

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:

1039260675

18

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

BILLY

NICKNAME

LAST

SUFFIX

A

LERMA

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

2922 CHARLES DR.

CORPUS CHRISTI TX.

78410

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 442-3119

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

ROB

NICKNAME

LAST

SUFFIX

LEON

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2922 CHARLES DR.

CORPUS CHRISTI TX. 78410

(Residence or Business)

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

10 11 22

THROUGH

11 1 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

Date Filed 11-1-2022

Rebecca Huerta

City Secretary

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Images

GO TO PAGE 2

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Billy A. LERNA		1039260075
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (\$ 6250.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 4073.44
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 7388.95
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:
2 FILER NAME <i>BILL A. CERNA</i>		3 Filer ID (Ethics Commission Filers) <i>1039200015</i>
4 Date <i>10/3/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HENRY FLORES</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address: City: State: Zip Code <i>SAN ANTONIO TX.</i>		
8 Principal occupation / Job title (See Instructions) <i>BUSINESS MAN</i>		9 Employer (See Instructions) <i>OWNER</i>
Date <i>10/5/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PARE-DAVINSON ENGINEERS PAC</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address: City: State: Zip Code <i>2000 NW LOOP 410 S.A. TX. 78213</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>COASTAL AREA BUILDERS PAC</i>	Amount of contribution (\$) <i>\$ 750.00</i>
Contributor address: City: State: Zip Code <i>5325 Yorktown Rd. C.C. TX. 78414</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RAMIRO P. CRABAN</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address: City: State: Zip Code <i>410 LANG RD PEARLAND TX. 78974</i>		
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 <i>Billy A. CERMA</i>		3 Filer ID (Ethics Commission Filers) <i>1059260675</i>
4 Date <i>10/21/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRED + VANESSA BRASELTON</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>6910 SR PALLEAS, C.C. TX. 78413</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BARTON H. BRASELTON</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>5377 VICKTOWN STE 100 C.C. TX. 78413</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT E. PARKER</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 9609 C.C. TX. 78409</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MOSES PAYMON MONTAGHASI</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 331308 C.C. TX. 78463</i>		
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 <i>Billy A. LERMA</i>		3 Filer ID (Ethics Commission Filers) <i>1059260675</i>
4 Date <i>10/22/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GEORGE & DARLENE CONTRALEZ</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>5126 BENCHFIELD DR. C.C. TX. 78413</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DEVEN BHAKTA</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>40 EAST BARLEDOE DR. C.C. TX. 78414</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

RE: Payment received from henry@madhousedevelopment.net

From: Enrique "Henry" Flores via PayPal service@paypal.com

To: Billy Lerma Bdlerma@outlook.com

Date: Mon, Oct 3, 2022, 1:46 PM

Hello Billy Lerma,



**You received a payment of \$500.00
USD from
(henry@madhousedevelopment.net).**

To see all the transaction details, please log into your PayPal account. It may take a few moments for this transaction to appear in your account.

Transaction ID

[52F91587LA831071G](#)

Transaction date

Oct 3, 2022 11:45:53 PDT

Buyer information

Enrique "Henry" Flores

henry@madhousedevelopment.net

Instructions from buyer

None provided

Description	Unit price	Qty	Amount
Purchase from Billy Lerma	\$500.00 USD	1	\$500.00 USD
		Total:	\$500.00 USD



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PayPal is committed to preventing fraudulent emails. Emails from PayPal will always contain your full name. [Learn to identify phishing](#)

Please don't reply to this email. To get in touch with us, click [Help & Contact](#).

Not sure why you received this email? [Learn more](#)

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PayPal RT000002:en_US(en-US):1.0.0:f348158711cb5

From: Billy Lerma bdlerma@outlook.com

To: Enrique "Henry" Flores henry@madhousedevlopment.net

Date: Mon, Oct 3, 2022, 1:48 PM

Thank You so much Henry for your contribution to my campaign. Billy

Get [Outlook for iOS](#)

From: Henry Flores Sr. henry@madhousedevlopment.net

To: Billy Lerma bdlerma@outlook.com

Date: Mon, Oct 3, 2022, 2:09 PM

I wish it could be more, but the effects of the pandemic have been problematic affecting construction and labor costs dramatically. Nonetheless, we appreciate the opportunity to support you and your courageous stance on politics in Corpus Christi!

Go Moody!

Henry

3 Emails



Make Your Statement™

FASTSIGNS

1220 Airline Road, Ste. 170, Corpus Christi, TX 78412

361-991-7991 | Website | Promotional Products

Each location independently owned and operated.



HPS SIGNS LLC, DBA FASTSIGNS
1220 Airline Road, Ste. 170
Corpus Christi, TX 78412
(361) 991-7991

INVOICE
164-91893

fastsigns.com/164

Payment Terms: Cash Customer

Created Date: 10/11/2022

DESCRIPTION: BANNERS FOR 1902 MORGAN AVE.

Bill To: RETROCADE
326 N. CHAPARRAL ST.
CORPUS CHRISTI, TX 78401
US

Pickup At: FASTSIGNS
HPS SIGNS LLC, DBA FASTSIGNS
1220 Airline Road, Ste. 170
Corpus Christi, TX 78412
US

Ordered By: FREDDY RODRIGUEZ
Email: alfred@innerloop.com
Cell Phone: (832) 661-4550

Salesperson: Jason Haviland
Email: jason.haviland@fastsigns.com
Work Phone: (361) 991-7991
Cell Phone: (361) 290-5588

Table with 5 columns: NO., Product Summary, QTY, UNIT PRICE, AMOUNT. Rows include BANNERS, INSTALLATION, and REMOVAL OF BANNERS AT A LATER DATE.

Summary table with 2 columns: Label, Amount. Rows include Subtotal, Taxes, Grand Total, Amount Paid, and DEPOSIT REQUIRED.

All payments of Accounts Receivable are due in our offices within 30 days of order completion. There is a 1.5% monthly interest fee on all payments over 30 days old.

Signature: _____ Date: _____

10/25/22
ROBERT CERM #

SINGL	START DATE	END DATE	START TIME	END TIME	LENGT	RATE	MON	TUE	WED	THU	FRI	SAT	SUN	SPOTS	COST	TOTAL	TOTAL
	10/25/22 - 10/28/22		9am - 7pm		60	\$7		6	6	6	6			24	\$168	1	24
	10/31/22 - 11/06/22		9am - 7pm		60	\$7	6	6	6	6	5	5	5	39	\$273	1	39
	11/07/22 - 11/08/22		9am - 5pm		60	\$7	6	6						12	\$84	1	12
	-		-											0	\$0		0
	-		-											0	\$0		0
	-		-											0	\$0		0
	-		-											0	\$0		0
	-		-											0	\$0		0
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	-		-											0	\$0		0
	-		-											0	\$0		0
	-		-											0	\$0		0
	-		-											0	\$0		0

TOTAL \$
\$525.00

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>10-27-22</i>	5 Payee name <i>D&W CONSULTING</i>	
6 Amount (\$) <i>\$ 220.00</i>	7 Payee address; City; State; Zip Code <i>1033 CORNERSTONE, C.C. TX. 78418</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING ADS</i>	(b) Description <i>ELECTRONIC ADS</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>10-18-22</i>	Payee name <i>D&W CONSULTING</i>	
Amount (\$) <i>\$ 6500.00</i>	Payee address; City; State; Zip Code <i>1033 CORNERSTONE, C.C. TX. 78418</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>MAILER, ADVERTISING SERVICE FEE</i>	Description <i>4X8" MAILER (2), FEES ELECTRONIC ADVERTISING</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

Date <i>10-27-22</i>	Payee name <i>SUTHERLAND'S</i>	
Amount (\$) <i>\$ 8.55</i>	Payee address; City; State; Zip Code <i>2404 S. STAPLES C.C. TX. 78411</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE SUPPLIES</i>	Description <i>TIE BACKS FOR T-POST/STANDS</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES
RECEIPTS

10-18-22 \$6500.00 DAW CONSULTING

10-27-22 \$800.00 DAW CONSULTING

HAVE NOT RECEIVED RECEIPTS YET.

Zilly Jones

10/27/22

Sutherlands

Sutherland Lumber Co 3210
4041 South Staples
Corpus Christi TX 78411
(361)854-6461
sutherlands.com

3210 04 001512 10-27-2022 11:22:15
OPERATOR ALYSA 003 Basic Sale

08202114063/5228390 1.x 7.89 7.89
14063 TIE STND DTY BLK 11.8 50 100P

SUBTOTAL	7.89
TAX01 (0.082500).....	0.65
TOTAL	8.54
CASH TENDER	8.55
CHANGE DUE	0.01

Thank You For
Shopping Sutherlands!
www.sutherlands.com
RETURN POLICY

All returns must be within 30 days
and accompanied by a receipt. All
returns must be in original packaging and
in resaleable condition. Returned
purchases over \$100 will be issued a
check from the office. Must have I.D.
for all returns. All merchandise must
be picked up within 14 days of purchase.
THERE IS A \$30.00 CHARGE ON ALL RETURNED
CHECK. NO RETURN ON GENERATORS, WET OR
CUT PLYWOOD OR SAND BAGS.

10-27-2022 11:22:15
001512 04 003 3210



32100401512223001122

FRIENDS of the FAMILY

*
* Would you like to earn 3% on your *
* Sutherlands purchases and be able *
* to use it the next time you shop *
* with us? For details visit: *
* *
* Sutherlands.com/friends *
* *

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

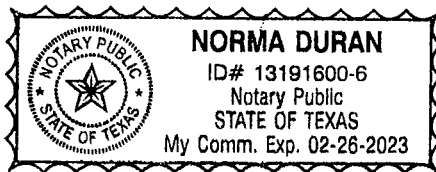
15 C/OH NAME		<i>Billy A. Lerma</i>	16 Filer ID (Ethics Commission Filers)	<i>1059260675</i>
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>6250.00</i>
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4.	TOTAL POLITICAL EXPENDITURES	\$	<i>1388.55</i>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>3711.00</i>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Billy Lerma this the 1 day of November 2022, to certify which, witness my hand and seal of office.
Norma Duran Norma Duran Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
My address is _____
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)
Signature of Candidate/Officeholder (Declarant)