

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

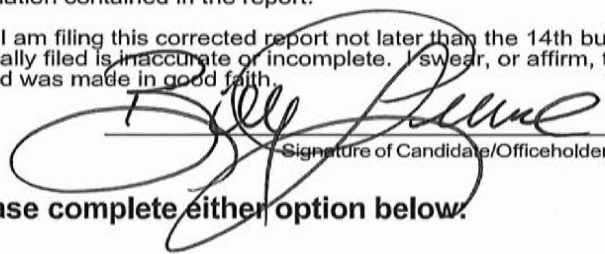
1 Filer ID (Ethics Commission Filers) 1039260675	2 Total pages filed: 7	OFFICE USE ONLY Date Filed 10/8/24
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR: _____ FIRST: <u>BILLY</u> MI: <u>A</u> NICKNAME: _____ LAST: <u>LERMA</u> SUFFIX: _____	Date Received: <u>Rebecca Huerta</u> Date (Date Delivered or Date Postmarked): <u>Rebecca Huerta</u> Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____	
4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election Other (specify) _____ <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <u>7 / 1 / 24</u> THROUGH <u>9 / 30 / 24</u>		

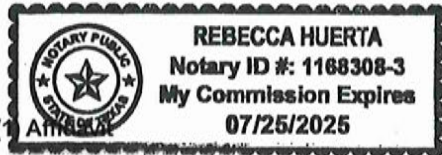
6 EXPLANATION OF CORRECTION
ADDED ADDRESSES TO REPORT ON CONTRIBUTIONS FILINGS & REMOVE CHECKS.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


 Signature of Candidate/Officeholder



Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Billy Lerma this the 8th day of October, 2024, to certify which, witness my hand and seal of office.

Rebecca Huerta Rebecca Huerta 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 1
2 FILER NAME <i>BILLY A. LERMA</i>		3 Filer ID (Ethics Commission Filers) <i>1039260675</i>
4 Date <i>8/8/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BAYFRONT MARINA INV.</i>	7 Amount of contribution (\$) <i>\$1500.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>CC TX. 78401</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MAX UNDERGROUND CONST.</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>C.C. TX, 78427</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SALAZAR INVEST.</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>C.C. TX, 78415</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TIERRA MOTORS LLC</i>	Amount of contribution (\$) <i>\$175.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>C.C. TX. 78415</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

2 FILER NAME BILLY A. LERMA

3 Filer ID (Ethics Commission Filers)
1039260675

4 Date
8/2/24

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

RODD VILLAGE DEVELOPMENT

6 Contributor address; City; State; Zip Code

\$125.00

[REDACTED] C.C. TX. 78415

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/9/24
DAVID LOEB

Contributor address; City; State; Zip Code

\$1000.00

[REDACTED] C.C. TX. 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/9/24
J & E RANCHA TRACK

Contributor address; City; State; Zip Code

\$100.00

[REDACTED] C.C. TX. 78415

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

8/30/24
BRYAN GUELLEY

Contributor address; City; State; Zip Code

\$350.00

NO ADDRESS GIVEN

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME BILLY A. LERMA		3 Filer ID (Ethics Commission Filers) 1039260675
4 Date 9/3/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CABE GUERRA	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code [Redacted] C.C. TX. 78414		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN LEYEN DECKER	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code [Redacted] C.C. TX. 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL MILLER	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [Redacted] C.C. TX. 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST R. GARZA	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [Redacted] C.C. TX. 78410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 4
2 FILER NAME BILLY A. LERMA		3 Filer ID (Ethics Commission Filers) 1039260675
4 Date 9/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREND BERRY	7 Amount of contribution (\$) \$5000.00
	6 Contributor address; City; State; Zip Code [REDACTED] HUNT TX 78024	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN & DIANE LARUE	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code NO ADDRESS GIVEN	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK LA RUE	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code NO ADDRESS GIVEN	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELMA & RICHARD SCHWING	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code [REDACTED] C.C. TX. 78404	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 5
2 FILER NAME BILLY A. LERMA		3 Filer ID (Ethics Commission Filers) 1039260675
4 Date 9/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE VANMATURE	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED] 78412		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT LERMA	Amount of contribution (\$) \$52.37
Contributor address; City; State; Zip Code [REDACTED] C.C. TX. 78410		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN PLOGOSCH	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] YORKTOWN TX. 78164		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR SCHAEFFER	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <u>6</u>
2 FILER NAME <u>BILLY A. LERMA</u>		3 Filer ID (Ethics Commission Filers) <u>1039260675</u>
4 Date <u>9/11/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOSH + JESSE JANCEK</u>	7 Amount of contribution (\$) <u>\$1000.00</u>
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <u>9/30/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARY LYDIA PEMBERTON</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>[REDACTED] C.C. TX. 78411</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <u>9/30/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ERNEST R. GARZA</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>[REDACTED] C.C. TX. 78410</u>		

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