

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mrs.			
		FIRST Terri		MI L	
		NICKNAME		LAST Williams	
		SUFFIX		Date Received 7/20/2022	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
		Final report Other (specify)		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year 01 / 16 / 2022		THROUGH Month Day Year 04 / 07 / 2022	
				Receipt #	
				Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

January 15 report was unintentionally not submitted. Schedule A of original 30-day report was incomplete inadvertently. Trustee Williams was out of town and did not have all the details to accurately complete Schedule A. January 15 report and corrected 30-day report is attached.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Terri L Williams

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Terri L Williams, and my date of birth is August 18, 1963.

My address is 7716 Moonlit Ridge, San Antonio, TX, 78239.
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of TX, on the 20 day of July, 2022.
(month) (year)

Terri L Williams
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Terri L	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5003 Walzem Rd. #319, San Antonio, TX 78218		7/20/2022
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 347-3574		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Johnathan F		
NICKNAME LAST SUFFIX Williams		Date Received	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1252 Twin Estates, Kyle, TX 78640	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 925-2491	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED		Month Day Year Month Day Year 1 / 16 / 22 THROUGH 4 / 7 / 22	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 7 / 22 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) NEISD Trustee SMD2		NEISD Trustee SMD2	
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE TYPE		COMMITTEE NAME	
GENERAL		COMMITTEE ADDRESS	
SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**

Terri L Williams

16 Filer ID (Ethics Commission Filers)**17 CONTRIBUTION
TOTALS**1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$ 1,821.62

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 948.94

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

\$ 1,287.44

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATUREI swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn DeclarationMy name is Terri L Williams, and my date of birth is August 18, 1963.My address is 7716 Moonlit Ridge, San Antonio, TX, 78239, USA.
(street) (city) (state) (zip code) (country)Executed in Bexar County, State of TX, on the 18 day of July, 2022.
(month) (year)
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Terri L Williams

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,821.62
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 948.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Terri L Williams		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Tommy Ray Calvert, Jr. 6 Contributor address; City; State; Zip Code 3607 Tuscany Dr., San Antonio, TX 78219	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Bexar County
Date 01/20/2022	Full name of contributor out-of-state PAC (ID#: _____) Leticia Bresnahan Contributor address; City; State; Zip Code 643 Ridge Trace, San Antonio, TX 78258	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) UTHSCA
Date 01/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Annette Burleson Contributor address; City; State; Zip Code 6315 Cypress Creek, San Antonio, TX 78239	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Parole Officer		Employer (See Instructions) Retired
Date 01/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Carolyn James Contributor address; City; State; Zip Code 6422 Ridge Pass, San Antonio, TX 78233	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Substitute Teacher		Employer (See Instructions) NEISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Terri L Williams		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Cornelius Cox 6 Contributor address; City; State; Zip Code 110 Broadway St. Ste. 530, San Antonio, TX 78205	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Offices of Cornelius Cox
Date 01/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Yvonne Clemons Contributor address; City; State; Zip Code 6315 Meadow Grove, Windcrest, TX 78239	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SAISD
Date 01/23/2022	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Costello Contributor address; City; State; Zip Code 2011 McCullough, San Antonio, TX 78212	Amount of contribution (\$) 96.62
Principal occupation / Job title (See Instructions) International Affairs		Employer (See Instructions) City of San Antonio (Retired)
Date 01/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Patricia Johnson Contributor address; City; State; Zip Code 6811 Liberty Stone, San Antonio, TX 78244	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Postal Clerk		Employer (See Instructions) U.S. Postal Service
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Terri L Williams		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Ed L White 6 Contributor address; City; State; Zip Code 5510 Castle Top, San Antonio, TX 78218	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Driving School Instructor		9 Employer (See Instructions) Retired
Date 03/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Charles E Ray Contributor address; City; State; Zip Code 5029 Tupelo Row, San Antonio, TX 78263	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Realtor Broker		Employer (See Instructions) Silver Dollar Properties (Retired)
Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) David Anderson Contributor address; City; State; Zip Code 2007 Jolie Blossom, San Antonio, TX 78207	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) International Affairs		Employer (See Instructions) City of San Antonio (Retired)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Terri L Williams		3 Filer ID (Ethics Commission Filers)	
4 Date 01/19/2022		5 Payee name Michaels			
6 Amount (\$) 61.27		7 Payee address; City; State; Zip Code 8340 Agora Parkway, Selma, TX 78154			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Marketing		(b) Description Shirts for Campaign Workers		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/20/2022		Payee name Experteers Printing			
Amount (\$) 288.23		Payee address; City; State; Zip Code 10505 O'Connor Rd, Unit 7, Live Oak, TX 78233			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Marketing		Description Printing on Campaign T-shirts		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/07/2022		Payee name Sugarloaf Management Consulting, Inc. (Felicia Herring)			
Amount (\$) 500.00		Payee address; City; State; Zip Code 11701 Astoria Drive, Austin, TX 78738			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting/Advertising		Description Website Development		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Terri L Williams		3 Filer ID (Ethics Commission Filers)	
4 Date 03/09/2022		5 Payee name Vistaprint			
6 Amount (\$) 99.44		7 Payee address; City; State; Zip Code 275 Wyman Street, Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Marketing		(b) Description Postcards		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED