

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filer)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <i>Robert S</i> NICKNAME LAST SUFFIX <i>Steve Lerma</i>	OFFICE USE ONLY Date Received: <i>2011 OCT 16 AM 10:57</i> Date Hand-delivered or Postmarked: Receipt # Amount Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <i>Murphy +</i> NICKNAME LAST SUFFIX <i>Murphy</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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 \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / <i>Oct / 9 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Candy Commission Precinct 4</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH SUPPORT & TOTALS COVER S

14 C/OH NAME 15 AC

Robert S. Lerner

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 OR OFFICEHOLDER. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO RECEIVE NOTICE OF SUCH EXPENDITURES.

<p>COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p> <hr/>
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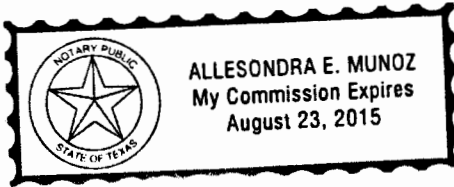
FILED
 TARRANT COUNTY
 2010 OCT 15 AM 10:03
 ELECTIONS ADMINISTRATION
 97

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	0
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	0
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and
required to be reported by me under Title 15, Election Code.



Robert S Lerm

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candidate, this the
10th day of October, 2014, to certify which, witness my hand and seal of office.

Allesondra E. Munoz Allesondra E. Munoz Notary Public TX
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1	Total pag
2 FILER NAME		3	ACCOUN
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution	
6 Contributor address; City; State; Zip Code		(If travel out	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	An contribution	
Contributor address; City; State; Zip Code		(If travel out	
Principal occu pation / Job title (See Instruc tions)		Employer (See Instructions)	

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THARRANT COUNTY
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SHEVE ALMON
LESTER E. HARRIS, CLERK

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	contribution An (If travel out
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	contribution An (If travel out
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	contribution An (If travel out
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 ELECTRONIC FILING
 TARRANT COUNTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total page
2 FILER NAME <i>Robert Steven Lermanz</i>	3 ACCOUNT <i>Ø</i>	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of 9 In-kind (If travel

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of In-kind des
	Pledgor address; City, State; Zip Code	(If travel

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of In-kind des
	Pledgor address; City, State; Zip Code	(If travel

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of In-kind des
	Pledgor address; City, State; Zip Code	(If travel

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of In-kind des
	Pledgor address; City, State; Zip Code	(If travel

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Tot:

2 FILER NAME Robert Steven Lermz		3 ACC <input checked="" type="checkbox"/>
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		<input checked="" type="checkbox"/>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none	15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> State; out-of-state PAC (ID#: _____)	
Is lender a financial institution? Y N	Lender address; City; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none	Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	

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TARRANT COUNTY
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ELECTRONIC REGISTRATION
BY: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By
Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Robert Steven Lerman</i>		3 AC <input checked="" type="checkbox"/>
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete)
	Candidate / Officeholder name OH		<input type="checkbox"/> Check if Austin, TX, officeholder living exp Office sought Office held
Complete ONLY if direct expenditure to benefit C/	Date Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete)
	Candidate / Officeholder name OH		<input type="checkbox"/> Check if Austin, TX, officeholder living exp Office sought Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete)
	Candidate / Officeholder name OH		<input type="checkbox"/> Check if Austin, TX, officeholder living exp Office sought Office held

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 TARRANT COUNTY
 2014 OCT 16 AM 11:23
 STEVE TARRANT
 ELECTIONS ADMINISTRATION

Complete ONLY if direct expenditure to benefit C/	OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete)	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES G MADE FROM PERSONAL FUNDS SCHEDULE

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
 Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense
 Consulting Expense Food/Beverage Expense Travel in District Contributions/Donations Made By
 Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
 Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME		3 At
	Robert Steven Lerna		φ
4 Date	5 Payee name		
	None		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from <input type="checkbox"/> political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete)
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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 CLERK OF COURTS
 TRARRANT COUNTY
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 ELECTIONS ADMINISTRATION

Date	Payee name		
Amount (\$) Reimbursement from political contributions intended <input type="checkbox"/>	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living exper	
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended <input type="checkbox"/>	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living exper	

BY: [Signature]
 ELECTORAL CAMPAIGN DISBURSEMENT REPORT
 2014-0015
 TARR
 11/08/24
 11/08/24

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS H

SCHEDULE TO A E

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
- Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense
- Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By
- Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
- Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Robert Steven Lema</i>			3 A
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living exper	
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH	

Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living ex		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH

Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH

Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living e		
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held expenditure to benefit C/OH

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 2014 OCT 15 AM 0:11
 ELECTED COUNTY CLERK
 TARRANT COUNTY, TEXAS

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**NON-POLITICAL EXPENDITURES I
MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Robert Steven Lermz</i>	3 AC <i>φ</i>
4 Date	5 Payee name	

6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (categories) See instructions for examples of acceptable	(b) Description (See instructions regarding type	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instruction categories) s for examples of acceptable	(b) Description (See instructions regarding type	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instruction categories) s for examples of acceptable	(b) Description (See instructions regarding type	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 2014 OCT 16 AM 8:24
 ELECTIONS ADMINISTRATION
 971

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.

Total page

2 FILER NAME

Robert Steven Lerma

3

4 Date

10/9/14

5 Name of person from whom amount is received

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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TARRANT COUNTY
2014 OCT 16 AM 8:21
STEVE NICHOLSON
ELECTIONS/REGISTRATION
BY: _____

Date	Name of person from whom amount is received
	Address of person from whom amount is received; City; State; Zip Code
Purpose for which amount is received	

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF T

The instruction Guide explains how to complete this form.

1 Total pages Sched

2 FILER NAME

Robert Steven Lermy

3 ACCOUNT # (Ethic

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule ASchedule BSchedule CSchedule DSchedule FSchedule G
 Schedule HSchedule NCOH- UCCOH-TPAC- CPAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule ASchedule BSchedule CSchedule DSchedule FSchedule G
 Schedule HSchedule NCOH- UCCOH-TPAC- CPAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

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ELECTORS ADMINISTRATION

Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
<input type="checkbox"/> Schedule <input type="checkbox"/> ASchedule <input type="checkbox"/> BSchedule <input type="checkbox"/> CSchedule <input type="checkbox"/> DSchedule <input type="checkbox"/> ESchedule <input type="checkbox"/> Schedule <input type="checkbox"/> HSchedule <input type="checkbox"/> NCOH- <input type="checkbox"/> UCCOH-TPAC- <input type="checkbox"/> CPAC-E	
Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)



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 TARRANT COUNTY
 2014 OCT 15 AM 09:24
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT FORM C/OH - FR**

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME	Rebecca Steven Lerner 10/9/2014	2 ACC
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3 SIGNATURE	 I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report : campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without on file.
	

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert u or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexper not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may re political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purc in accordance with the requirements of Election Code, § 254.204.



 10/9/2014

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am al: file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, intere contributions, or assets purchased with political contributions or interest or other income from political contributions.

RECEIVED
 TARRANT COUNTY
 2014 OCT 11 AM 8:24
 ELECTIONS DIVISION