/2008

Corporation / Labor Organization name

TEXAS HOME IMPROVEMENT INC.

Corporation / Labor Organization address; City; State; Zip Code

215 W. TRAVIS
SAN ANTONIO, TX 78205

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/28/2008

Corporation / Labor Organization name

BERLEE LUMBER COMPANY

Corporation / Labor Organization address; City; State; Zip Code

215 W. TRAVIS ST.
SAN ANTONIO, TX 78205

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/28/2008

Corporation / Labor Organization name

SA CHAPTER ASSOC. GENERAL CONTRACTORS OF AMERICA INC.

Corporation / Labor Organization address; City; State; Zip Code

10806 GULF DALE
SAN ANTONIO, TX 78216

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule C:
8 of 9

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/2/2008

5 Corporation / Labor Organization name
BAPTIST HEALTH SYSTEM

6 Corporation / Labor Organization address; City; State; Zip Code

111 DALLAS ST.
SAN ANTONIO, TX 78205

7 Amount of
contribution (\$)
10000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
9/9/2008

Corporation / Labor Organization name
INTERNATIONAL BANK OF COMMERCE

Corporation / Labor Organization address; City; State; Zip Code

130 E. TRAVIS
SAN ANTONIO, TX 78205

Amount of
contribution (\$)
25000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
9/9/2008

Corporation / Labor Organization name
AT&T

Corporation / Labor Organization address; City; State; Zip Code

270 PARK AVE
NEW YORK, NY 10017

Amount of
contribution (\$)
25000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
8/19/2008

Corporation / Labor Organization name
JONES & CARTER, INC.

Corporation / Labor Organization address; City; State; Zip Code

1000 CENTRAL PARKWAY NORTH, Apt/Suite: 100
SAN ANTONIO, TX 78232

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
9/16/2008

Corporation / Labor Organization name
BURY + PARTNERS SA INC

Corporation / Labor Organization address; City; State; Zip Code

922 ISOM, Apt/Suite: 100
SAN ANTONIO, TX 78216

Amount of
contribution (\$)
2500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule C: 9 of 9	
2 FILER NAME On Your Terms		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/16/2008	5 Corporation / Labor Organization name BROMLEY COMMUNICATIONS LLC 6 Corporation / Labor Organization address; City; State; Zip Code 401 E HOUSTON SAN ANTONIO, TX 78205	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	
Date 9/23/2008	Corporation / Labor Organization name THE PBSJ CORPORATION PAC Corporation / Labor Organization address; City; State; Zip Code 5300 W CYPRESS ST TAMPA, FL 33607	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	
Date 9/23/2008	Corporation / Labor Organization name SAN ANTONIO DESIGN GROUP INC Corporation / Labor Organization address; City; State; Zip Code 2101 LOCKHILL SELMA, Apt/Suite: 216 SAN ANTONIO, TX 78213	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	
Date 9/25/2008	Corporation / Labor Organization name CHRISTUS SANTA ROSA Corporation / Labor Organization address; City; State; Zip Code 333 N. SANTA ROSA SAN ANTONIO, TX 78207	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	
Date 9/25/2008	Corporation / Labor Organization name MARTINFeldmanARCHITECTS & PLANNERS Corporation / Labor Organization address; City; State; Zip Code 405 N. ST. MARY'S , Apt/Suite: 200 SAN ANTONIO, TX 78205	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	

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PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule D:
1 of 1

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of pledge (\$)

8 In-kind description (if applicable)

.....
6 Corporation / Labor Organization address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind description (if applicable)

.....
Corporation / Labor Organization address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind description (if applicable)

.....
Corporation / Labor Organization address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind description (if applicable)

.....
Corporation / Labor Organization address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind description (if applicable)

.....
Corporation / Labor Organization address; City; State; Zip Code

(if travel outside of Texas, complete schedule T)

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LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1 of 1	
2 FILER NAME On Your Terms		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:.....)		9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:.....)		Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 6

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

On Your Terms

4 Date	5 Payee name	7 Amount (\$) 25625.00
9/3/2008	Tom Daniels 6 Payee address; City; State; Zip Code	
	626 Larkwood San Antonio, TX 78209	

8 Purpose of payment (See instructions regarding type of information required.)

TELEPHONE BANK SERVICES; INV. 75

(If travel outside of Texas, complete Schedule T)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date	Payee name	Amount (\$) 6720.00
9/10/2008	Clear Channel Outdoor Payee address; City; State; Zip Code	
	PO Box 847247 Dallas, TX 75284	

Purpose of payment (See instructions regarding type of information required.)

POSTINGS FOR OUTDOOR SIGNAGE

(If travel outside of Texas, complete Schedule T)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date	Payee name	Amount (\$) 84.00
8/19/2008	US Postmaster Payee address; City; State; Zip Code	
	2400 McCullough San Antonio, TX 78212	

Purpose of payment (See instructions regarding type of information required.)

POSTAGE

(If travel outside of Texas, complete Schedule T)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date	Payee name	Amount (\$) 450.00
8/28/2008	THE ARCHER GROUP Payee address; City; State; Zip Code	
	PO Box 291173 SAN ANTONIO, TX 78229-	

Purpose of payment (See instructions regarding type of information required.)

MEETING EXPENSES: 8/22, 8/25

(If travel outside of Texas, complete Schedule T)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 6

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

On Your Terms

4 Date	5 Payee name	7 Amount (\$)
8/14/2008	THE ARCHER GROUP	600.00
	6 Payee address; City; State; Zip Code	
	PO Box 291173 SAN ANTONIO, TX 78229-	

8 Purpose of payment (See instructions regarding type of information required.) MEETING EXPENSES - 6/23, 7/21 (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
9/18/2008	KAY COTE	1170.00
	Payee address; City; State; Zip Code	
	3255 RIVER WAY SAN ANTONIO, TX 78230	

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SCHEDULER (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
8/18/2008	KAY COTE	1215.84
	Payee address; City; State; Zip Code	
	3255 RIVER WAY SAN ANTONIO, TX 78230	

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SCHEDULER; INV. 646-3966 (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
9/2/2008	KAY COTE	1298.75
	Payee address; City; State; Zip Code	
	3255 RIVER WAY SAN ANTONIO, TX 78230	

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SCHEDULER (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 6

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

On Your Terms

4 Date	5 Payee name	7 Amount (\$)
8/21/2008	THE SAN ANTONIO NEWSPAPER GROUP 6 Payee address; City; State; Zip Code PO Box 200226 SAN ANTONIO, TX 78220	\$3000.00

8 Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT IN SAN ANTONIO OBSERVER (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
8/21/2008	THE SAN ANTONIO NEWSPAPER GROUP Payee address; City; State; Zip Code PO Box 200226 SAN ANTONIO, TX 78220	\$3000.00

Purpose of payment (See instructions regarding type of information required.)

ADVERTISEMENT IN SAN ANTONIO OBSERVER

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
8/21/2008	OFFICE MAX Payee address; City; State; Zip Code 255 E. BASSE SAN ANTONIO, TX 78209	\$121.08

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
9/1/2008	THE ARCHER GROUP Payee address; City; State; Zip Code PO Box 291173 SAN ANTONIO, TX 78229	\$5000.00

Purpose of payment (See instructions regarding type of information required.)

CONSULTING

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 6

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

On Your Terms

4 Date	5 Payee name	7 Amount
9/3/2008	HENRY FARIAS	(\$)1250.00
	6 Payee address; City; State; Zip Code	
	1001 BROADWAY, Apt/Suite: A SAN ANTONIO, TX 78215	

8 Purpose of payment (See instructions regarding type of information required.) SIGN DISTRIBUTION (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount
9/17/2008	HENRY FARIAS	(\$)1250.00
	Payee address; City; State; Zip Code	
	1001 BROADWAY, Apt/Suite: A SAN ANTONIO, TX 78215	

Purpose of payment (See instructions regarding type of information required.)

SIGN DISTRIBUTION

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount
9/3/2008	HMC	(\$)874.70
	Payee address; City; State; Zip Code	
	903 AUSTIN HIGHWAY SAN ANTONIO, TX 78209	

Purpose of payment (See instructions regarding type of information required.)

ONSITE COMPUTER VIRUS REPAIR; INV. 19226

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount
9/9/2008	GUERRA DeBERRY COODY	(\$)1382.06
	Payee address; City; State; Zip Code	
	122 E. HOUSTON, Apt/Suite: 2D FL SAN ANTONIO, TX 78205	

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN COUNSEL

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 6

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

On Your Terms

4 Date	5 Payee name	7 Amount (\$)
9/9/2008	GUERRA DeBERRY COODY 6 Payee address; City; State; Zip Code	2395.38
	122 E. HOUSTON, Apt/Suite: 2D FL SAN ANTONIO, TX 78205	

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN COUNSEL (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
9/10/2008	GUERRA DeBERRY COODY Payee address; City; State; Zip Code	19978.20
	122 E. HOUSTON, Apt/Suite: 2D FL SAN ANTONIO, TX 78205	

Purpose of payment (See instructions regarding type of information required.) INV. 17445-0, 17446-0, 17447-0, 17450-0 (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
9/10/2008	GUERRA DeBERRY COODY Payee address; City; State; Zip Code	337467.00
	122 E. HOUSTON, Apt/Suite: 2D FL SAN ANTONIO, TX 78205	

Purpose of payment (See instructions regarding type of information required.) RADIO/TELEVISION ADVERTISEMENTS (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
8/6/2008	Sherry Boyles Payee address; City; State; Zip Code	4185.00
	14006 Emerald Creek San Antonio, TX 78230	

Purpose of payment (See instructions regarding type of information required.) Fundraising Services (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
6 of 6

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

On Your Terms

4 Date	5 Payee name	7 Amount (\$)
9/23/2008	ZUBIE WEAR	\$1099.28
	6 Payee address; City; State; Zip Code	
	1516 UNIVERSAL CTY BLVD SAN ANTONIO, TX 78148	

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN T-SHIRTS (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME

On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
.....		
6 Business address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Business name	Amount (\$)
.....		
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Business name	Amount (\$)
.....		
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Business name	Amount (\$)
.....		
Business address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I: 1 of 1
---	--

2 FILER NAME On Your Terms	3 ACCOUNT # (Ethics Commission filers)
-------------------------------	--

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule J: 1 of 1
---	--

2 FILER NAME On Your Terms	3 ACCOUNT # (Ethics Commission filers)
-------------------------------	--

4 Date Returned	5 Original payee name	7 Amount Returned (\$)
 6 Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
 Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
 Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
 Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
 Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
 Original payee address; City; State; Zip Code	

Date Returned	Original payee name	Amount Returned (\$)
 Original payee address; City; State; Zip Code	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

On Your Terms

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: TotalPages
2 FILER NAME On Your Terms		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Dissolution" ••

1 COMMITTEE NAME

On Your Terms

2 ACCOUNT #

(Ethics Commission filers)

3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of campaign treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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