

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: 29	
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	FIRST	MI	Receipt #
			Betty	J	Amount
		NICKNAME	LAST	SUFFIX	Date Processed
			Sutherland		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 78215			
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 78215			
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	
			(210) 828-3451		
9 REPORT TYPE		8th Day Before Main Election			
10 PERIOD COVERED		Month	Day	Year	Month
			9/26/2008		10/25/2008
		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	

GO TO PAGE 2

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 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 _____
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year
	_____	DESCRIPTION _____

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)	\$ 35481.48
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 80426.40
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 Betty J Sutherland, this the 27th day of October, 2008, 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 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/1/2008

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

6 Contributor address; City; State; Zip Code

8100 PINEBROOK
SAN ANTONIO, TX 78230

7 Amount of
contribution (\$)
25.00

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
10/8/2008

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

Contributor address; City; State; Zip Code

PO Box 90209
SAN ANTONIO, TX 78209

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
10/8/2008

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

Contributor address; City; State; Zip Code

215 CHAPARRAL
HIGHLAND HAVEN, TX 78654

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
10/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
Lukin T Gilliland Jr

Contributor address; City; State; Zip Code

901 NE Loop 410, Apt/Suite: 909
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
10/9/2008

Full name of contributor out-of-state PAC (ID#: _____)
SMART CITY NETWORKS LP

Contributor address; City; State; Zip Code

5795 BADURA AVE, Apt/Suite: 110
LAS VEGAS, NV 89118

Amount of
contribution (\$)
800.00

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 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/9/2008

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

717 W. ASHBY
SAN ANTONIO, TX 78212

7 Amount of
contribution (\$)
2500.00

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
10/13/2008

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

640 Ivy Lane
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)

Date
10/13/2008

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

3411 ELM KNOLL
SAN ANTONIO, TX 78230

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
10/13/2008

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

13046 N HUNTERS CIR
SAN ANTONIO, TX 78230

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
10/13/2008

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

6606 N. NEW BRAUNFELS
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)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:
3 of 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/7/2008

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

6 Contributor address; City; State; Zip Code

200 PATTERSON AVE, Apt/Suite: 1002
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
10/13/2008

Full name of contributor out-of-state PAC (ID#: _____)
R. MICHAEL CASSEB

Contributor address; City; State; Zip Code

100 W HOUSTON
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
10/13/2008

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

Contributor address; City; State; Zip Code

500 Lexington
San Antonio, TX 78215

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
10/13/2008

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

Contributor address; City; State; Zip Code

110 Paseo Encinal
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
10/13/2008

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

Contributor address; City; State; Zip Code

306 WILDWOOD
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)

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:
4 of 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/13/2008

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

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

10911 BROCKS GAP
SAN ANTONIO, TX 78230

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/13/2008

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
SAN ANTONIO, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/13/2008

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

Amount of contribution (\$)
100.00

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
10/13/2008

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

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11111 Whisper Hollow
San Antonio, TX 78230

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/13/2008

Full name of contributor out-of-state PAC (ID#: _____)
RICHARD N AZAR II

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 6172
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:
5 of 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/14/2008

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

7 Amount of
contribution (\$)
1000.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

800 Navarro
San Antonio, TX 78205

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/14/2008

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

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

14018 SAGE BLF
SAN ANTONIO, TX 78216

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/3/2008

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

Amount of
contribution (\$)
700.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

242 MADISON, Apt/Suite: 1
SAN ANTONIO, TX 78204

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/16/2008

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

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

14122 Bluff Manor Dr
San Antonio, TX 78216

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/16/2008

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

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

12 Galleria Dr
San Antonio, TX 78257

(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:

6 of 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/2008

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

A. RYLAND HOWARD

6 Contributor address; City; State; Zip Code

144 PARKHILL
SAN ANTONIO, TX 78212

7 Amount of
contribution (\$)
50.00

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

10/16/2008

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

JAMES GOUDGE

Contributor address; City; State; Zip Code

254 CAVE LN
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)

Date

10/16/2008

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

R. DOUGLAS LEONHARD

Contributor address; City; State; Zip Code

8 DOMINION, Apt/Suite: 145
SAN ANTONIO, TX 78257

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

10/16/2008

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

Judson Wood Jr

Contributor address; City; State; Zip Code

7731 broadway, Apt/Suite: 43
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

10/16/2008

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

AMEGY BANK OF TEXAS PAC

Contributor address; City; State; Zip Code

4400 POST OAK PKWY
HOUSTON, TX 77027

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:
7 of 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/16/2008

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

7 Amount of
contribution (\$)
25.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

66 Fonthill Way
San Antonio, TX 78218

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/16/2008

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

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3103 Old Elm Way
San Antonio, TX 78230

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/17/2008

Full name of contributor out-of-state PAC (ID#: _____)
Mark E Watson Jr

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

PO Box 6886
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/17/2008

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

Amount of
contribution (\$)
100.00

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)

Date
10/17/2008

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

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

40 HIGH CRESCENT
SAN ANTONIO, TX 78215

(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:
8 of 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/15/2008

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

22 CHAMPION TRAIL
SAN ANTONIO, TX 78258

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/17/2008

Full name of contributor out-of-state PAC (ID#: _____)
JOE R STRAUS JR
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)

PO Box 47535
SAN ANTONIO, TX 78265

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/17/2008

Full name of contributor out-of-state PAC (ID#: _____)
Patrick H Swearingen Jr
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)

310 Argyle
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/17/2008

Full name of contributor out-of-state PAC (ID#: _____)
DAN ALLEN HUGHES JR
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 14
BEEVILLE, TX 78104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/17/2008

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

236 KING WILLIAM
SAN ANTONIO, TX 78204

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:
9 of 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/17/2008

5 Full name of contributor out-of-state PAC (ID#: _____)
RUTH SULLIVAN
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
10/17/2008

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

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
10/17/2008

Full name of contributor out-of-state PAC (ID#: _____)
J.E. SMOTHERS JR
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
10/10/2008

Full name of contributor out-of-state PAC (ID#: _____)
BARRY C ROBERTS
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
10/22/2008

Full name of contributor out-of-state PAC (ID#: _____)
Edward H Austin Jr
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)

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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 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/22/2008

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

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

6338 N NEW BRAUNFELS PMB, Apt/Suite: 137
SAN ANTONIO, TX 78209

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/22/2008

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

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

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
10/22/2008

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

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

700 N ST. MARY'S, Apt/Suite: 1825
SAN ANTONIO, TX 78205

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/22/2008

Full name of contributor out-of-state PAC (ID#: _____)
ASSOC. BUILDERS & CONTRACTERS, INC. PAC
Contributor address; City; State; Zip Code

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

10408 GULFDAL
SAN ANTONIO, TX 78216

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/22/2008

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

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

PO Box 37343
San Antonio, TX 78237

(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:
11 of 11

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/22/2008

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

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3011 Old Elm Way
San Antonio, TX 78230

(if travel outside of Texas, complete schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/22/2008

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

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2 Glendalough Ct
San Antonio, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/22/2008

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

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9939 FREDERICKSBURG, Apt/Suite: 1704
SAN ANTONIO, TX 78240

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/15/2008

Full name of contributor out-of-state PAC (ID#: _____)
A.J. LEWIS III

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

801 IVY LANE
SAN ANTONIO, TX 78209

(if travel outside of Texas, complete schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/21/2008

Full name of contributor out-of-state PAC (ID#: _____)
H.B. ZACHRY, JR. PAC

Amount of contribution (\$)
181.48

In-kind contribution description (if applicable)
PUBLICATION OF A LETTER.

Contributor address; City; State; Zip Code

310 S ST MARY'S
SAN ANTONIO, TX 78205

(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.

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 2

2 FILER NAME
On Your Terms

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/1/2008

5 Corporation / Labor Organization name
Martin & Drought, P.C.

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

300 Convent St., Apt/Suite: 2500
San Antonio, TX 78205

7 Amount of
contribution (\$)
1000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
10/1/2008

Corporation / Labor Organization name
BANK OF AMERICA

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

125 DUPONT DRIVE
PROVIDENCE, RI 02907

Amount of
contribution (\$)
5000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
10/8/2008

Corporation / Labor Organization name
Bain Medina Bain, Inc.

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

7073 San Pedro
San Antonio, TX 78216

Amount of
contribution (\$)
2000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
10/9/2008

Corporation / Labor Organization name
Civil Design Services, Inc. dba CDS/MUERY SERVICES

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

3411 MAGIC DRIVE
SAN ANTONIO, TX 78229

Amount of
contribution (\$)
300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete schedule T)

Date
10/9/2008

Corporation / Labor Organization name
COSTELLO, INC.

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

9990 RICHMOND AVENUE, Apt/Suite: 450
HOUSTON, TX 77042

Amount of
contribution (\$)
500.00

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: 2 of 2	
2 FILER NAME On Your Terms		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/13/2008	5 Corporation / Labor Organization name LUCIFER LIGHTING COMPANY 6 Corporation / Labor Organization address; City; State; Zip Code 3750 IH 35 NORTH SAN ANTONIO, TX 78219	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 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 5
2 FILER NAME On Your Terms		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/29/2008	5 Payee name Tom Daniels 6 Payee address; City; State; Zip Code 626 Larkwood San Antonio, TX 78209	7 Amount (\$) 25625.00
8 Purpose of payment (See instructions regarding type of information required.) PHONE BANK (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 10/3/2008	Payee name U.S. Postmaster Payee address; City; State; Zip Code 2400 McCullough San Antonio, TX 78212	Amount (\$) 420.00
Purpose of payment (See instructions regarding type of information required.) POSTAGE (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/23/2008	Payee name La Prensa Payee address; City; State; Zip Code 318 S Flores San Antonio, TX 78204	Amount (\$) 2000.00
Purpose of payment (See instructions regarding type of information required.) ADVERTISING (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/20/2008	Payee name KAY COTE Payee address; City; State; Zip Code 3255 RIVER WAY SAN ANTONIO, TX 78230	Amount (\$) 803.75
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SCHEDULER-10/20/08 Invoice (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: 2 of 5
2 FILER NAME On Your Terms		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/3/2008	5 Payee name KAY COTE 6 Payee address; City; State; Zip Code 3255 RIVER WAY SAN ANTONIO, TX 78230	7 Amount (\$) 1062.30
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SCHEDULER - 9/30/08 Invoice (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 10/3/2008	Payee name THE ARCHER GROUP Payee address; City; State; Zip Code PO Box 291173 SAN ANTONIO, TX 78229	Amount (\$) 5000.00
Purpose of payment (See instructions regarding type of information required.) CONSULTING - Invoice #311 (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/14/2008	Payee name HENRY FARIAS Payee address; City; State; Zip Code 1001 BROADWAY, Apt/Suite: A SAN ANTONIO, TX 78215	Amount (\$) 500.00
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 10/23/2008	Payee name HENRY FARIAS Payee address; City; State; Zip Code 1001 BROADWAY, Apt/Suite: A SAN ANTONIO, TX 78215	Amount (\$) 500.00
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
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: 3 of 5
2 FILER NAME On Your Terms		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/6/2008	5 Payee name GUERRA DeBERRY COODY 6 Payee address; City; State; Zip Code 122 E. HOUSTON, Apt/Suite: 2D FL SAN ANTONIO, TX 78205	7 Amount (\$) 10350.24
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN COUNSEL - Invoice #17867,-68,-72,-73,-74 (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 10/6/2008	Payee name TEXAS BUSINESS PRODUCTS Payee address; City; State; Zip Code 1001 BROADWAY, Apt/Suite: A SAN ANTONIO, TX 78215	Amount (\$) 54.11
Purpose of payment (See instructions regarding type of information required.) CARDSTOCK & ENVELOPES (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/23/2008	Payee name ABEL ADVERTISING Payee address; City; State; Zip Code 1609 E HOUSTON, Apt/Suite: A SAN ANTONIO, TX 78202-	Amount (\$) 750.00
Purpose of payment (See instructions regarding type of information required.) SNAP NEWSPAPER ADVERTISEMENT (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/24/2008	Payee name COPS METRO ALLIANCE Payee address; City; State; Zip Code 123 OCTAVIA PLACE SAN ANTONIO, TX 78214	Amount (\$) 5000.00
Purpose of payment (See instructions regarding type of information required.) GOTV (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 5

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

On Your Terms

4 Date	5 Payee name	7 Amount (\$)
10/23/2008	JO McCALL & ASSOCIATES	5000.00
	6 Payee address; City; State; Zip Code	
	1617 E COMMERCE, Apt/Suite: 5103 SAN ANTONIO, TX 78205	

8 Purpose of payment (See instructions regarding type of information required.) GOTV - EASTSIDE (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 (\$)
10/23/2008	MANUEL GARZA	1000.00
	Payee address; City; State; Zip Code	
	414 REMOLINO SAN ANTONIO, TX 78237-	

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

GOTV WESTSIDE

(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 (\$)
10/23/2008	MYSANANTONIO.COM	1000.00
	Payee address; City; State; Zip Code	
	PO Box 1121 SAN ANTONIO, TX 78294	

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

ADVERTISING

(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 (\$)
10/23/2008	PRIME TIME NEWSPAPERS LLC	1115.00
	Payee address; City; State; Zip Code	
	2203 S HACKBERRY SAN ANTONIO, TX 78210	

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

SOUTHSIDE REPORTER ADVERTISING

(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 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

On Your Terms

4 Date

5 Payee name

7 Amount

10/20/2008

TOM DANIELS

(\$)**20246.00**

6 Payee address; City; State; Zip Code

626 LARKWOOD
SAN ANTONIO, TX 78215

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

PHONE BANK

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

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)

** 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)

** 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)

** 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

3 ACCOUNT # (Ethics Commission filers)

On Your Terms

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

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

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

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

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

3 ACCOUNT # (Ethics Commission filers)

On Your Terms

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

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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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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