

# 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

10

**OFFICE USE ONLY**

Date Received

Date Filed 12-6-2024

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Billy

A

LERMA

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

2922 CHARLES DR  
CORPUS CHRISTI TX 78400

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 442-3119

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ROB

LEON

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

2922 CHARLES DR  
CORPUS CHRISTI TX 78400

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 / 27 / 24

THROUGH

12 / 6 / 24

11 ELECTION

ELECTION DATE

Month Day Year

12 / 14 / 24

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DISTRICT 2

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

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

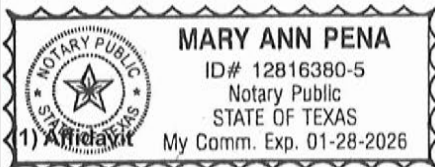
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Billy A. Lerma</i>		16 Filer ID (Ethics Commission Filers) <i>1039260675</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>1900.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>10,150.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5371.30</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>6679.00</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 A. Lerma*  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Billy A. Lerma* this the *6th* day of *December*, 20*24*, to certify which, witness my hand and seal of office.

*Mary Ann Pena* Signature of officer administering oath  
*Mary Ann Pena* 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)

# 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		3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
4 Date <i>11/12/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID LOEB</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
	6 Contributor address; City; State; Zip Code <i>[REDACTED] C.C. TX. 78411</i>	
8 Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		9 Employer (See Instructions) <i>OWNER</i>
Date <i>11/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MAX UNDERGROUND CONST LLC</i>	Amount of contribution (\$) <i>\$1000.00</i>
	Contributor address; City; State; Zip Code <i>[REDACTED] C.C. TX. 78421</i>	
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions) <i>OWNER</i>
Date <i>11/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TVM HOTEL</i>	Amount of contribution (\$) <i>\$1000.00</i>
	Contributor address; City; State; Zip Code <i>[REDACTED] PORTLAND TX 78374</i>	
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions) <i>OWNER</i>
Date <i>11/14/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRENDA BERRY</i>	Amount of contribution (\$) <i>\$5000.00</i>
	Contributor address; City; State; Zip Code <i>[REDACTED] HUNT, TX. 78205</i>	
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		Employer (See Instructions) <i>OWNER</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Billy A. LERMA</i>		20 Filer ID (Ethics Commission Filers) <i>1039260675</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>10,150.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>5371.30</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	\$

# 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 **11/14/24** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **JOHN & DIANE LARUE** 7 Amount of contribution (\$) **\$250.00**  
6 Contributor address; City; State; Zip Code  
[REDACTED] **C.C. TX. 78463**

8 Principal occupation / Job title (See Instructions) \_\_\_\_\_ 9 Employer (See Instructions) **RETIRED**

Date **11/12/24** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **GEORGE & DARLENE CONZALEZ** Amount of contribution (\$) **\$350.00**  
Contributor address; City; State; Zip Code  
[REDACTED] **C.C. TX. 78413**

Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions) \_\_\_\_\_

Date **11/12/24** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **ROBERT & ANNETTE HUNDEY** Amount of contribution (\$) **\$250.00**  
Contributor address; City; State; Zip Code  
[REDACTED] **C.C. TX. 78413**

Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions) \_\_\_\_\_

Date **12/4/24** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **RICHARD MILBY** Amount of contribution (\$) **\$300.00**  
Contributor address; City; State; Zip Code  
[REDACTED] **C.C. TX. 78410**

Principal occupation / Job title (See Instructions) **PASTOR** 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 *12/4/24* 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *JESUS R. PEREZ* 7 Amount of contribution (\$) *\$300.00*  
6 Contributor address; City; State; Zip Code *[REDACTED] ALICE TX 78332*

8 Principal occupation / Job title (See Instructions) \_\_\_\_\_ 9 Employer (See Instructions) \_\_\_\_\_

Date *12/4/24* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *HHA HOSPITAL MEDICINE TX LLC* Amount of contribution (\$) *\$700.00*  
Contributor address; City; State; Zip Code *[REDACTED] C.C. TX 78404*

Principal occupation / Job title (See Instructions) *BUSINESS* Employer (See Instructions) *BUSINESS*

Date \_\_\_\_\_ Full name of contributor  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  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**  
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# 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: <i>1</i>		2 FILER NAME <i>BILLY A LERMA</i>		3 Filer ID (Ethics Commission Filers) <i>1059260695</i>	
4 Date <i>10-16-24</i>		5 Payee name <i>OFFICE DEPOT</i>			
6 Amount (\$) <i>\$12.33</i>		7 Payee address; City; State; Zip Code <i>SPID Corpus Christi TX. 78413</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING SUPPLY</i>		(b) Description <i>RUBBER BANDS</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>11-1-24</i>	Payee name <i>RETRO COUNTRY 105.9 FM</i>		
Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>420 PINNACLES, PORTLAND TX. 78374</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description <i>RADIO AD</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>11-6-24</i>	Payee name <i>NEELY PRINTING</i>		
Amount (\$) <i>\$62.50</i>	Payee address; City; State; Zip Code <i>LOUISIANA C.C. TX. 78404</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description <i>(50) 8"x24" SIGNS</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**

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/Officer/holder/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>11-13-24</i>	5 Payee name <i>OFFICE DEPOT</i>
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6 Amount (\$) <i>\$24.66</i>	7 Payee address: <i>SPID</i>	City <i>C.C. TX.</i>	State <i>TX.</i>	Zip Code <i>78413</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>DOOR HANGERS</i>
	<i>ADVERTISING</i>	<i>RUBBER BANDS</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>11-12-24</i>	Payee name <i>GULF COAST MAIL &amp; PRINTING</i>			
Amount (\$) <i>\$427.13</i>	Payee address: <i>6901 SPID</i>	City <i>C.C. TX.</i>	State <i>TX.</i>	Zip Code <i>78412</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DOOR HANGER</i>	Description <i>4x9 DOOR HANGERS</i>
	<i>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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-13-24</i>	Payee name <i>NEELY PRINTING</i>			
Amount (\$) <i>\$18.75</i>	Payee address: <i>LOUISIANA</i>	City <i>C.C. TX.</i>	State <i>TX.</i>	Zip Code <i>78404</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>8"x24" SIGNS</i>	Description <i>(20) 8"x24" SIGNS</i>
	<i>RUNOFF</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

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/Officer/holder/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>11-14-24</i>	5 Payee name <i>HARBOR FREIGHT</i>
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6 Amount (\$) <i>\$10.03</i>	7 Payee address: <i>410 Hwy I-69 C.C. TX. 78410</i>	City	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>11" ADVERTISING SUPPLY WHITE TIE BACKS</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>11-14-24</i>	Payee name <i>NEELY PRINTING</i>			
Amount (\$) <i>\$546.66</i>	Payee address: <i>LOUISIANA C.C. TX. 78404</i>	City	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>4x4" SIGNS</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>11-14-24</i>	Payee name <i>TRACTOR SUPPLY Co.</i>			
Amount (\$) <i>\$165.29</i>	Payee address: <i>2917 I-69 ROBSTOWN TX. 78380</i>	City	State:	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>6" 1-POST 4x4" SIGNS</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

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>
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4 Date <i>11-15-24</i>	5 Payee name <i>TRACTOR SUPPLY CO.</i>
6 Amount (\$) <i>\$40.43</i>	7 Payee address: <i>2917 IH-69 ROBSTOWN TX. 78320</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>ADVERTISING SUPPLY</i>	<i>FLAG FOR 4x4'S</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-17-24</i>	Payee name <i>WALMART</i>
Amount (\$) <i>\$116.99</i>	Payee address: <i>3829 HWY 77 C.C. TX. 78410</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>LETTER PRINTING</i>	<i>INK</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>11-18-24</i>	Payee name <i>WALMART</i>
Amount (\$) <i>\$96.55</i>	Payee address: <i>3829 HWY 77 C.C. TX. 78410</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>LETTER PRINTING</i>	<i>INK</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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# 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              | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officer/holder/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>11-20-24</i>	5 Payee name <i>U.S. POSTAL SERVICE</i>	
6 Amount (\$) <i>\$1025.00</i>	7 Payee address: <i>10515 STONEWALL BLVD C.C. TX. 78410</i> City: State: Zip Code:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>(2500)</i> <i>ADVERTISING LETTER POSTAGE 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	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-22-24</i>	Payee name <i>U.S. POSTAL SERVICE</i>	City: State: Zip Code:
Amount (\$) <i>\$219.00</i>	Payee address: <i>10515 STONEWALL BLVD C.C. TX. 78410</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>(300)</i> <i>ADVERTISING LETTER POSTAGE 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-23-24</i>	Payee name <i>U.S. POSTAL SERVICE</i>	City: State: Zip Code:
Amount (\$) <i>\$73.00</i>	Payee address: <i>10515 STONEWALL BLVD C.C. TX. 78410</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>(100)</i> <i>ADVERTISING LETTER POSTAGE 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 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

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            | 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 ALERMA</i>	3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
4 Date <i>11-21-24</i>	5 Payee name <i>GULF COAST MAIL + PRINTING</i>	
6 Amount (\$) <i>\$136.40</i>	7 Payee address; City; State; Zip Code <i>6901 SPID C.C. TX. 78412</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING LETTER OF LETTERS</i>	(b) Description <i>1000 COPIES</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>12-2-24</i>	Payee name <i>WALMART</i>		
Amount (\$) <i>\$36.70</i>	Payee address; City; State; Zip Code <i>3029 Hwy 77 C.C. TX. 7840</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE SUPPLY LETTER PRINTING</i>	Description <i>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		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-2-24</i>	Payee name <i>FACE BOOK PAPER</i>		
Amount (\$) <i>\$1000.00</i>	Payee address; City; State; Zip Code <i>N/A</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING AS</i>	Description <i>BOOST 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		

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