

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:

Date Filed 1-15-21

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
 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
 NICKNAME LAST SUFFIX
 ROB
 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
 12 / 8 / 2020 THROUGH 1 / 15 / 2021

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

12 / 15 / 2020 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)
 CITY COUNCIL 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.

Additional Pages

GENERAL COMMITTEE TYPE COMMITTEE NAME
 COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: **Rebecca Huerta**
Rebecca Huerta
 City Secretary

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

SCANNED

Revised 8/17/2020

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>1039260675</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ <i>3700.00</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>6440.59</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 <i>BILLY A. LERMA</i>		3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
4 Date <i>12/8/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GRANDE PROPERTIES</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City: State: Zip Code <i>P.O. BOX 4274 C.C. TX. 78469-4274</i>		
8 Principal occupation / Job title (See Instructions) <i>INVESTMENTS</i>		9 Employer (See Instructions) <i>OWNER</i>
Date <i>12/8/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DENNIS & BONNIE BERRY</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City: State: Zip Code <i>4550 RIVER PARK, C.C. TX. 78410</i>		
Principal occupation / Job title (See Instructions) <i>BERRY INC.</i>		Employer (See Instructions) <i>OWNER</i>
Date <i>12/8/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MRS M. LAUREA BERRY</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City: State: Zip Code <i>9646 PAUCA DR. C.C. TX. 78410</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>12/8/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PHILIP & MICHELLE RAMIREZ</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City: State: Zip Code <i>322 SANTA MONICA C.C. TX. 78411</i>		
Principal occupation / Job title (See Instructions) <i>_____</i>		Employer (See Instructions) <i>_____</i>

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. LERMAN</i>		3 Filer ID (Ethics Commission Filers) <i>1039 2606 75</i>
4 Date <i>12/8/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINERBARGER COGGAN BLAIN SAMBON</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. BOX 17428 AUSTIN TX 78760</i>		
8 Principal occupation / Job title (See Instructions) <i>LAWYERS</i>		9 Employer (See Instructions) <i>OWNERS</i>
Date <i>12/8/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WAYNE SQUIRES</i>	Amount of contribution (\$) <i>ONLINE CONTRIBUTION</i> <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>3642 ARANSAS ST. C.C. TX 78411</i>		
Principal occupation / Job title (See Instructions) <i>BUSINESSMAN</i>		Employer (See Instructions) <i>OWNER</i>
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

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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 **BILLY A. CERMA** **3** Filer ID (Ethics Commission Filers) **1039260675**

4 Date **12/8/2020** 5 Payee name **GRUNWALD PRINTING**

6 Amount (\$) **\$1354.74** 7 Payee address; **1418 MORGAN C.C. TR. 78704** City; State; Zip Code

8 (a) Category (See Categories listed at the top of this schedule) **ADVERTISING** (b) Description **6X11 MAILER**
 PURPOSE OF EXPENDITURE
 Check if travel outside of Texas. Complete Schedule T. 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 **12/28/2020** Payee name **CAMPAIGN SERVICES LLC**

Amount (\$) **\$2585.25** Payee address; **6214 E. RIVERSIDE STE 42 AUSTIN TX. 78741** City; State; Zip Code

PURPOSE OF EXPENDITURE **PHONE BANK** Description **MAKING PHONE CALL TO VOTER**
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **12/28/2020** Payee name **MILESTONE COLLABORATIVE SYSTEM**

Amount (\$) **\$2500.⁰⁰** Payee address; **3522 S. ALAMEDA C.C. TX. 78741** City; State; Zip Code

PURPOSE OF EXPENDITURE **ADMIN. FEES** Description **CONSULTING CAMPAIGN**
 Check if travel outside of Texas. Complete Schedule T. 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

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

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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) \$ *3700.00*

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$

4. TOTAL POLITICAL EXPENDITURES \$ *6440.59*

CONTRIBUTION
BALANCE

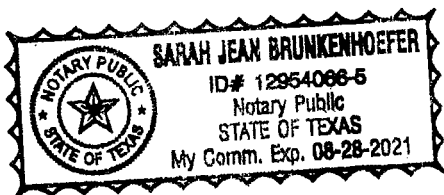
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ *2053.52*

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.



AFFIX NOTARY STAMP SEAL ABOVE

Billy Lerma
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Billy Lerma, this the 15th day of January, 2021, to certify which, witness my hand and seal of office.

Sarah Brunkenhoefer
Signature of officer administering oath

Sarah Brunkenhoefer
Printed name of officer administering oath

Sarah Brunkenhoefer
Title of officer administering oath