CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to	complete this form.		nos Commission = lars, 260615	2 Total pages file	t O consissamente in transcent in the consistency and the consiste
CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	BILLY		A	OFFICE L	USE ONLY
INAIVIE	NICKNAME	ERMA		SUFFIX	Date File	10/03/202
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2922 C	HARCES A		ATE, ZIP CODE	RHue	vta_
Change of Address	Colpus (11/2/911	7X. 78	2010	Rebecca	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 44	12-3119	EX	TENSION	Date City See	or Date Postmarked Cretary Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	ROB		MI	Date Processed	
	NICKNAME	LEON		SUFFIX	Data Imaged STATE,	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS	2972	O PO BOX PLEASE): APT. CHAPLES CHRIST	DR	78410	STATE,	211 3332
(Residence or Business)	- 4					
8 CAMPAIGN TREASURER PHONE	AREA CODE (36/) 73	PHONE NUMBER - 9408		(TENSION		
9 REPORT TYPE	January 15	30th day before	re election	Runoff Exceeded Modified	treasurer a (Officehold	ifter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 1		THROUG	Reporting Limit Vent GH / O	n Day Yes	
11 ELECTION	ELECTION DAY Month Day	Year Prim		Descriptio		
12 OFFICE	OFFICE HELD (If any)	CAMCIL DI	157. 1	OFFICE SOUGHT (if kr		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	DE OF POLITICAL CONTRIBUTI DEHOLDER. THESE EXPENDIT IS AND OFFICEHOLDERS ARE R	ONS ACCEPTED OR P	OLITICAL EXPENDITURE N MADE WITHOUT THE THIS INFORMATION ONLY	ES MADE BY POLITICAL C CANDIDATE'S OR OFFICEH Y IF THEY RECEIVE NOTICE	OMMITTEES TO SUPPO OLDER'S KNOWLEDGE OF SUCH EXPENDITUR
	COMMITTEE TYPE	COMMITTEE ADDRESS				and the second s
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME	ni ii		
		COMMITTEE CAMPAIG	N TREASURER ADD	CRESS		
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SCANNED

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filentio (Ethics Commission Filens)
	BILLY A. LERMA 10	39260115
!	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
-1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	S
2.	SCHEDULE A2. NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 27, 125.
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E. LOANS	S
5.	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	IBUTIONS \$ 18,691.19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	S
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	· S
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION: TO FILER	S RETURNED S

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	1 Total pages Schedule A1:			
2 FILER NAME	0		3 Filer ID (Ethics Commission Filers)		
E	SILLY A. LERMA		1039260675		
4 Date			7 Amount of contribution (\$)		
3/21/	APOCTO R. ESCOBIA 6 Contributor address; City;	ElDO State: Zip Code	\$ 250 UO		
125	7702 AREDS FORLY C.C.				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	,	RETIRA	D		
Date		(ID#:)	Amount of contribution (\$)		
611	KEHHETH BERRY		#		
122/	Contributor address; City;	State; Zip Code	250.00		
122	P.O. BOX. EGB C.C. TX	78403			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
BUSI	UNESS COUNTRE	TELF			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
7/20/	P. VMA		# - 2 62		
12/21	Contributor address; City;	State; Zip Code	\$500. W		
	3888 HWY 77 C.C.TX.	78410			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
BYSIN	VEES COVER	BEST WE	TERN		
Date		(ID#:)	Amount of contribution (\$)		
7/20/	MAX UXDINGROUND		# 00		
12/11	MAX. UXDIA GROUWP. Contributor address; City; P.O. BX Z71106 CC	State; Zip Code	# 500.00		
	P.O. BX 271106 CC	78. 78427			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
PYSINI	195 OWNER	Max Con	STEVETION		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 BILLY	A. LES	EMA		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full nam	ne of contributor OR CYAN, utor address;		State: Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job I	itle (See Instructions)	prinqui d	9 Employer (See Instruc	l stions)
1/20/ 050	BRIXOR IN utor address; SACLY	out-of-state PAC	State; Zip Code	Amount of contribution (\$) #25.00 ctions)
7/20/ TIE	THA MOTO	OUS C	State; Zip Code	Amount of contribution (\$) #/25-00 ctions)
Date Full name of the principal occupation / John BUSINUES	SACKY	out-of-state PAC	State; Zip Code Z 20415 Employer (See Instruction	1, 200.00

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SCHEDULE A1

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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:			
EILLY A. LERMA	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
6 Contributor address; City; State; Zip Code 0. Box 10593 CCTX, 78460	# 200,00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tional			
SECT.	itoris)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code	#1500.00			
P.O. DOX 338 OF MILE CLOVE TX. 783				
Principal occupation / Job title (See Instructions) Employer (See Instruc				
BUSINERS MAN OCCIL	ER			
Date Full name of contributor Out-of-state PAC (ID#:) FLANK J JANK WISON Contributor address; City; State; Zip Code	Amount of contribution (\$) # 25.00			
5419 CM Rd 73A ROSTOWN TK.	78560			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
8/2/12 CINEBARGER, GOGGAN, READE SAME CONTRIBUTION address; City: State: Zip Code P.O. BOX 17428 AUSTIN TX. 78780	SCH CLE			
P.O. BOX 17428 AUSTIN TX. 78780 71000.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)			

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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	-0		3 Filer ID (Ethics Commission Filers)
6	DILLY A. LERMA		1039260675
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
811	DI 116 1801 TIT 110		<i>y</i>
1/17/	6 Contributor address; City;	State; Zip Code	# 10 min
17/72	A Chy,	State; Zip Code	10,600.00
/	1-0.BOX 338 1/01/tour	TT 70/6	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
B(5)	1185 MOLLER		
D TIM	MOPP CLENICA		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
81	PAH LEVEND-ALER	3	(¢)
/10/	Continue of 2 MPECKER		
127	Contributor address; City;	State; Zip Code	450 00
	15077 PALLY 1/100	C.C.T. 79418	
Principal occur	pation / Job title (See Instructions)		
- morpar occup	salish oos tille (oee mandehons)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
101	AMANDAX WILLIAM BU	RTON	1/2
10/2	Contributor address; City;	State; Zip Code	7 300.00
100	2/11/1/	10	700
	1101 HURTH WOOD KOCK	BORT. TX. 7878	25
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
5.			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A1

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

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The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A1:
BILLY A. LERMA	3 Filer ID (Ethics Commission Filers) 1039260675
4 Date 5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
TILL CEUT THEP (:())	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID# Out-of-state PAC (ID# Contributor address; City; S	State; Zip Code #2000. 00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID# Out-of-state P	State; Zip Code / COC, CO
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor G/30/22 Contributor address; City; Contributor address;	State: Zip Code #1,000.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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SCHEDULE A1

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

pugo in the report.				
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME	BILLY A. LERMA		3 Filer ID (Ethics Commission Filers)	
4 Date 10/3/27	5 Full name of contributor Out-of-state PAC (IE) 6 Contributor address; City;		7 Amount of contribution (\$)	
8 Principal occup	pation / Job title (See Instructions) SINESS		\$1,000.00	
Date 10/3/22	Full name of contributor out-of-state PAC (III NoRTH BICACH COUNTS IN Contributor address; City; P.O. POX 2361 C.C. 7) ation (Job title (See Instructions)	#:	Amount of contribution (\$) H306, 00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date (93/17	Full name of contributor out-of-state PAC (II MILHAUL & CIADA LANEL Contributor address; City; 303 RUST AVE C.C. TX	State; Zip Code	Amount of contribution (\$)	
	sation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 10/3/11	Full name of contributor out-of-state_PAC (I SAKBACA UNICOLOR Contributor address; City;	D#) State; Zip Code	Amount of contribution (\$)	
	EDE- REFF AME. C.C. To pation / Job title (See Instructions)	1	#100.00	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 3 Filer ID (Ethics Commission Filers) 1039260678 City; State: Zip Code 8 **PURPOSE** OF DOD FUNDRAISER EXPENDITURE Cneck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 115/11. Date Payee name City; State: Zip Code \$ 6.15 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 8-15-22 City; State: Zip Code # 15.14 Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officenolder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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SCHEDULE F1

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 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 (entry a category por listed chaus)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries V	Vages/Contract Labor	I ravel Out Of District Other (enter a category not listed above)
oreon dard Payment	The Instruction Guide explains how to o	complete this form.	,
1 Total pages Schedule F1:	BILL A. LERMA		3 Filer ID (Ethics Commission Filers) 1039260625
4 Date 22 22	5 Payee name 146ME DEPOT		
6 Amount (\$) #82-63	13202 CENAND S	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	111151 1X 10110
OF EXPENDITURE	FIFFLI	SERKUS	, TIES, WASHERS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officenolder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
S-22-22	45 POSTAL STERVICE	E	
Amount (\$)	Payee address;	City;	State: Zip Code
#24.00	10513 STONEWAY BY	un Carlus	CHREN ST 7841
	Category (See Categories listed at the top of this schedule)	Description	0,000
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8-22-22	T.S.C.		
Amount (\$)	Payee address;	City;	State; Zip Code
#261.51	2917 IH#69 K) PBSTOUN .	TK. 72380
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	3 LPPL4	T- Fe	95
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n TX officenolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 pot listed shour)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services S	rinting Expense salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
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Total pages Schedule F1:	2 FILER NAME A. LERMA	4	3 Filer ID (Ethics Commission Filers)
1 Date	5 Payee name	1,	10016007
7-13-22	CRYMMAID PRINT	IN6	
Amount (\$)	7 Payee address;	City;	State; Zip Code
#211.78	148 MORCHAY T.	C.C. TX.	72404
3	(a) Category (See Categories listed at the top of this school	edule) (b) Description	
PURPOSE OF	151-1		
EXPENDITURE	ADVERTIZING	48 X 9	6" 7645
	(c) Check if travel outside of Texas. Complete Scher		. TX. officenolder living expense
• Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7-19-22	TM PAINT		
Amount (\$)	Payee address;	City;	State: Zip Code
#75.78	2653 MCKINTIE	C.C. TX	1. 7200
	Category (See Categories listed at the top of this sche	dule) Description	
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	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	i. TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7.20.22	CRUNUMO PRIN	11/106	
Amount (\$)	Payee address;	City;	State; Zip Code
# 195.11	1418 MORGAN	C.C. 7	1. 12 Und
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	ADVENTIZING	LABEL:	SE-ELENY
	Check if travel outside of Texas. Complete Scher		· ~ colo
Complete ONIV		Check if Austin	n. TX officenolder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

1 Table - Colored Colo	Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
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7 Payee address; City: State: Zip Code ### Co. ZI U.B. Molecular C. X. 1940 Category (See Categories listed at the too of this schedule) (b) Description PURPOSE CEMPENDITURE Complete Schedule T. Check / Austin. TX. difficencider living expense		C11 11 11 11 11 11	11116	1001260675
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PURPOSE EXPENDITURE OFFICE SUMMY (c) Creck it ravial outside of Texas. Complete Schedule T. (d) Creck it Austin. TX. officendider living expense (e) Conglete ONLY it direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	4/60. cl	1418 MORCAN	C.C. X.	72404
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		(a) Category (See Categories listed at the top of this schedule)	(b) Description	
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Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texes. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct Condidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name	Amount (\$)			State: Zip Code
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Complete ONLY if direct expenditure benefit C/OH Payee name Payee address: Category (See Categories itsed at the ton of this schedule) Category (See Categories itsed at the ton of this schedule) Check if vavel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Office sought Office held Office sought Office held Office held	BURDOOF	Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1-70-77 Check if vavel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Office sought Office sought Office held	OF	OFFICE SIPPLY	COURTE	Bungel Exhibitor
Date Payee name 7-70-77		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX. officeholder living expense
Amount (\$) Payee address: City: State: Zip Code # 138.56 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Category (Sae Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office sought			Office sought	Office held
Amount (\$) Payee address; City: State: Zip Code ### 138.56 ### 198.56 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE ### 2006 Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX office held Complete ONLY if direct Candidate / Office held	Date	Payee name		
Amount (\$) Payee address; City; State; Zip Code ### 138.56 ### 198.56 ### 198.56 Category (Sea Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE #### Application Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office holder name City; State; Zip Code ###################################		CRYNWAD PRINT	TiNO	
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OF EXPENDITURE ADVICITIZING Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	DIIDDOSE	Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct	OF	ADVERTIZING	48"x40	18" BANNERS
		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX officenolder living expense
			Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF TH	S SCHEDIII E AS NEI	ENED .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Accounting/Banking Loan Repayment/Reimbursement Consulting Expense Fees Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Transportation Equipment & Related Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Printing Expense Legal Services Travel Out Of District Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1039260678 City; State: Zip Code 8 **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Payee name State: Zip Code Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name State: Zip Code PURPOSE OF **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officenolder living expense

Office sought

SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	BILLY A. LERMA	The same form.	3 Filer ID (Ethics Cammission Filers)
4 Date 8-/-27	5 Payee name		1021260675
6 Amount (\$)	7 Payee address:	y CCC	
\$ 1000 00	. To Joo dadress,	City;	State; Zip Code
8	1039 CENTRATIONE	C.C.	TY 78418
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OF EXPENDITURE	FEE	DATA	SERVICE FER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	i. TX. officenolder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-7-22	AFFORDABLE GX	AFICS	
Amount (\$)	Payee address;	City;	State: Zip Code
759.50	1/70 5 Pens	(3) -	T 7840C
77	Category (See Categories listed at the top of this schedule)	Description	x. 1010)
PURPOSE OF EXPENDITURE	ADVENTIZING	7	41275
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address;	City:	State; Zip Code
A201.91	1/70 S. Par (3.C. TX	BUST
	Category (See Categories listed at the top of this schedule)	Description	· /0703
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX officenolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

redit Card Payment	Committee Legal Services Salaries N The Instruction Guide explains how to c		Other (enter a category not listed above)
Total pages Schedule F1:			
	BILLY A. LERMA		Filer ID (Ethics Commission Filers)
Date 9-5-22	5 Payee name D x 18/ (ca) SULT	146	
Amount (\$)	7 Payee address;	City;	State; Zip Code
5/00,00	1033 CORNER TONA	E C.C.	TX. 78418
PURPOSE	(a) Category (See Categories listed at the top of this schedule) AD VENTI 2116, EEE 5	(b) Description	
OF EXPENDITURE	THE DICKS, STAFFING	TERVICES	+ STAFFING
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX. officenolder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-21.22	DYW CONSULTING		
Amount (\$)	Payee address;	City;	State: Zip Code
# 150. W	1029 CORDERSTONE	C.C. TX.	7 EU B
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTIZINA	WEB PA	TOE MAILER
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
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Amount (\$)	Payee address;	City;	Cloth
	ayee address,	City,	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX. officenolder living expense

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME 2					
•	my A	· CERMA	5 Filer ID (Ethics Commission Filers)		
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 TYPE COMMITTEE NAME			
	GENERAL COMMITTEE ADDRESS SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$		
	2. TOTAL (OTHER	\$ 24.125,00			
EXPENDITURE TOTALS	3. TOTAL	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 18,691.10		
CONTRIBUTION BALANCE	5. TOTAL F				
OUTSTANDING LOAN TOTALS	6. TOTAL I	THE \$			
18 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. ID# 13368975-7 Notary Public STATE 0F TEXAS My Comm. Exp. 04-06-2026 AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscided of OCTOBU	Fribed before me, $20,22$.	by the said Billy Lerma to certify which, witness my hand and seal of office.	this the		
Signature of officer administering oath Murium Munnin Notary public Title of officer administering oath					