

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:

1039260695

10

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	BILLY			Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Filed <u>01/09/23</u>		
	A LERMA			Rebecca Huerta City Secretary		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS - PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	Receipt #
	2922 CHARLES DR CORPUS CHRISTI TX. 78420					Amount \$
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	Date Imaged	
	(361) 442-3119					
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	STREET ADDRESS (NO PO BOX PLEASE)		
	ROB			APT / SUITE #	CITY	STATE ZIP CODE
8 CAMPAIGN TREASURER PHONE	LEON			2922 CHARLES DR CORPUS CHRISTI TX. 78420		
	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	(361) 331-9408					
	<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			Month Day Year		
	12-6-2022			THROUGH	12-31-2022	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
12 OFFICE	12-13-2022			<input type="checkbox"/> General	<input type="checkbox"/> Special	
	OFFICE HELD (if any)			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				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**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>3000.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3536.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2627.00</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 *9* day of *January*, 20*20* 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

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)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Billy A. LERNA</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>3000.00</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>3536.00</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		\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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>12-9-22</i>	5 Payee name <i>MUSIC 104.9 RADIO STATION 70409</i>	
6 Amount (\$) <i>\$2100.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>RADIO / TV</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
Date <i>12-12-2022</i>	Payee name <i>D & W CONSULTING</i>	
Amount (\$) <i>\$1400.00</i>	Payee address; City; State; Zip Code <i>1033 CORNERSTONE P.C. TX. 70410</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>SERVICES</i>	Description <i>TEXTING & PHONE BANK</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 held
Date <i>12-20-22</i>	Payee name <i>U.S. POSTAL SERVICE</i>	
Amount (\$) <i>\$36.00</i>	Payee address; City; State; Zip Code <i>10515 STONEWALL BLVD (C. TX. 70410</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE SUPPLIES</i>	Description <i>STAMPS</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 held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

12-9-2020

MUSIC 104.9 RADIO

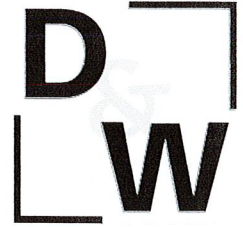
RADIO + TV ADVERTIZINGS \$2100.00

ROLANDO GARCA

INVOICE

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

info@dreamersandwalkers.com
(361) 834-6181



Billy Lerma

12/12/2022

Bill to
Billy Lerma

Invoice details
Invoice no. : 21-110
Invoice date : 12/16/22
Terms : Due on receipt
Due date : 12/16/22

Product or service

Amount

1. **Text Campaign and design**

1 unit x \$1,000.00

\$1,000.00

Total

\$1,000.00

Ways to pay

BANK

Pay invoice

PHONE BANK EMPLOYEE + \$400.00

\$1400.00

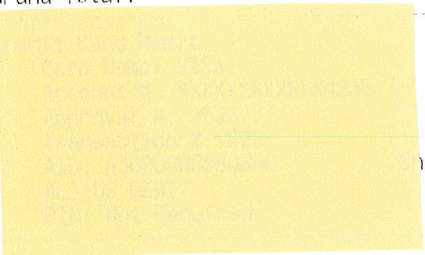
POSTAGE THANK YOU CARDS



STONEWALL STA CC
10515 STONEWALL BLVD
CORPUS CHRISTI, TX 78410-9998
(800)275-8777

12/20/2022 08:15 AM

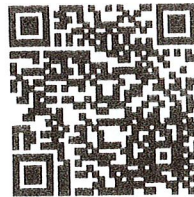
Product	Qty	Unit Price	Price
Western Wear	3	\$12.00	\$36.00
Grand Total:			\$36.00
			\$36.00



Preview your Mail
Track your Packages
Sign up for FREE @
<https://informedelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 482029-0416
Receipt #: 840-57800307-2-6162140-1
Clerk: 04

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. CERMA

3 Filer ID (Ethics Commission Filers)

1039260695

4 Date

12-1-22

5 Full name of contributor

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

DENNIS & BONNIE BEZLEY

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City;

State;

Zip Code

4550 RIVER PK C.C. TX. 78470

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

Date

12-1-22

Full name of contributor

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

CERROG T. REYES

Amount of contribution (\$)

\$1500.00

Contributor address;

City;

State;

Zip Code

26 HEDWIG CIR. HOUSTON TX. 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-1-22

Full name of contributor

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

VALERO POLITICAL ACTION COMM.

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 686000 S.A TX. 78269

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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