

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) 1039260615	2 Total pages filed: 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Billy	MI
	NICKNAME	LAST LERMA	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	2922 CHARLES DR. CORPUS CHRISTI TX. 78410		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	442-3119	Assistant
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST ROB	MI
	NICKNAME	LAST LEON	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	2922 CHARLES DR. CORPUS CHRISTI TX. 78410		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	831-9408	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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
	11	2	22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	12	13	22
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	CITY COUNCIL DIST. 1		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

Date Filed 12/7/22

Rebecca Huerta
City Secretary

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Billy A. LERMA</i>		20 Filer ID (Ethics Commission Filers) <i>1039200075</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (\$ <i>12,450.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
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		\$ <i>11,630.70</i>
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		\$

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

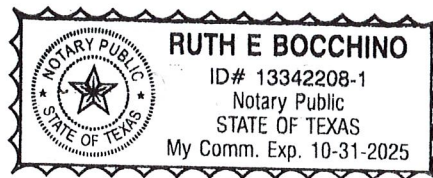
15 C/OH NAME		<u>Billy A. LERMA</u>		16 Filer ID (Ethics Commission Filers)	<u>1059260675</u>
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,450.00</u>		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>11,636.75</u>		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3990.00</u>		
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.

[Handwritten Signature]
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 7th day DECEMBER

20 22, to certify which, witness my hand and seal of office.

Ruth E. Bocchino RUTH E. BOCCINO 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/Officerholder (Declarant)

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 11-2-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS & BONNIE BERRY	7 Amount of contribution (\$) \$1000.00
	6 Contributor address: City: State: Zip Code 4550 RIVER PARK CORNERS TX. 78410	
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 11-5-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GABE GUERRA	Amount of contribution (\$) \$500.00
	Contributor address: City: State: Zip Code KLEBERB BANK C.C. TX. 78412	
Principal occupation / Job title (See Instructions) BANK PRESIDENT		Employer (See Instructions)
Date 11-7-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REAGAN BROWN	Amount of contribution (\$) \$250.00
	Contributor address: City: State: Zip Code P.O. BOX 9229 C.C. TX. 78408	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)
Date 11-11-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD GRABAN	Amount of contribution (\$) \$500.00
	Contributor address: City: State: Zip Code 410 LANG Rd. PORTLAND TX 78374	
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.

2 FILER NAME BILLY A. LERMA		1 Total pages Schedule A1
4 Date 11-16-22	5 Full name of contributor REAGAN BROWN	3 Filer ID (Ethics Commission Filer) 1039260675
	6 Contributor address, City, State, Zip Code P.O. BOX 8229 C.C. TX. 78468	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER	9 Employer (See Instructions)	
Date 11-17-22	Full name of contributor MAX UNDERWOOD CONSTR.	Amount of contribution (\$) \$1000.00
	Contributor address, City, State, Zip Code P.O. BOX 271106 C.C. TX. 78427	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date 11-22-22	Full name of contributor LARRY ELIZONDO	Amount of contribution (\$) \$250.00
	Contributor address, City, State, Zip Code E-CHECK PAYPAL	
Principal occupation / Job title (See Instructions) BUSINESS OWNER	Employer (See Instructions)	
Date 11-29-22	Full name of contributor TIM LANIG	Amount of contribution (\$) \$2000.00
	Contributor address, City, State, Zip Code P.O. BOX 260790 C.C. TX. 78426	
Principal occupation / Job title (See Instructions) BUSINESS OWNER	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.

2 FILER NAME		3 Filer ID (Ethics Commission Filer)	
BILLY A. LERMA		1039260675	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
11-23-22	BARTON PARASELTON	#500.00	
	6 Contributor address: City: State: Zip Code		
	5337 VORLETON STE 10 C.C. TX. 78413		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)	
BUSINESS OWNER			
Date	Full name of contributor	Amount of contribution (\$)	
11-23-22	MOHAMMAD REZAEL	#500.00	
	Contributor address: City: State: Zip Code		
	4105 PAVADO CR. C.C. TX. 78414		
Principal occupation / Job title (See instructions)		Employer (See instructions)	
BUSINESS OWNER			
Date	Full name of contributor	Amount of contribution (\$)	
11-23-22	FRED + VANESSA PARSELETON	#500.00	
	Contributor address: City: State: Zip Code		
	6810 FIR PALLEAS ST. C.C. TX. 78413		
Principal occupation / Job title (See instructions)		Employer (See instructions)	
BUSINESS OWNER			
Date	Full name of contributor	Amount of contribution (\$)	
11-23-22	THERESA + GARRETT DORSEY	#100.00	
	Contributor address: City: State: Zip Code		
	10139 SECURITY C.C. TX. 78420		
Principal occupation / Job title (See instructions)		Employer (See instructions)	
BUSINESS 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.

2 FILER NAME BILLY A. LERMA		1 Total pages Schedule A1
4 Date 11-29-22	5 Full name of contributor RPM COASTAL PROPERTIES	3 Filer ID (Ethics Commission Filer) 1039260675
	6 Contributor address P.O. B. 270908 C.C. TX. 78427	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See instructions) BUSINESS		9 Employer (See instructions)
Date 11-29-22	Full name of contributor COASTAL AREA BUILDER PAC	Amount of contribution (\$) \$750.00
	Contributor address 5325 YORKTOWN BLVD C.C. TX. 78444	
Principal occupation / Job title (See instructions) BUSINESS		Employer (See instructions)
Date 11-22-22	Full name of contributor PHILIP RANNEY	Amount of contribution (\$) \$1000.00
	Contributor address 322 SAN MONICA PL. C.C. TX. 78411	
Principal occupation / Job title (See instructions) BUSINESS OWNER		Employer (See instructions)
Date 11-29-22	Full name of contributor OSO BRIDGE INVESTORS LLC	Amount of contribution (\$) \$50.00
	Contributor address 2434 SACKY C.C. TX. 78415	
Principal occupation / Job title (See instructions) BUSINESS		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.

2 FILER NAME BILLY A. LERMA		1 Total pages Schedule A1
4 Date 11-29-22	5 Full name of contributor TERRA MOTOR LLC	3 Filer ID (Ethics Commission Filer) 1039260675
	6 Contributor address, City, State, Zip Code 2434 SACKY C.C. TX. 78415	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See instructions) BUSINESS	9 Employer (See instructions)	
Date 11-29-22	Full name of contributor SALAZAR INVESTMENTS	Amount of contribution (\$) \$100.00
	Contributor address, City, State, Zip Code 2434 SACKY C.C. TX. 78415	
Principal occupation / Job title (See instructions) BUSINESS	Employer (See instructions)	
Date 12-1-22	Full name of contributor DAN LEYENDECKER	Amount of contribution (\$) \$250.00
	Contributor address, City, State, Zip Code 15222 CANE HARBOR C.C. TX. 78418	
Principal occupation / Job title (See instructions) BUSINESS OWNER	Employer (See instructions)	
Date 12-2-22	Full name of contributor THE GUJARDO LAW FIRM	Amount of contribution (\$) \$500.00
	Contributor address, City, State, Zip Code P.O. BOX 2601 C.C. TX. 78403	
Principal occupation / Job title (See instructions) BUSINESS OWNER	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.

2 FILER NAME BILLY A. LERMA		1 Total pages Schedule A1
4 Date 12-2-22	5 Full name of contributor CLARK PIPELINE SERVICES	3 Filer ID (Ethics Commission Filer) 1039260675
	6 Contributor address, City, State, Zip Code 6229 LEOPARD C.C. TX. 78409	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See instructions) BUSINESS	9 Employer (See instructions)	
Date 12-2-22	Full name of contributor J + E RANCH TRACTS	Amount of contribution (\$) \$200.00
	Contributor address, City, State, Zip Code 2434 SHACKY C.C. TX. 78415	
Principal occupation / Job title (See instructions) BUSINESS	Employer (See instructions)	
Date 12-2-22	Full name of contributor VISHNU REDDY M.D.	Amount of contribution (\$) \$1000.00
	Contributor address, City, State, Zip Code 38 E BAR LE DOC. C.C. TX. 78414	
Principal occupation / Job title (See instructions) BUSINESS OWNER M.D.	Employer (See instructions)	
Date	Full name of contributor	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.

14/5/22

CAROL CERVERA

Thanks for donating \$500.00 USD to Billy Lerma

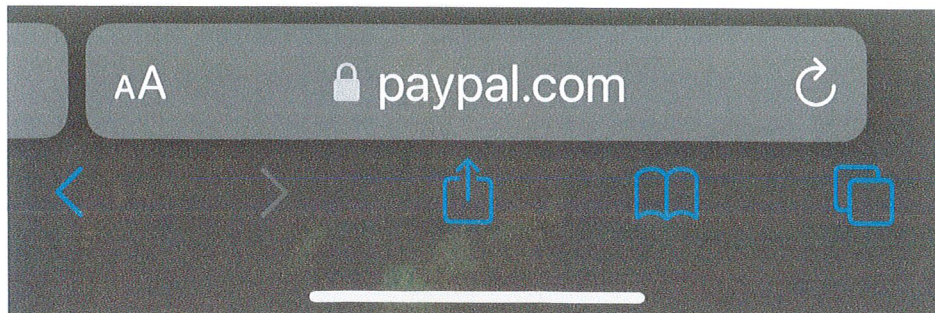
Increase your impact and ask your friends
to match your donation



Transaction ID: 9HU977173W709564E

Powered by **PayPal**

Help & Contact Security



Notification of a cleared eCheck donation

From: service@paypal.com

To: Billy Lerma Bdlerma@outlook.com

Date: Tue, Nov 22, 2022, 7:59 AM

11-22-22

Hello, Billy Lerma



Notification of a cleared eCheck donation

This email confirms that the Pending eCheck you have received for \$250.00 USD from larry.elizondo@yahoo.com has cleared.

Donation Details

Total amount

\$250.00 USD

Transaction ID

86X35115VL770320T

Contributor

Larry Elizondo



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PayPal RT001073:en_US(en-US):1.0.0:3a1628f82247e

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>1039260625</i>
4 Date <i>11-1-22</i>	5 Payee name <i>D+W CONSULTING</i>	
6 Amount (\$) <i>\$3000.00</i>	7 Payee address; City; State; Zip Code <i>1033 CORNER STON CORPUS CHRISTI TX 78410</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>MAILER & STAFFING</i>	(b) Description
	(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>11-3-22</i>	Payee name <i>MAJK 104.9 RADIO STATION</i>	
Amount (\$) <i>\$600.00</i>	Payee address; City; State; Zip Code <i>P.O. BOX 270547 CORPUS CHRISTI TX. 78427</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>RADIO ADVERTISING</i>	Description <i>1 HR SESSION</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>11-19-22</i>	Payee name <i>JON GUERRA PRODUCTIONS</i>	
Amount (\$) <i>\$3000.00</i>	Payee address; City; State; Zip Code <i>1408 WINDCREST KINGSVILLE, TX.</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>POLITICAL VIDEO</i>	Description <i>CREATE & MANAGE F.B.</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>1039260625</i>
4 Date <i>11-29-22</i>	5 Payee name <i>WALMART</i>	
6 Amount (\$) <i>\$36.78</i>	7 Payee address; City; State; Zip Code <i>3929 4577 CORPUS CHRISTI TX. 78410</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OFFICE SUPPLY</i>	(b) Description <i>PRINTER INK</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>12-2-22</i>	Payee name <i>D x W CONSULTING</i>		
Amount (\$) <i>\$1500.00</i>	Payee address; City; State; Zip Code <i>1033 CORNERSTONE CORPUS CHRISTI, TX. 78410</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING FEE</i>	Description <i>SERVES</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
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Date <i>12-2-22</i>	Payee name <i>D x W CONSULTING</i>		
Amount (\$) <i>\$3500.00</i>	Payee address; City; State; Zip Code <i>1033 CORNERSTONE CORPUS CHRISTI TX. 78410</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>MAILER, PHONE BANK, TEXTING + FB ADS</i>	Description <i>SERVICES</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
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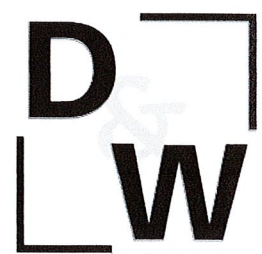
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11-1-22

INVOICE

Dreamers And Walkers Consulting
1033 Cornerstone Dr
Corpus Christi, TX 78418

info@dreamersandwalkers.com
(361) 834-6181



Billy Lerma

Bill to
Billy Lerma

Invoice details
Invoice no. : 21-98
Invoice date : 10/27/22
Terms : Due on receipt
Due date : 10/27/22

Product or service		Amount
1. Campaign Staffing	1 unit x \$400.00	\$400.00
Contract labor costs		
2. Mail campaign		\$2,600.00

Total \$3,000.00

Ways to pay

BANK

Overdue 10/27/22

Pay invoice

CK# 1157



NO. 2248

P.O. Box 270547
Corpus Christi, Texas 78427
(361) 289-7788
Email: carloslopezmagic@yahoo.com

Salesman Rolando Garza Date NOV 3, 2022
Advertiser Relect Billy Lerma
Address _____ Mgr. _____
Product _____ Starting Date NOV 3, 2022
Approved By: [Signature]

Announcements

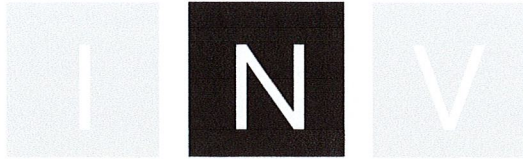
	SUN.	MON.	TUES.	WED.	THURS	FRI	SAT
Live <u>1-Hour</u>		payed in full					
Length _____		AOR					
Tape _____		AOR					
Program _____							
Length _____							
Studio _____							
Remote _____							

Total No. Times _____ Expiration Date _____

Rates:

For _____ Broadcasts:
Total Per Broadcast:

Net Station Time	Talent	Live Service	Other Charges
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____		For Contract	\$ <u>600.00</u>



JON GUERRA PRODUCTIONS

1408 Windcrest Street, Kingsport, TN 37663
jonguerraproductions1@gmail.com

Invoice Num	45
Date	Nov 19, 2022
Due Date	Nov 19, 2022
Terms	0 days
Bill To	Billy A. Lerma

DESCRIPTION	QUANTITY	RATE	AMOUNT
* Political advertisement with green screen and drone (60 seconds)	1	\$2,000.00	\$2,000.00
* Managing ad video and creation of FB business page.	1	\$1,000.00	\$1,000.00
* Indicates non-taxable item			
Paid with check number 1158 And two other campaign checks. From the BILLY A LERMA CAMPAIGN ACCOUNT. Thank you for your business.			
		Subtotal	\$3,000.00
		Tax (8%)	\$0.00
		Total	\$3,000.00
		Paid	\$3,000.00
BALANCE DUE			\$0.00



11-29-22

INK
PRINTER

Give us feedback @ survey.walmart.com
Thank you! ID #:7RHPWJ50Y45



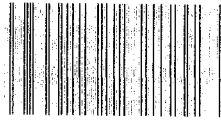
WM Supercenter
361-387-0599 Mgr. JOHN
3829 US HIGHWAY 77
CORPUS CHRISTI TX 78410

ST# 00464 OP# 009039 TE# 39 TR# 05603
CANON INK 013803282260 16.99 X
CANON INK 013803282260 16.99 X

SUBTOTAL 33.98
TAX1 8.2500 % 2.80
TOTAL 36.78
DEBIT TEND 36.78
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
36.78 TOTAL PURCHASE
US DEBIT- 4235 I O REF # 233400663221
NETWORK ID. 000L APPR. CODE 911823
AID A0000000980840
TC 51E1358C9A3458B8
TERMINAL # 22882328
*No Signature Required
11/29/22 21:35:12

ITEMS SOLD 2
TC# 6668 8960 6264 8301 5904



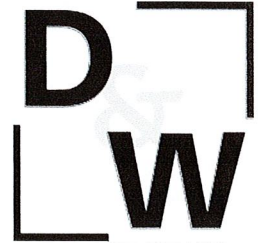
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INVOICE

**Dreamers And Walkers
Consulting**
1033 Cornerstone Dr
Corpus Christi, TX 78418

info@dreamersandwalkers.com
(361) 834-6181



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Bill to

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Invoice details

Invoice no. : 21-105
Invoice date : 12/2/22
Terms : Due on receipt
Due date : 12/2/22

Product or service	Amount
1. Consulting Retainer Strategic advising	1 unit × \$1,500.00 \$1,500.00

Ways to pay

BANK

Total **\$1,500.00**

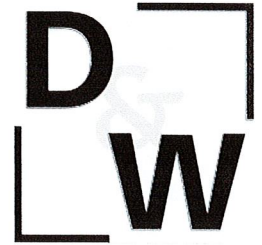
Pay invoice

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Billy Lerma Campaign

Ship to

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Billy Lerma Campaign

Invoice details

Invoice no. : 21-106
Invoice date : 12/2/22
Terms : Due on receipt
Due date : 12/2/22

Product or service	Amount
1. Mail campaign	\$1,925.00
2. Text Campaign	1 unit x \$500.00 \$500.00
3. Phone Banking	\$875.00
4. Facebook Ad Spend	1 unit x \$200.00 \$200.00
Facebook Ad costs	
Total	\$3,500.00

Ways to pay

BANK

Pay invoice