CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			OFFICE I	USE ONLY
	00020956	,	23			Date Received	OOL ONL!
3	CANDIDATE /	MS / MRS / MR	I FIRST		MI	ELECTRONICA	ALLY FII FD
	OFFICEHOLDER NAME	The Honorable	Roberto			01/11/2024	
	INAIVIE	NICKNAME	LAST		SUFFIX		
			Serna			Date Hand d. P.	w Data Dantara 1 1
	ORIGINAL	X January 15	Runoff	Other (s	specify)	Date Hand-delivered o	Date Postmarked
	REPORT TYPE	July 15	Exceeded modified	ш .		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	• • •		Date Processed	•
	ODICINAL PEDICE		<u> </u>		Voor	-	
	ORIGINAL PERIOD COVERED	Month Day Yea 07/01/2023	ar THROUGH	Month Day 12/31/2023	Year	Date Imaged	
	EXPLANATION OF C			12/31/2023		1	
		schedule G to Lowes in the	e amount of \$205.35 w	as reported twice			
7	AFFIDAVIT		l sw	ear, or affirm, under p	enalty of perium	, that this correcte	d report is true
7	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjury	, that this corrected	d report is true
7	AFFIDAVIT		and				d report is true
7	AFFIDAVIT		and	correct.	and all applica s: I swear, or aith and without	ble statements: affirm that the orig an intent to mislea	inal report
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa	v and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is in t any error or or	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da accurate or incom	inal report d or to s corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	v and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is in t any error or or	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the repor	inal report d or to s corrected te I learned plete. I
7	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	e and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is in t any error or or ood faith.	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the repor	inal report d or to s corrected te I learned plete. I
7		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	e and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is in t any error or or ood faith.	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da accurate or incomp nission in the repor	inal report d or to s corrected te I learned plete. I
7	AFFIX NOTARY ST		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infi Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go The Signatu	v and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ignally filed is in t any error or or ood faith. Honorable Ro	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the report	inal report d or to s corrected te I learned plete. I t as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go The Signatu	v and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is ir t any error or or ood faith. Honorable Ro ure of Candidate	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the report	inal report d or to s corrected te I learned plete. I t as originally
7	AFFIX NOTARY ST Sworn to and subsc		and Che	correct. ck the box next to any Semiannual report was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go The Signatu	v and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine iginally filed is ir t any error or or ood faith. Honorable Ro ure of Candidate	affirm that the orig an intent to mislea ned in the report. that I am filing this ss day after the da laccurate or incomp nission in the report	inal report d or to s corrected te I learned plete. I t as originally

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Comm 00020956		2 Total pages fil	led: 23
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Roberto			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME			CUEEIV	01/11/2024	(LLTTILLD
		LAST Serna		SUFFIX	01/11/2024	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
MAILING	1665 N. Bibb Ave.				Receipt #	Amount
ADDRESS					r todolpt ii	, anount
Change of Address	Eagle Pass, TX 78852-6612	2			Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr. F	Roberto				
	NICKNAME L	LAST		SUFFIX		
		Serna				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP	T / SUITE #; CITY	; STA	ATE; ZIP CODE
TREASURER ADDRESS	1665 N. Bibb Ave					
(Residence or Business)						
(,	Eagle Pass, TX 78852-6612	2				
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION			
TREASURER	(830) 968-5856	: NOWBER E	EXTENSION			
PHONE	(830) 908-3630					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car	
		Other teachers			appointment (office	
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	Month Day Year 07/01/2023	TH	IROUGH	Month Day 12/31/20		
	0170172020			12/01/20	20	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
20 ELECTION	Month Day Year	XPr	rimary	Runoff	Other	
	03/05/2024					
			eneral	Special		
44 055105	OFFICE HELD (% -)			10 055105 001101	T (if long : : : :)	
11 OFFICE	OFFICE HELD (if any) District Attorney (Multi-coun	nty) District 203	Ord Mayorick	12 OFFICE SOUGH		ctrict 202rd
	District Attorney (Multi-coun	ity) District 293	oru maverick	District Attorney	/ (Multi-county) Di	Strict 295ru
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 23

13 C / OH NAME	Serna, Roberto (The	Honorable)	14 Filer ID (I 00020956	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 17,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 14,281.33
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 33,800.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 10,000.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Roberto Serna	a
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the sa	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				4 of 23			
18 FILER NAME Serna, Roberto	18 FILER NAME Serna, Roberto (The Honorable) 19 Filer ID (Ethics Commission Filers) 00020956						
20 SCHEDULE SUB NAME OF SCHEI			SUBTOTAL	AMOUNT			
1. X SCH	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,500.00			
2. X SCHI	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,600.00			
3. SCH	EDULE B: PLEDGED CONTRIBUTIONS		\$				
4. X SCH	EDULE E: LOANS		\$	10,000.00			
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				13,186.72			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS							
7. SCH	EDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
8. X SCH	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	587.26			
9. X SCH	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS						
10. SCH	EDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS							
12. SCHI	\$						
			•				

	MONET	ARY POLITICAL CONTRIBUTION		LE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/23	
2	FILER NAME Serna, Robe	erto (The Honorable)		3	Filer ID (Ethics Commission 00020956	on Filers)
4	Date 08/23/2023	te 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$500.00
_	Deinainal assu	Eagle Pass, TX 78852	O Familia var (Cap Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2023				Amount of Contribution (\$)	\$1,000.00
	Eagle Pass, TX 78852 Principal occupation / Job title (See Instructions) Employer (See Instructions))			
	i inioipai ooda	pation / vos title (eee metactions)	Employer (Gee metactions	,		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00
		San Antonio, TX 78216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#:_Padilla, Alfredo (Mr.) Contributor address; City; State; Zip Code Carrizo Springs, TX 78834-6355)		Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/17/2023 R. M. Jasso P.L.L.C. Contributor address; City; State; Zip Code Eaagle Pass, TX 78852			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 2/3 Rpt: 6/23	
2	FILER NAME Serna, Robe	rto (The Honorable)		3	Filer ID (Ethics Commission 00020956	on Filers)
4	Date 12/13/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		Crystal City, TX 78839				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/24/2023 The Law Firm of Oscar A. Garza PLLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
San Antonio , TX 78201-2091						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/13/2023 The Law Office of Priscilla Puente-Chacon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Eagle Pass, TX 78852				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/09/2023	Full name of contributor out-of-state PAC (ID#: The Ruben Ramos Law Firm Corp Contributor address; City; State; Zip Code Eagle Pass, TX 78852)		Amount of Contribution (\$)	\$1,000.00
			Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/20/2023 Torres, Gregory D. (Mr.) Contributor address; City; State; Zip Code Eagle Pass , TX 78852			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total page Sch: 3/3 I	es Schedule A1:	
2	FILER NAME Serna, Robe	erto (The Honorable)	;	3		Ethics Commission	on Filers)
4	Date 11/30/2023	5 Full name of contributor out-of-state PAC (ID#: Torres, Natasha 6 Contributor address; City; State; Zip Code	:	7	Amount of	Contribution (\$)	\$500.00
8	Principal occu	San Antonio, TX 78299-0000 pation / Job title (See Instructions) 9 Employ	yer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) 07/24/2023 Watkins & Shattles P.L.L.C. Contributor address; City; State; Zip Code			Amount of	Contribution (\$)	\$1,000.00	
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions) Employ	ver (See Instructions))			
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Weinberg, Steven Jay (Mr.) Contributor address; City; State; Zip Code)	,	Amount of	Contribution (\$)	\$5,000.00
	Principal occu	Pation / Job title (See Instructions) Employ	/er (See Instructions))			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/23 3 Filer ID (Ethics Commission Filers) FILER NAME Serna, Roberto (The Honorable) 00020956 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 12/22/2023 Ainslie, Luis (Mr.) \$200.00 picked up signs from 7 Contributor address; City; State; Zip Code Somerset, Texas Eagle Pass, TX 78852 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Owner bonding company self - employed 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/29/2023 Luis, Ainslie (Mr.) \$1,400.00 put up signs and material Contributor address; City; State; Zip Code Eagle Pass, TX 78852 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) elf-employed owner bonding company Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOANS				SCHEDULE E	
The Instruction	The Instruction Guide explains how to complete this form. 1 Total page Sch: 1/1				
2 FILER NAME Serna, Roberto	(The Honorable)		3 Filer ID 000209	(Ethics Commission Filers) 56	
4 TOTAL OF UN	NITEMIZED LOANS			\$	
5 Date of loan 12/26/2023	7 Name of lender	C (ID#:)	9 Loan Amount (\$) \$10,000.00	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 0 11 Maturity Date	
	Eagle Pass, TX 78852-6612			12/26/2030	
	ion / Job title (See Instructions)	13 Employer (See Instructions			
Federal Progra	ms Director	Eagle Pass Independen	t School Di	strict	
14 Description of Co X None	llateral	15 Check if personal funds we	re deposited	into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)	
X not applicable	18 Guarantor address; City; State;	Zip Code			
20 Principal occupati	ion	21 Employer (See Instructions	i)		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 10/23	Serna, Roberto (The Honorable)	00020956
4		5 Payee name	
	12/22/2023	3-D Signs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,199.02	7996 1st Street	
		Summerset, TX 78069	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Printing of c	ampaign signs and material
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/Ol	H	Office field
H	Date	Payee name	
	12/13/2023	Aguilar, Alex (Mr.)	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P.O.Box 54	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		campaign w	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/13/2023	Campirano, Sandra (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	619 West Lake	
		Crystal City, TV 70020	
	PURPOSE	Crystal City, TX 78839	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		campaign w	rorker
	Complete ONE V if direct	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
l			

SCHEDULE F1

Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage E Contributions/ Donations Made By - Gift/Awards/Mem

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 11/23	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	12/13/2023	Coronado, Tina (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	619 E. Dimmit St.
		Crystal City, TX 78839
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		campaign worker
		Campaign worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	the state of the s
⊨		
	Date	Payee name
L	11/28/2023	E&J Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.32	460 Rio Grande Ste B
		Eagle Pass , TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense printing of 5.5 x 6 inch notepads
		printing of 3.5 x o increased
L	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	•
L		
	Date	Payee name
L	12/26/2023	E&J Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	460 Rio Grande Ste B
l		
		Eagle Pass , TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Printing Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
1		printing of envelopes and letterhead
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritation to beliefft 6/01	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/6 Rpt: 12/23	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4	Date 08/02/2023	5 Payee name Gutierrez , Rolando (Sen.)
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 15232 San Antonio , TX 78212
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/28/2023	Payee name Herrera, Annixa (Ms.)
	Amount (\$) \$180.00	Payee address; City; State; Zip Code 791 N. Bibb Eagle Pass, TX 78852
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense production of campaign videos
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/09/2023	Payee name IBC Bank
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 439 E. Main Street
		Eagle Pass, TX 78852
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank charge fees for cashier's check for filling fees to pay to Texas Democratic Party
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 13/23	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	12/13/2023	Mendez, Minerva (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	167 Highland Circle
		Crystal City, TX 78839
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign worker
		campaign worker
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	12/13/2023	Padilla, Maria (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	P. O. Box 54
		Carrizo Springs, TX 78834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign worker
		campaign worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/13/2023	Perez, Yolanda (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	P.O.Box 175
		Crystal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		campaign worker
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District 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 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 14/23	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	12/13/2023	Puente, Amelia (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	1511 N. 7th Street
		Crystal City, TX 78839
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign worker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	12/27/2023	Puente, Amelia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1511 N. 7th Street
		Crystal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		campaign worker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
-	Date	
	Date 12/20/2023	Payee name Puente, Rosana (Miss)
		, , ,
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1001 Villa Hermosa
		Crystal City, TX 78839
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign worker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		I Committee		Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Printing Exp Salaries/Wa	rolling Expense rinting Expense salaries/Wages/Contract Labor w to complete this form.			Travel in District Travel Out of Dis OTHER (enter a		ed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 6/6 Rpt: 15/23		Serna, Rob	erto (The Honora	able)					00020956		
4	Date	5	Payee name									
	11/09/2023		Texas Dem	ocratic Party								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	de					
	\$1,250.00		314 E. High	land Mall Blvd.,	Suite 508							
			Austin, TX	78752								
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					_		de of Texas. Com		
								Candidate fili		officeholder living		amocratic
								Primary Ballo				
Ļ	0 1: 01!! \(\frac{1}{2} \)	_										,
9	Complete ONLY if direct expenditure to benefit C/Oh		zandidate/Oπi	ceholder name	O	ffice soug	gnt			Office he	eia	
Г	Date		Payee name									
	12/13/2023		Vega, Alma	(Mrs.)								
H	Amount (\$)		Payee addre	ss; City;	State;	Zip Cod	de					
	\$600.00 1505 Wooding Street											
	,			9								
			Carrizo Spr	ings, TX 78834								
┡	D. I.D. 205	_	-			- 1	<i>.</i>					
	PURPOSE OF	(a)		ee Categories listed at th		edule)	(a)	Description Check if travel of	outci	de of Texas. Com	nloto Schodulo T	
	EXPENDITURE		Salaries/wa	ages/Contract La	bor			□		officeholder living		•
								campaign wo				
┢	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice soug	ght			Office he	eld	
	expenditure to benefit C/OH	Н										
\vdash												
l												

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/5 Rpt: 16/23 Serna, Roberto (The Honorable) 00020956 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/30/2023 Facebook Amount (\$) Payee address; State; Zip Code City; \$22.00 P. O. Box 650448 Dallas, TX 75265-0448 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paid for Facebook ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/22/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$26.00 P. O. Box 650448 Dallas, TX 75265-0448 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paid for Facebook ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 17/23 Serna, Roberto (The Honorable) 00020956 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/23/2023 Facebook Amount (\$) Payee address; State; Zip Code City; \$15.00 P. O. Box 650448 Dallas, TX 75265-0448 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paid for Facebook ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/24/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$25.00 P. O. Box 650448 Dallas, TX 75265-0448 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paid for Facebook ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/5 Rpt: 18/23 Serna, Roberto (The Honorable) 00020956 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/25/2023 Facebook Amount (\$) Payee address; State; Zip Code City; \$35.00 P. O. Box 650448 Dallas, TX 75265-0448 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paid for Facebook ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/27/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$50.00 P. O. Box 650448 Dallas, TX 75265-0448 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paid for Facebook ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/5 Rpt: 19/23 Serna, Roberto (The Honorable) 00020956 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/30/2023 Facebook Amount (\$) Payee address; State; Zip Code City; \$75.00 P. O. Box 650448 Dallas, TX 75265-0448 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paid for Facebook ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/31/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$75.00 P. O. Box 650448 Dallas, TX 75265-0448 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paid for Facebook ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/5 Rpt: 20/23 Serna, Roberto (The Honorable) 00020956 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/23/2023 Lowe's Amount (\$) Payee address; City; State; Zip Code \$205.35 574 South Bibb Avenue Eagle Pass, TX 78852 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. supplies for putting up signs **EXPENDITURE** Check if Austin, TX, officeholder living expense Purchase of cable ties and nails to be used to put up signs 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/28/2023 Lowe's Amount (\$) Payee address; City; State; Zip Code \$58.91 574 South Bibb Avenue Eagle Pass, TX 78852 **TYPE OF** Non-Political Political Χ **EXPENDITURE**

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

(b) Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense purchase of hammer and cable ties

(a) Category (See Categories listed at the top of this schedule)

supplies

Candidate/Officeholder name

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awar tee Legal Ser	erage Expense ds/Memorials Expense vices truction Guide explai		Expense Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 1/3 Rpt: 21/23	Serna, Roberto (The Honorable) 00020956									
4	Date	5 Pa	yee name								
	12/22/2023	An	nerican Express								
6	Amount (\$)	7 Pa	yee address;	City; Sta	ite; Zip C	ode					
	\$26.00	Р.	O. Box 650448								
	Reimbursement from political contributions intended	Da	ıllas, TX 75265-	0448							
8	PURPOSE OF	(a) Ca	tegory (See Catego	ries listed at the top of this	schedule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Cr	edit Card Payme	ent		L L	Check if Austin, TX, officeholder living expense				
						ads on Facebook	k				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	e <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held ure to benefit									
	Date	Pa	yee name								
	12/23/2023	An	nerican Express								
	Amount (\$)	Pa	Payee address; City; State; Zip Code								
\$15.00 P. O. Box 650448											
	Reimbursement from										
	political contributions intended Dallas, TX 75265-0448										
	PURPOSE	Ca	tegory (See Catego	ries listed at the top of this	schedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Cr	edit Card Payme	ent			Ch	eck if Austin, TX, officeholder living expense			
ads on Facebook											
Complete <u>ONLY</u> if direct expenditure to benefit		Candid	ate/Officeholder n	ame		Office sought		Office held			
	C/OH										
H	Data										
	Date 12/24/2023	l '	yee name nerican Express								
			·								
	Amount (\$) \$25.00	l '	yee address; O. Box 650448	City; Sta	ite; Zip C	ode					
			O. BUX 050446								
	Reimbursement from political contributions intended	Da	ıllas, TX 75265-	0448							
	PURPOSE	Ca	tegory (See Catego	ries listed at the top of this	schedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.			
EXPENDITURE Cledit Cald Payment					eck if Austin, TX, officeholder living expense						
						ads on Facebook	K				
	Operation Chilly II	0- :::	-1-10#: 1 ::					Office 1 11			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate/Officeholder n	ame		Office sought		Office held			
l											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G: Sch: 2/3 Rpt: 22/23	2 FILER NAM Serna, Ro	E perto (The Honorable)	ı	Filer ID (Ethics Commission Filers) 00020956						
4	Date	5 Payee name				<u> </u>					
	12/25/2023	American									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$35.00	P. O. Box	650448								
	Reimbursement from political contributions intended	Dallas, TX	75265-0448								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.									
	OF EXPENDITURE	Credit Car	d Payment			Ch	eck if Austin, TX, officeholder living expense				
					ads on Facebook						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held				
	Date	Payee nam	9								
	12/27/2023	American	Express								
	Amount (\$)	Payee address; City; State; Zip Code									
	\$50.00	P. O. Box	650448								
	Reimbursement from political contributions intended	Dallas, TX	75265-0448								
	PURPOSE OF		See Categories listed at the top of this sci	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Credit Car	d Payment		L	_	eck if Austin, TX, officeholder living expense				
					ads on Facebook	K					
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought		Office held				
	expenditure to benefit C/OH	oanaraato, omo	Sholder Hame		omee sought		Cinico ficia				
		<u> </u>									
	Date 12/27/2023	Payee name									
		American	•								
	Amount (\$) \$151.00	Payee addr P. O. Box	•	; Zip Co	oae						
		P. O. BOX	050446								
	Reimbursement from political contributions intended	Dallas, TX	75265-0448								
	PURPOSE OF	1	See Categories listed at the top of this so	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense				
	EXPENDITURE	Credit Car	d Payment		payment for ads on Facebook chartered to American						
					Express	OH	-acebook chartered to American				
	expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held				
_	C/OH										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 23/23 Serna, Roberto (The Honorable) 00020956 Date Payee name 12/27/2023 Lowe's 6 Amount (\$) Payee address; City; State; Zip Code \$205.35 574 South Bibb Avenue Reimbursement from political contributions intended Eagle Pass, TX 78852 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense supplies **EXPENDITURE** Payment for supplies and materials for putting up signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH