

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 Filer)

1039260675

2 Total pages filed

46

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Billy

A

NICKNAME

LAST

SUFFIX

LERMA

OFFICE USE ONLY

Date Received:

Date Filed 10/03/2022

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS (PO BOX)

APT / SUITE #

CITY

STATE

ZIP CODE

2922 CHARLES DR

COLLEGE CHRISTI TX. 76410

Change of Address

R Huerta

Rebecca Huerta
City Secretary

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 442-3119

Date Recalled / Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

ROB

NICKNAME

LAST

SUFFIX

LEON

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2922 CHARLES DR

COLLEGE CHRISTI TX. 76410

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 331-9408

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

Month Day Year

7 / 1 / 22

THROUGH

10 / 10 / 22

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

Other
Description

11 / 8 / 22

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL DIST. 1

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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19	FILER NAME	29	Filer ID (Ethics Commission Filers)
	Billy A. LERMA		1039260075
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 27,125. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS		\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 18,691. ¹⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	<input type="checkbox"/> 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:

20

2 FILER NAME

BILLY A. LERMA

3 Filer ID (Ethics Commission Filers)

1039260675

4 Date

3/21/22

5 Full name of contributor

ADOLFO R. ESCOBEDO

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

7702 FREDS FOLLY C.C. TX. 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

Date

6/27/22

Full name of contributor

KENNETH BERRY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2500.00

Contributor address;

City;

State;

Zip Code

P.O. BOX. 268 C.C. TX. 78403

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF

Date

7/20/22

Full name of contributor

P. VALA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

3828 HWY 97 C.C. TX. 78410

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

BEST WESTERN

Date

7/20/22

Full name of contributor

MAX UNDERGROUND

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

P.O. BOX 221106 CC TX. 78427

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

MAX CONSTRUCTION

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

BILLY A. LERMA

3 Filer ID (Ethics Commission Filers)

1039260075

4 Date

7/20/22

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

VICTOR GUJARDO

7 Amount of contribution (\$)

\$300.00

6 Contributor address; City; State; Zip Code

855 N. CARANCAHA C.C. TX. 78401

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

7/20/22

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

ESD BRIDGE INVESTORS

Amount of contribution (\$)

\$125.00

Contributor address; City; State; Zip Code

2434 SACKY C.C. TX. 78415

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/20/22

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

TIERRA MOTORS LLC

Amount of contribution (\$)

\$125.00

Contributor address; City; State; Zip Code

2434 SACKY C.C. TX. 78415

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/20/22

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

ELOY SALAZAR + RICK MARTINEZ

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

2434 SACKY C.C. TX. 78415

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESS OWNERS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

BILLY A. LERMA

3 Filer ID (Ethics Commission Filers)

1039260675

4 Date

7/20/22

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

ANNE SMACAR

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

8206 CAMPO DOLEMO C.C.TX. 78444

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/24/22

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

VISHNU REDDY M.D.

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

38 E BARLE DOC C.C.TX. 78414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/20/22

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

CARRY ELIZONDO

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

48 GREAT LAKES C.C.TX. 78419

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

7/20/22

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

PHILIP & MICHELLE RAMIREZ

Amount of contribution (\$)

\$ 1000.00

Contributor address; City; State; Zip Code

302 SANTA MONICA C.C.TX. 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

BILLY A. LERMA

3 Filer ID (Ethics Commission Filers)

1039260675

4 Date

8/1/22

5 Full name of contributor

out-of-state PAC (ID#: _____)

SACKY INVESTMENT

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

P.O. Box 10593 C.C. TX. 78460

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

8/1/22

Full name of contributor

out-of-state PAC (ID#: _____)

MR & MRS WILL KUNT

Amount of contribution (\$)

\$1500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 338 ORANGE GROVE TX. 78972

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

OWNER

Date

8/1/22

Full name of contributor

out-of-state PAC (ID#: _____)

FRANK & JANEL WILSON

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

5419 CR RD 73A ROBSTOWN TX. 78960

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/2/22

Full name of contributor

out-of-state PAC (ID#: _____)

LINEBARGER, COGGAN, PEAIR, SANDSON LLC

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

P.O. Box 17428 AUSTIN TX. 78780

Principal occupation / Job title (See Instructions)

TAX ATTORNEY

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.

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 BILLY A. LERMA		3 Filer ID (Ethics Commission Filers) 1039260675
4 Date 8/17/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PLUGOSCI III LLC 6 Contributor address; City; State; Zip Code P.O. BOX 338 VICKTOWN TX 79164	7 Amount of contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON LEVENDECKER Contributor address; City; State; Zip Code 15222 CANE HARBOR C.C. TX 78410	Amount of contribution (\$) \$450.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMANDA + WILLIAM BURTON Contributor address; City; State; Zip Code 1101 NORTHWOOD ROCKPORT, TX 78282	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

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

BILLY A. LERMA

3 Filer ID (Ethics Commission Filers)

1039260675

4 Date

9/27/22

5 Full name of contributor

C.C.P.O.A.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 2,000.00

6 Contributor address;

City;

State; Zip Code

3122 LEOPARD C.C. TX. 78408

8 Principal occupation / Job title (See Instructions)

—

9 Employer (See Instructions)

—

Date

9/27/22

Full name of contributor

C.C.F.D.A.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 2,000.00

Contributor address;

City;

State; Zip Code

6014 AYERS C.C. TX. 78415

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

9/27/22

Full name of contributor

MARY LYDIA PEMBERTON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City;

State; Zip Code

3432 OLSEN DR. C.C. TX. 78411

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

9/30/22

Full name of contributor

FREDDY RODRIGUEZ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City;

State; Zip Code

ELECTRIC CONTRIBUTION

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

OWNER

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

BILLY A. LERMA

3 Filer ID (Ethics Commission Filers)

1039260675

4 Date

10/3/22

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

CLARK PIPELINE

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

6229 LEOPARD C.C. TX. 78408

8 Principal occupation / Job title (See Instructions)

BUSINESS

9 Employer (See Instructions)

Date

10/3/22

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

NORTH BEACH COMM. ASSOC.

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

P.O. BOX 2361 C.C. TX. 78403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/22

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

MICHAEL & LINDA KENNEDY

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

303 REEF AVE C.C. TX. 78403

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/3/22

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

BARBARA WELDER

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

202 REEF AVE C.C. TX. 78403

Principal occupation / Job title (See Instructions)

RETIRED

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

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: 23	2 FILER NAME BILL A. LERMA	3 Filer ID (Ethics Commission Filers) 1039260625
-----------------------------------------	--------------------------------------	------------------------------------------------------------

4 Date 7-20-22	5 Payee name H. E. B.
--------------------------	---------------------------------

6 Amount (\$) \$ 83.76	7 Payee address; City; State; Zip Code 11100 LEOPARD ST. CORPUS CHRISTI TX. 78410
----------------------------------	---------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description FOOD FUNDRAISER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held DISTR. 1
-------------------------------------------------------	-------------------------------	---------------	--------------------------------

Date 8-7-22	Payee name HARBOR FREIGHT
-----------------------	-------------------------------------

Amount (\$) \$ 6.15	Payee address; City; State; Zip Code 4101 IH #69 CORPUS CHRISTI TX. 78410
-------------------------------	-------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description TIE BACKS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 8-15-22	Payee name HEB
------------------------	--------------------------

Amount (\$) \$ 15.14	Payee address; City; State; Zip Code 11100 LEOPARD ST. CORPUS CHRISTI TX. 78410
--------------------------------	-------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description THANK YOU CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Billy A. LERMA</i>	3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
4 Date <i>8-22-22</i>	5 Payee name <i>HOME DEPOT</i>	
6 Amount (\$) <i>\$82-63</i>	7 Payee address; City; State; Zip Code <i>13202 CEDAR ST. CARUS CHRIST TX. 78410</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OUT DOOR SUPPLY</i>	(b) Description <i>SCREWS, TIES, WASHERS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8-22-22</i>	Payee name <i>U.S. POSTAL SERVICE</i>	
Amount (\$) <i>\$24.00</i>	Payee address; City; State; Zip Code <i>10515 STONEMALL BLD CARUS CHRIST TX. 78410</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE SUPPLY</i>	Description <i>POSTAGE</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8-22-22</i>	Payee name <i>T.S.C.</i>	
Amount (\$) <i>\$261.51</i>	Payee address; City; State; Zip Code <i>2917 JH #69 ROBSTOWN TX. 78380</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>SUPPLY</i>	Description <i>T-POST</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>BILLY A. LERMA</i>	3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
4 Date <i>7-13-22</i>	5 Payee name <i>GRUNWALD PRINTING</i>	
6 Amount (\$) <i>\$911.78</i>	7 Payee address; City; State; Zip Code <i>1418 MORGAN ST. C.C. TX. 78404</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTIZING</i>	(b) Description <i>48" x 96" SIGNS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7-19-22</i>	Payee name <i>T.M. PRINT</i>	
Amount (\$) <i>\$75.78</i>	Payee address; City; State; Zip Code <i>2653 MCKENZIE C.C. TX. 78410</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING</i>	Description <i>(2) BANNER 48" x 48"</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7-20-22</i>	Payee name <i>GRUNWALD PRINTING</i>	
Amount (\$) <i>\$195.11</i>	Payee address; City; State; Zip Code <i>1418 MORGAN C.C. TX. 78404</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING</i>	Description <i>LABELS RE-ELECT</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>BILLY A. LERMA</i>	3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
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4 Date <i>7-20-22</i>	5 Payee name <i>GRUNWALD PRINTING</i>
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6 Amount (\$) <i>\$160.21</i>	7 Payee address; City; State; Zip Code <i>1418 MORGAN C.C. TX. 78404</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OFFICE SUPPLY</i>	(b) Description <i>ENVELOPES</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-20-22</i>	Payee name <i>GRUNWALD PRINTING</i>
------------------------	----------------------------------------

Amount (\$) <i>\$105.00</i>	Payee address; City; State; Zip Code <i>1418 MORGAN ST. C.C. TX. 78404</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE SUPPLY</i>	Description <i>CONTRIBUTION ENVELOPES</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-20-22</i>	Payee name <i>GRUNWALD PRINTING</i>
------------------------	----------------------------------------

Amount (\$) <i>\$138.56</i>	Payee address; City; State; Zip Code <i>1418 MORGAN C.C. TX. 78404</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>48" X 48" BANNERS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>BILL A. LERMA</i>	3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
4 Date <i>7-15-22</i>	5 Payee name <i>MILESTONE C.S.</i>	
6 Amount (\$) <i>\$2600.00</i>	7 Payee address; City; State; Zip Code <i>3522 S. ALAMEDA C.C. TX. 78411</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>2020</i>	(b) Description <i>2020</i>
	<i>CONSULTING FEE</i>	
	<i>CONSULTING SERVICES</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

Date <i>7-27-22</i>	Payee name <i>MILESTONE C.S.</i>	
Amount (\$) <i>\$4200.00</i>	Payee address; City; State; Zip Code <i>3522 S. ALAMEDA C.C. TX. 78411</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>2020</i>	Description <i>2020</i>
	<i>FEES</i>	
	<i>CONSULTING SERVICES</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

Date <i>8-1-22</i>	Payee name <i>D+W CONSULTING</i>	
Amount (\$) <i>\$1500.00</i>	Payee address; City; State; Zip Code <i>1093 COWENSTONE C.C. TX. 78410</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>2020</i>	Description <i>2020</i>
	<i>FEES</i>	
	<i>CONSULTING SERVICES</i>	
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

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 <i>Billy A. LERMA</i>		3 Filer ID (Ethics Commission Filers) <i>1039260675</i>	
4 Date <i>8-1-22</i>		5 Payee name <i>KINGMAKER DATA LLC</i>			
6 Amount (\$) <i>\$1500.00</i>		7 Payee address; City; State; Zip Code <i>1039 CENERSTONE C.C. TX. 78410</i>			
PURPOSE OF EXPENDITURE	8 (a) Category (See Categories listed at the top of this schedule) <i>FEE</i>		(b) Description <i>DATA SERVICE FEE</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>8-7-22</i>		Payee name <i>AFFORDABLE GRAPHICS</i>			
Amount (\$) <i>\$79.50</i>		Payee address; City; State; Zip Code <i>1170 S. Post C.C. TX. 78405</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description <i>T-SHIRTS</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>8-10-22</i>		Payee name <i>AFFORDABLE GRAPHICS</i>			
Amount (\$) <i>\$201.91</i>		Payee address; City; State; Zip Code <i>1170 S. Post C.C. TX. 78405</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description <i>T-SHIRTS</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>BILLY A. LERMA</i>	3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
4 Date <i>9-5-22</i>	5 Payee name <i>D+W CONSULTING</i>	
6 Amount (\$) <i>\$</i> <i>5100.00</i>	7 Payee address; City; State; Zip Code <i>1033 CORDERSTONE C.C. TX. 78418</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTIZING, FEES</i>	(b) Description <i>ADVERTIZING, FEES, SERVICES + STAFFING</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-21-22</i>	Payee name <i>D+W CONSULTING</i>		
Amount (\$) <i>\$</i> <i>750.00</i>	Payee address; City; State; Zip Code <i>1033 CORDERSTONE C.C. TX. 78418</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING</i>	Description <i>WEB PAGE / MAILER</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$) <i>\$</i>	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

Billy A. Lerma

15 Filer ID (Ethics Commission Filers)

1039260675

16 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$

27,125.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$

18,691.10

CONTRIBUTION
BALANCE

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

\$

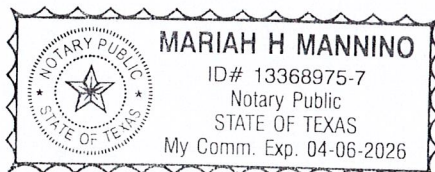
OUTSTANDING
LOAN TOTALS

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

\$

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.



Billy Lerma
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy Lerma, this the 3 day of October, 2022, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Mariah Mannino
Printed name of officer administering oath

Notary public
Title of officer administering oath