The C/OH Instruction (Guide explains how to complete this fo	rm. 1 Filer ID (Ethics Commission 00020956		2 Total pages filed:5
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Roberto			Date Received
				ELECTRONICALLY FILED
				07/01/2021
	NICKNAME LAST		SUFFIX	07/01/2021
	Serna			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	1665 N. Bibb Ave.			
ADDRESS				Receipt # Amount
Change of Address	Eagle Pass, TX 78852-6612			
	Eagle 1 dee, 17, 16662 6612			Date Processed
				Date Imaged
E CAMPAIGN	MO (MDC /MD			
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	
NAME	Mr. Roberto			
	NICKNAME LAST		SUFFIX	
	Serna			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	ASE); APT /	SUITE#; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1665 N. Bibb Ave			
(Residence or Business)	Eagle Pass, TX 78852-6612			
	Lagie 1 433, 17, 70002 0012			
7 CAMPAIGN	AREA CODE PHONE NUMBE	R EXTENSION		
TREASURER PHONE	(830) 968-5856			
PHONE				
8 REPORT				
TYPE	January 15 30th day	before election R	unoff	15th day after campaign treasurer
				appointment (officeholder only)
	X July 15 8th day	before election E	xceeded modified eporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TURQUOU	Month Day	Year
OOVERED	01/01/2021	THROUGH	06/30/2021	L
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	X Primary	Runoff	Other
	03/05/2024	General	Special	
			_	
11 OFFICE	OFFICE HELD (if any)	:	12 OFFICE SOUGHT	(if known)
	District Attorney (Multi-county) Distr			Multi-county) District 293
]		,	
		GO TO PAGE 2		

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Serna, Roberto (The	14 Filer ID (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 to I officeholders are required to report this information	the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
Ш	GENERAL								
		COMMITTEE ADDRESS	MMITTEE ADDRESS						
	SPECIFIC	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	s)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLITION	AL EXPENDITURES		\$ 25.00					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 20.28					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFADAVIT									
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		The Hono	orable Roberto Serna	a					
		Signature of	Candidate or Officehold	der					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath					

	3 of 5									
18 FILER NAM Serna, Ro	ME berto (The Honorable)	19 Filer ID 00020956	(Ethics Commission Filers)							
20 SCHEDULI NAME OF	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT							
1.	\$									
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE E: LOANS		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 25.00							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD									
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS									
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 1/2 Rpt: 4/5	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/28/2021	Capital Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	2501 N. First Street
		P.O. Box 1015
		Carrizo Springs, TX 78834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank monthly service charge
		Ballk Hiohitily Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/28/2021	Capital Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2501 N. First Street
		P.O. Box 1015
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Bank monthly service charge
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/27/2021	Capital Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2501 N. First Street
		P.O. Box 1015
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Bank monthly service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
_		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memor Legal Services The Instruction			/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1: Sch: 2/2 Rpt: 5/5	2		erto (The Hor	norable)				3	Filer ID 00020956	(Ethics Comm	ission Filers)
4	Date 05/27/2021		Payee name Capital Banl									
6	Amount (\$) \$5.00		Payee addres 2501 N. Firs P.O. Box 10 Carrizo Spri	t Street		te; Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (Se Accounting/		at the top of this s	chedule)	(b)	—	, TX,	officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	Date 06/27/2021		Payee name Capital Banl	of Texas								
	Amount (\$) \$5.00		Payee address 2501 N. First P.O. Box 10 Carrizo Spri	t Street		te; Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (Se Accounting/		at the top of this s	chedule)	(b)	—	, TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	

The C/OH Instruction (Guide explains how to complete	this form.	1 Filer ID (Ethics Comm 00020956		2 Total pages filed: 6	
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE USE	ONLY
OFFICEHOLDER NAME	The Honorable F	Roberto			Date Received	
					ELECTRONICALLY	Y FII FD
	NICIONAME			CLIEFIV	01/02/2022	
		AST Serna		SUFFIX	01/02/2022	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date	Postmarked
MAILING	1665 N. Bibb Ave.				Receipt # An	mount
ADDRESS					Trescope in	
Change of Address	Eagle Pass, TX 78852-6612				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		RST		MI		
NAME	Mr. R	oberto				
		AST		SUFFIX		
	S	erna				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO	DX PLEASE);	AP	T / SUITE #; CITY	; STATE;	ZIP CODE
ADDRESS	1665 N. Bibb Ave					
(Residence or Business)						
	Eagle Pass, TX 78852-6612					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION			
TREASURER	(830) 968-5856	NOMBER E	ZATENOION			
PHONE	(555) 555 5555					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after campaig	
	July 15	8th day before 6	election \square	Exceeded modified	appointment (officehol	
		our day belore t	Election	reporting limit	Final Report (Attach C	(OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2021	TH	IROUGH	12/31/202		
				,,		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/05/2024		eneral	Special	<u> </u>	
		L °	criciai	Эрески		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	C (if known)	
III OFFICE	District Attorney (Multi-count	v) District 203	3		r (II known) r (Multi-county) Distric	t 293
	2.5th of 7 thorney (Walti-could	,, DISHIOL 230	•	District Attorney	main sounty) Distill	. 200
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Serna, Roberto (The	14 Filer ID 00020956	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
ш°	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$						
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 20.00			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 190.28			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 190.00			
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Hon	orable Roberto Sern	a			
		Signature o	f Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL ABO	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	rtify which, witness my hand and seal of office.					
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath			

	3 of 6									
18 FILER NAI Serna, Ro	ME oberto (The Honorable)	19 Filer ID 00020956	(Ethics Commission Filers)							
l	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT							
1.	\$									
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4. X	SCHEDULE E: LOANS		\$ 190.00							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 20.00							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$								
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$							

	LOANS					SCHEDULE E			
	The Instruction	n Guide explains how to comp	lete this fo	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 4/6				
2	FILER NAME Serna, Roberto	(The Honorable)) (Ethics Commission Filers)			
4	TOTAL OF UN	IITEMIZED LOANS			l	\$			
5	Date of loan 7 Name of lender					9 Loan Amount (\$) \$190.00			
6	Is lender a financial institution?	Is lender a financial institution? 8 Lender address; City; State; Zip Code							
		Eagle Pass, TX 78852				01/01/2025			
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	6)				
	District Attorney			State of Texas					
14	Description of Coll X None	ateral		15 Check if personal funds we X	ere deposite	ed into political account (See Instructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)			
20	Principal occupation	on.	1	21 Employer (See Instruction:	5)				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)					
	Credit Card Payment		The Instruction Guid	e explains how	to comp	lete this form.				
1	Total pages Schedule F1: Sch: 1/2 Rpt: 5/6		E perto (The Honorab	ole)			3	Filer ID 00020956	(Ethics Commission Filers)	
4	Date	5 Payee name	Payee name							_
_	07/27/2021	,	Capital Bank of Texas							
6	Amount (\$)	7 Payee addre	Payee address; City; State; Zip Code							
	\$5.00	2501 N. Fi	2501 N. First Street							
		P.O. Box 1	.015							
		Carrizo Sp	rings, TX 78834							
8	PURPOSE OF		See Categories listed at the t	op of this schedule	(b)	Description				
	EXPENDITURE	Accounting	g/Banking					ide of Texas. Cor , officeholder livir	mplete Schedule T.	
						Bank service				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Offic	e sought	i		Office h	neld	
	Date	Payee name	e							
	10/27/2021	Capital Ba	nk of Texas							
	Amount (\$)	Payee addre	ess; City;	State; Zi	p Code					
	\$5.00	\$5.00 2501 N. First Street								
		P.O. Box 1	.015							
		Carrizo Springs, TX 78834								
	PURPOSE	(a) Category (See Categories listed at the t	on of this schedule	(b)	Description				_
	OF EXPENDITURE	Accounting		op or ano concuer		_ `	outsi	ide of Texas. Co	mplete Schedule T.	
	EXPENDITORE					—		, officeholder livir		
						Bank service	tee	e - inactive	account	
	0 1 0 0 1 1 1 1	0 111 / 101	·	055				O.W. 1		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Offic	e sought			Office h	iela	
	Date	Payee name	Э							
	11/28/2021	Capital Ba	nk of Texas							
	Amount (\$)	Payee addre	ess; City;	State; Zi	p Code					
	\$5.00	2501 N. Fi	rst Street							
		P. O. Box	1015							
		Carrizo Sp	rings , TX 78834							
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule	(b)	Description				
	OF EXPENDITURE	Accounting	-	•					mplete Schedule T.	
	EXPENDITORE							, officeholder livir		
						Bank service	100	es - inactiv	e 166	
	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Offic	 e sought	<u> </u>		Office h	neld	_
	expenditure to benefit C/O							J		
	ms provided by Teyas F	thios Commiss	ion	w othics state	. tv . 110				Version V/1 1 ah070f	~~

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - ıl Coı	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Exper	ead/Rental Expense nse ense jes/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Guid	e explains	how to comp	olete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/2 Rpt: 6/6		Serna, Rob	perto (The Honorab	ole)				00020956	
4	Date	5	Payee name	9						
	12/27/2021		Capital Bar	nk of Texas						
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code)			
	\$5.00		2501 N. Fii	rst Street						
			P. O. Box 2	1015						
			Carrizo Sp	rings, TX 78834						
8	PURPOSE	(a)	Category (s	See Categories listed at the t	top of this sch	edule) (k) Description			
	OF EXPENDITURE		Accounting			,				nplete Schedule T.
	EXI ENDITORE						Check if Aust Bank servic		(, officeholder living	
							Dalik Selvic	e ie	es - mactive	account
9	Complete ONLY if direct	<u> </u>		ficeholder name		Office sough	nt		Office h	old.
ľ	expenditure to benefit C/O		Sandidate/On	ncenolaer name		Jilice Sougi	ıı		Office II	Ciu

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Comm 00020956		2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Roberto			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST Serna		SUFFIX	07/01/2022
4 CANDIDATE / OFFICEHOLDER MALLING	ADDRESS / PO BOX; APT / 1665 N. Bibb Ave.	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
ADDRESS Change of Address	Eagle Pass, TX 78852-661	12			
Change of Address	Eagle Fass, 17 70032-001	.2			Date Processed
					Date Imaged
5 CAMPAIGN TREASURER NAME		FIRST Roberto		MI	
		LAST Serna		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 1665 N. Bibb Ave	BOX PLEASE);	AP	T / SUITE #; CITY;	; STATE; ZIP CODE
(Residence or Business)	Eagle Pass, TX 78852-661	L2			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONI (830) 968-5856	E NUMBER E	EXTENSION		
8 REPORT TYPE	January 15 X July 15	30th day before		Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2022	тн	IROUGH	Month Day 06/30/202	Year 22
10 ELECTION	ELECTION DATE Month Day Year		rimary eneral	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) District Attorney (Multi-cou	nty) District 293	3 Maverick	12 OFFICE SOUGHT District Attorney	Γ (if known) · (Multi-county) District 293rd
		GO T	O PAGE 2		

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	AME Serna, Roberto (The Honorable) 14 Filer ID (Ethics Commission Filer 00020956			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	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	S)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 15.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,175.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
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 o	f Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

				3 of 5		
Serna, Ro	18 FILER NAME19 Filer IDSerna, Roberto (The Honorable)00020956					
20 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	15.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
2	FILER NAME Serna, Roberto (The Honorable)				3	Filer ID (Ethics Commission Filers) 00020956
4	Date 01/06/2022 5 Full name of contributor out-of-state PAC (ID#:) Ainslie, Luis M. (Mr.) 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$1,000.00
8	Principal occu	Eagle Pass, TX 78852 upation / Job title (See Instructions)	9	Employer (See Instructions El Amigo Bail Bonds	S)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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	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: 1/1 Rpt: 5/5	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	04/27/2022	Capital Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	925 N. Veterans Ave
		Crystal City, TX 78839
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank inactive account fee
		Dank mactive account ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2022	Capital Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	925 N. Veterans Ave.
		P. O. Box 1015
		Crystal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Bank inactive account fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	,	
	Date	Payee name
	06/27/2022	Prime Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	925 N. Veterans Ave.
L		Crystal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank inactivity account fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

The C/OH Instruction (Guide explains how to complete this for	this form. 1 Filer ID (Ethics Commission Filers) 00020956		2 Total pages filed: 5			
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	The Honorable Roberto			Date Received			
				ELECTRONICALLY FILED			
	NICKNAME LAST		SUFFIX	01/02/2023			
	Serna						
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked			
OFFICEHOLDER MAILING ADDRESS	1665 N. Bibb Ave.			Receipt # Amount			
l	F1- D TV 70050 0010						
Change of Address	Eagle Pass, TX 78852-6612			Date Processed			
				Date Imaged			
5 CAMPAIGN	MS / MRS / MR FIRST		MI				
TREASURER NAME	Mr. Roberto						
	AUCKNAME		CUEFIX				
	NICKNAME LAST Serna		SUFFIX				
	Sema						
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	ASE); APT / SU	JITE#; CITY;	STATE; ZIP CODE			
TREASURER ADDRESS	1665 N. Bibb Ave						
(Residence or Business)	Facile Dece TV 70052 0012						
	Eagle Pass, TX 78852-6612						
7 CAMPAIGN	AREA CODE PHONE NUMBE	R EXTENSION					
TREASURER		R EXTENSION					
PHONE	(830) 968-5856						
8 REPORT TYPE	X January 15 30th day	before election Runo	off	15th day after campaign treasurer			
			<u></u>	appointment (officeholder only)			
	July 15 8th day	before election Exce report	eeded modified rting limit	Final Report (Attach C/OH-FR)			
9 PERIOD	Month Day Year		Month Day	Year			
COVERED	07/01/2022	THROUGH	12/31/2022				
10 ELECTION	ELECTION DATE	EI	LECTION TYPE				
	Month Day Year	X Primary	Runoff	Other			
	03/05/2024	General		_			
		General	Эресіаі				
11 OFFICE	OFFICE HELD (if any)		OFFICE SOUGHT (
	District Attorney (Multi-county) Distri	ict 293rd	District Attorney (Multi-county) District 293rd			
	1	I					
	GO TO PAGE 2						
I							

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Serna, Roberto (The	Serna, Roberto (The Honorable) 14 Filer ID 00020956			s)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
Ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.	00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 0.	00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.	00		
	4. TOTAL POLITIC	AL EXPENDITURES	EXPENDITURES \$				
CONTRIBUTION BALANCE	REPORTING PE			\$ 1,145.	28		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.	00		
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes at under Title 15, Election Code.					
		The Hono	orable Roberto Serna	a			
			Candidate or Officehole				
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath			

			3 of 5
	oberto (The Honorable)	19 Filer ID 00020956	(Ethics Commission Filers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 30.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/5	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	07/27/2022	IBC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	439 E. Main Street
		Eagle Pass, TX 78852
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank inactive account fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/28/2022	IBC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	439 E. Main Street
		Eagle Pass, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank inactive account fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date 09/27/2022	Payee name IBC Bank
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 439 E. Main Street
	Φ5.00	439 E. Maili Street
		Fords Doos TV 700F2
		Eagle Pass, TX 78852
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank inactive account fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
_		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category 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: 2/2 Rpt: 5/5	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	10/27/2022	IBC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	439 E. Main Street
		Eagle Pass, TX 78852
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank inactive account fee
		Ballit madate account for
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	11/27/2022	IBC Bank
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	439 E. Main Street
		Eagle Pass, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank inactive account fees
		Daill madare account rocc
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/27/2022	IBC Bank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	439 E. Main Street
		Eagle Pass, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Bank inactive account fees
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash		

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00020956		2 Total pages filed 4	:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	E ONLY
OFFICEHOLDER NAME	The Honorable	Roberto			Date Received	
					ELECTRONICAL	I Y FII FD
	NICKNAME	LAST		SUFFIX	07/08/2023	
	NICKNAWE	Serna		SUFFIX	01700/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Da	ate Postmarked
MAILING	1665 N. Bibb Ave.				Receipt #	Amount
ADDRESS					rtosospe n	, anodin
Change of Address	Eagle Pass, TX 78852-661	L 2			Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Roberto				
	NICKNAME	LAST		SUFFIX		
		Serna				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	T / SUITE #; CITY;	STATE	E; ZIP CODE
TREASURER ADDRESS	1665 N. Bibb Ave					
(Residence or Business)						
(,	Eagle Pass, TX 78852-661	L 2				
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER		E NUMBER E	:X I ENSION			
PHONE	(830) 968-5856					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after camp	
		-			appointment (officeh	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach	C/OH-FR)
a DEDIOD	Manth Davi Van			Marth Day	V	
9 PERIOD COVERED	Month Day Year 01/01/2023	TH	IROUGH	Month Day 06/30/202	Year	
	01/01/2023	117	IKOOGH	06/30/202	.3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Year	X Pi	rimary	Runoff	Other	
	03/05/2024				Ш	
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	\ Di 200	0.14	12 OFFICE SOUGHT		:-+ 200
	District Attorney (Multi-cou	nty) District 293	3 Maverick	District Attorney	(Multi-county) Distr	ict 293rd
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Serna, Roberto (The	Honorable)	14 Filer ID 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 d officeholders are required to report this information	the candidate's or offic	eholder'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		I IIZED POLITICAL CONTRIBUTIONS (OTHER THA EES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 20,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITION REPORTING PL	CAL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 21,145.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Roberto Serr	na
			Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AE	OVE		
		eaid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath
Signature or office	co. adminiotoring		. lac of office	administrary oddi

			3 of 4			
Serna, Rob	18 FILER NAME19 Filer IDSerna, Roberto (The Honorable)00020956					
20 SCHEDULE NAME OF S			SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20,000.00			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/4
2	FILER NAME Serna, Roberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020956
4	Date 06/01/2023 5 Full name of contributor out-of-state PAC (ID#: Ainslie, Luis Martin (Mr.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$10,000.0
	Eagle Pass, TX 78852	
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10,000.0
	Eagle Pass, TX 78852 Principal occupation / Job title (See Instructions) Employer (See Inst	wystiana

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

			\ I
FORM	CUR	ニしん	JΠ

	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 periur	, 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

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			

FORM C/OH COVER SHEET PG 2

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

				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 SCH	EDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	13,186.72			
6. SCH	EDULE 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	EDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	507.35			
10. SCH	EDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11. SCH	EDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
	EDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FILER	RETURNED	\$				
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE			
	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	5 Full name of contributor out-of-state PAC (ID#:_ De Los Santos, Ricardo and Debra W. (Dr.) 6 Contributor address; City; State; Zip Code		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	Full name of contributor out-of-state PAC (ID#:_ Harper J.D., Jad (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Eagle Pass, TX 78852 pation / Job title (See Instructions)	Employer (See Instructions)		
	i inioipai ooda	pation / vos title (eee metactions)	Employer (Gee metactions	,		
	Date 07/24/2023	Full name of contributor out-of-state PAC (ID#:_ Law Offices of Michael Miller P.C. Contributor address; City; State; Zip Code			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 occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#:_ 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)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	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 07/24/2023	Full name of contributor out-of-state PAC (ID#: The Law Firm of Oscar A. Garza PLLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00	
	Dringing! aggs	San Antonio , TX 78201-2091	Employer (Con Instructions				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/13/2023	Full name of contributor out-of-state PAC (ID#: 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	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/20/2023	Full name of contributor out-of-state PAC (ID#: 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)			

	MONET	ARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE 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 07/24/2023	Full name of contributor out-of-state PAC (ID#: 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	yer (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 parameters Sch: 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)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	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

	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 Available 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 ZHOHORZ	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

	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	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		campaign worker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
	Date	Payee name
l	12/27/2023	Puente, Amelia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
l	\$900.00	1511 N. 7th Street
l		
l		Crystal City, TX 78839
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
l		campaign worker
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Davida marea
l	12/20/2023	Payee name Puente, Rosana (Miss)
┝		` '
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 1001 Villa Hermosa
	φ330.00	1001 VIIIA HEITIOSA
l		On the City TV 70000
L		Crystal City, TX 78839
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. 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	1
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	ı - I Con	nmittee	Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		pense ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		ed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	nission 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	dule)	(b)	Description				
	OF EXPENDITURE		Fees					느		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 Wood		·	·						
	,			9								
			Carrizo Spr	ings, TX 78834								
┡	D. I.D. 205	_	-			- 1	<i>a</i> >					
	PURPOSE OF	(a)		ee Categories listed at th		edule)	(D)	Description	outci	de of Texas. Com	nloto Schodulo T	
	EXPENDITURE		Salaries/wa	ages/Contract La	bor			ш		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										
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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 Sei	ds/Memorials Expense vices		Expense Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule G:	2 FIL	ER NAME				3	Filer ID (Ethics Commissio	n Filers)
	Sch: 1/3 Rpt: 21/23	Se	rna, Roberto (T	he Honorable)			(00020956	
4	Date	5 Pa	yee name				•		
	12/22/2023	An	nerican Express						
6	Amount (\$)	7 Pa	yee address;	City; Sta	ate; Zip C	ode			
	\$26.00	Р.	O. Box 650448						
	Reimbursement from political contributions intended	Da	ıllas, TX 75265-	0448					
8	PURPOSE	(a) Ca	tegory (See Catego	ries listed at the top of this	schedule)	(b) Description	=	eck if travel outside of Texas. Complet	
	OF EXPENDITURE	Cre	edit Card Paym	ent		L	_	eck if Austin, TX, officeholder living exp	ense
						ads on Facebook	k		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate/Officeholder n	ame		Office sought		Office held	
	Date	Pa	yee name						
	12/23/2023	An	nerican Express						
	Amount (\$)	Pa	yee address;	City; Sta	ate; Zip C	ode			
	\$15.00	Р.	O. Box 650448						
	Reimbursement from								
	political contributions intended	Da	ıllas, TX 75265-	0448					
	PURPOSE	Ca	tegory (See Catego	ries listed at the top of this	schedule)	Description	Che	eck if travel outside of Texas. Complet	e Schedule T.
	OF EXPENDITURE	Cre	edit Card Paym	ent			Che	eck if Austin, TX, officeholder living exp	ense
						ads on Facebook	k		
	Complete ONLY if direct expenditure to benefit	Candid	ate/Officeholder n	ame		Office sought		Office held	
	C/OH								
	Date	Do							
	12/24/2023		yee name nerican Express						
_	Amount (\$)		· · · · · · · · · · · · · · · · · · ·		oto: Zin C	odo			
	\$25.00		yee address; O. Box 650448	City; Sta	ate; Zip C	oue			
			O. Box 030440						
	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. Complet	
	OF EXPENDITURE	Cre	edit Card Paym	ent			_	eck if Austin, TX, officeholder living exp	ense
						ads on Facebook	K		
	Complete ONLY if direct	Candid	ata/Offiachalder =	ama		Office sought		Office hold	
	Complete ONLY if direct expenditure to benefit C/OH	Cariuiu	ate/Officeholder n	ame		Office sought		Office held	

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/Political Cor Credit Card Payment			Food/Beverage Expense Glft/Awards/Memorials Expense ttee Legal Services The Instruction Guide explains		Expense Wages/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	ı	LER NAME erna, Roberto (The Honorable)			3	Filer ID (Ethics Commission Filers) 00020956
4	Date	5 Pa	ayee name				
	12/25/2023	1	merican Express				
6	Amount (\$)	7 Pa	ayee address; City; State	; Zip Co	ode		
	\$35.00	P	. O. Box 650448				
	Reimbursement from political contributions intended	D	allas, TX 75265-0448				
8	PURPOSE	(a) C	ategory (See Categories listed at the top of this sc	nedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	C	redit Card Payment			Ch	neck if Austin, TX, officeholder living expense
					ads on Facebook	<	
		<u> </u>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date/Officeholder name		Office sought		Office held
	Date	Pi	ayee name				
	12/27/2023	A	merican Express				
	Amount (\$)	Pi	ayee address; City; State	; Zip Co	ode		
\$50.00 P. O. Box 650448							
	Reimbursement from political contributions intended	D	allas, TX 75265-0448				
	PURPOSE OF	ı	ategory (See Categories listed at the top of this sc	nedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	C	redit Card Payment		L	_	neck if Austin, TX, officeholder living expense
					ads on Facebook	<	
	Complete ONLY if direct	Candi	date/Officeholder name		Office sought		Office held
	expenditure to benefit	Carrai	ado, emocrotado namo		Omoo sought		omee nea
		_					
	Date 12/27/2023	ı	ayee name				
			merican Express				
	Amount (\$) \$151.00	ı	ayee address; City; State . O. Box 650448	e; Zip Co	ode		
			. О. вох 030446				
	Reimbursement from political contributions intended	D	allas, TX 75265-0448				
	PURPOSE OF	ı	ategory (See Categories listed at the top of this so	nedule)	Description	_	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE	c	redit Card Payment		L novement for add	_	- '
					Express	UII	Facebook chartered to American
		Candi	date/Officeholder name		Office sought		Office held
	expenditure to benefit 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

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) 00020956		2 Total pages filed: 35	
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	The Honorable Roberto			Date Received	
				ELECTRONICALLY FILED	
	NICKNAME LAST		SUFFIX	01/31/2024	
	Serna		301117		
4 CANDIDATE / OFFICEHOLDER	· · ·	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked	
MAILING	1665 N. Bibb Ave.			Receipt # Amount	
ADDRESS				recoupe in Full out to	
Change of Address	Eagle Pass, TX 78852-6612			Date Processed	
				Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRST		MI		
TREASURER NAME	Mr. Roberto				
	NICKNAME LAST		SUFFIX		
	Serna				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE	#; CITY;	STATE; ZIP CO	DE
TREASURER ADDRESS	1665 N. Bibb Ave				
(Residence or Business)	Eagle Pass, TX 78852-6612				
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(830) 968-5856				
8 REPORT TYPE		afana alaatisa 🔲 Dunaff	_	1 454 46	
'	January 15 X 30th day b	efore election Runoff		15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day be	fore election Exceeded	modified	Final Report (Attach C/OH-FR)	
		reporting I	imit	•	
9 PERIOD	Month Day Year	Mo	onth Day	Year	
COVERED	01/01/2024	THROUGH	01/25/2024	1	
10 ELECTION	ELECTION DATE		TION TYPE		
	· · · · · · · · · · · · · · · · · · ·	χ Primary Rui	noff	Other	
	03/05/2024 Γ	General Spe	ecial		
11 OFFICE	OFFICE HELD (if any)	12 OFF	ICE SOUGHT	(if known)	
	District Attorney (Multi-county) District			Multi-county) District 293rd	
	1				
		O TO PAGE 2			
	G	O TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 35

13 C / OH NAME	Serna, Roberto (The	Honorable)	14 Filer ID (00020956	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical 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				
Ш	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)	\$ 5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 47,843.86
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 15,578.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 23,000.00
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 Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

			;	3 of 35
18 FILER NAME Serna, Roberto (The Honorab	le)	19 Filer ID 00020956	(Ethics Commission F	ilers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMO	DUNT		
1. X SCHEDULE A1: MC	NETARY POLITICAL CONTRIBUTIONS		\$	4,700.00
2. X SCHEDULE A2: NC	N-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$	300.00
3. SCHEDULE B: PLE	DGED CONTRIBUTIONS		\$	
4. X SCHEDULE E: LOA	NS		\$ 1	3,000.00
5. X SCHEDULE F1: PO	LITICAL EXPENDITURES FROM POLITICAL C	CONTRIBUTIONS	\$ 43	2,880.02
6. SCHEDULE F2: UN	PAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PU	RCHASE OF INVESTMENTS FROM POLITICA	L CONTRIBUTIONS	\$	
8. X SCHEDULE F4: EX	PENDITURES MADE BY CREDIT CARD		\$	4,629.93
9. X SCHEDULE G: POL	ITICAL EXPENDITURES FROM PERSONAL F	UNDS	\$	333.91
10. SCHEDULE H: PAY	MENT FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-	POLITICAL EXPENDITURES FROM POLITICA	L CONTRIBUTIONS	\$	
12. SCHEDULE K: INTE	\$			

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/35	
2	FILER NAME Serna, Robe	rto (The Honorable)			3	Filer ID (Ethics Commission 00020956	on Filers)
4	Date 01/25/2024	5 Full name of contributorDe Los Santos Law Firm F6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Loon	Eagle Pass, TX 78852	I o	Employer (Coo Instructions			
0	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	»)		
	Date 01/11/2024	Full name of contributor Harper J.D., Jad (Mr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	Eagle Pass, TX 78852 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Date 01/25/2024	Full name of contributor Heredia, Claudio (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Eagle Pass, TX 78852					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/10/2024	Full name of contributor Mijares , Samuel (Mr.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/25/2024	Full name of contributor Serna Aguilera, Diana (Mr. Contributor address; City; Sta Dallas, TX 75216-1425				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

MONET	ARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
The Instru	ction Guide explains how to complet	e this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/35
		3 Filer ID (Ethics Commission Filers) 00020956	
Date 01/16/2024	<u> </u>	7 Amount of Contribution (\$) \$1,000.0	
	Crystal City, TX 78839		
Principal occu		9 Employer (See Instruction	ns)
	The Instru FILER NAME Serna, Robe Date 01/16/2024	The Instruction Guide explains how to complet FILER NAME Serna, Roberto (The Honorable) Date 01/16/2024 5 Full name of contributor out-of-state of Serna J.D., Eduardo d/b/a Texas Stop and Good Contributor address; City; State; Zip Code	Serna, Roberto (The Honorable) Date 01/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Serna J.D., Eduardo d/b/a Texas Stop and Go (Mr.) 6 Contributor address; City; State; Zip Code Crystal City, TX 78839

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: 6/35 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Serna, Roberto (The Honorable) 00020956 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/19/2024 Calderon, Rudy (Mr.) \$300.00 Put up campaign signs 7 Contributor address; City; State; Zip Code Crystal City, TX 78839 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) self - employed handyman 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)

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to c	omplete this f	orm.		ges Schedule E: 1 Rpt: 7/35
2	FILER NAME Serna, Roberto	(Ethics Commission Filers) 56				
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan 01/23/2024	7 Name of lender Serna, Norma (Mrs.)	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$10,000.00
6	Is lender a financial institution?	8 Lender address; City; Eagle Pass, TX 78852-6612	State;	Zip Code		10 Interest Rate 0 11 Maturity Date 01/16/2030
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	;)	
	Federal Program	ns Director		Eagle Pass Independen	t School Di	strict
14	Description of Coll X None	ateral		15 Check if personal funds we	re deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address; City;	State;	Zip Code		19 Amount Guaranteed (\$)
20	Principal occupation	I On		21 Employer (See Instructions	·)	<u> </u>
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)
	01/19/2024	Serna J.D., Roberto (Mr.)				\$3,000.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate 0 Maturity Date
		Eagle Pass, TX 78852				01/19/2030
		on / Job title (See Instructions)		Employer (See Instructions)	
	District Attorney			State of Texas		
	Description of Coll X None	ateral		Check if personal funds we	re deposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instructions	·)	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/24 Rpt: 8/35	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/25/2024	Aguilar, Alex (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O.Box 54
		Carrizo Springs, TX 78834
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 works.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/23/2024	Alvarado, Albert (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	405 N 23rd Street
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Democratic candidates event in Dimmit County
		Demogratic dandidates event in Diminic County
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/11/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,800.00	P. O. Box 650448
		Dallas, TX 75265-0448
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment for signs from 3 D signs
		Payment for signs from 3 D signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u>_</u>
1	Total pages Schedule F1: Sch: 2/24 Rpt: 9/35	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4	Date	5 Payee name
	01/11/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$605.00	P. O. Box 650448
		Dallas, TX 75265-0448
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment for purchase of Democratic VAN voter
		information
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	•
	Date	Payee name
	01/15/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,099.93	P. O. Box 650448
		Dallas, TX 75265-0448
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Credit Card Payment Credit Card Payment
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		payment for Facebook ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	01/25/2024	Barrera, Sylvia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 305
	φ300.00	FO BOX 303
		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
_	Operation Children	Openhalte Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportance to borient 0/01	

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 Solarios (Magnet/Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 3/24 Rpt: 10/35	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/12/2024	Calderon, Rudy (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	415 E. ValVerde
		Crystal City, TX 78839
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Expenses Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		For gas and lunch money for putting up signs in
		counties
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Or	1
	Date	Payee name
	01/19/2024	Calderon, Rudy (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	415 E. ValVerde
		Crystal City, TX 78839
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Expenses Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		For gas and food for putting up campaign signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- 1
	Date	Payee name
	01/05/2024	Campirano, Sandra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	619 West Lake
		Crystal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI 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/O	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	· ·	Expense Printing	Expense s/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above	·)
1	Total pages Schedule F1:		-LI-)		3 Filer ID (Ethics Commission	Filers)
	Sch: 4/24 Rpt: 11/35	Serna, Roberto (The Honora	abie)		00020956	
4	Date	Payee name				
Ļ	01/12/2024	Campirano, Sandra (Mrs.)				
6	Amount (\$)	Payee address; City;	State; Zip C	Code		
	\$300.00	619 West Lake				
		Crystal City, TX 78839				
8	PURPOSE	a) Category (See Categories listed at the	e top of this schedule)	(b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract La	bor	ı <u>—</u>	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
				campaign w		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	pught	Office held	
\vdash	Date	Payee name				
	01/19/2024	Campirano, Sandra (Mrs.)				
	Amount (\$)	Payee address; City;	State; Zip C	Code		
	\$300.00	619 West Lake				
		Crystal City, TX 78839				
	PURPOSE OF	a) Category (See Categories listed at the		(b) Description	ol outside of Toyon Complete Schedule T	
	EXPENDITURE	Salaries/Wages/Contract La	bor	1 -	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
				campaign w	vorker	
L						
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office so	ought	Office held	
-	Date	Payee name				
	01/25/2024	Campirano, Sandra (Mrs.)				
	Amount (\$)	Payee address; City;	State; Zip C	Code		
	\$300.00	619 West Lake	,p	-		
		Crystal City, TX 78839				
	PURPOSE OF	a) Category (See Categories listed at the		(b) Description	ol outside of Toyon Complete Cabadala T	
	EXPENDITURE	Salaries/Wages/Contract La	bor	 	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
				campaign w		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	pught	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 5/24 Rpt: 12/35	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/19/2024	Carrizo Springs Javelin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,110.00	P. O. Box 1046
		Carrizo Springs, TX 78834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Purchase of ads for newspaper
		i dichase of aus for newspaper
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payee name
	01/25/2024	
		Carrizo Springs Javelin
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	P. O. Box 1046
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Purchase of newspaper ad
		i dichase of newspaper ad
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	01/23/2024	Payee name Controls Podro (Mrs.)
		Contreras, Pedro (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	P.O.Box 128
		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.
		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/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 6/24 Rpt: 13/35	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4 Date	5 Payee name
01/05/2024	Coronado, Tina (Mrs.)
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code619 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	campaign worker
	ouripaigh worker
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2024	Coronado, Tina (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	619 E. Dimmit St.
	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
	ouripaigh worker
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	
Date 01/10/2024	Payee name Caronado, Tina (Mrs.)
01/19/2024	Coronado, Tina (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	619 E. Dimmit St.
	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.
-	Check if Austin, TX, officeholder living expense campaign worker
	campaign worker
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 7/24 Rpt: 14/35	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/25/2024	Coronado, Tina (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	619 E. Dimmit St.
		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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	01/16/2024	Eagle Pass Business Journal
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	P. O. Drawer 2160
	Ψ2,000.00	1 . G. Blawer 2100
		Eagle Pass, TX 78853-2160
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Purchase of newspaper ads
L	Commiste ONII V if direct	Constitute (Office helds a name of the constitute of the constitut
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
⊨	<u> </u>	
	Date	Payee name
	01/18/2024	Eagle Pass News Leader
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	168 Washington Street
		Eagle Pass, TX 78852
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Purchase of newspaper ads
		T dichase of newspaper aus
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
Ļ			2 20 12 (21)
1	Total pages Schedule F1: Sch: 8/24 Rpt: 15/35	Serna, Roberto (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020956
4	Date	5 Payee name	
	01/02/2024	El Latino	
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 1212 Katy Dr. Suite 1212 Eagle Pass, TX 78852	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense newspaper ads
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/04/2024	Election Nerds LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,795.09	2076 N. Veterans Blvd.	
		Eagle Pass, TX 78852	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(=
	EXPENDITURE	Navertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
			gistered voters
		Wallouts to re	gistered voters
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/09/2024	Galeria News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P.O.Box 4483	
		Eagle Pass, TX 78852	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	l	TX, officeholder living expense
		Purchase of a	ads in newspaper and internet
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Sinos noiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

	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: 9/24 Rpt: 16/35	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/11/2024	Herrera, Annixa (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$180.00	791 N. Bibb
		Eagle Pass, TX 78852
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Creation of videos for campaign
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experional to benefit C/Or	
	Date	Payee name
	01/18/2024	Herrera, Annixa (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	791 N. Bibb, Unit 233
		-
		Eagle Pass, TX 78852
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense. (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Creation of ad for newspapers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/25/2024	Herrera, Annixa (Ms.)
	Amount (\$) \$90.00	Payee address; City; State; Zip Code 791 N. Bibb, Unit 233
	φ90.00	791 N. BIDD, OTHE 233
		Eagle Pass, TX 78852
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Creation of ad for newspapers
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	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)	_
l	Sch: 10/24 Rpt: 17/35	Serna, Roberto (The Honorable) 00020956	
4	Date	5 Payee name	_
l	01/25/2024	Herrera, Annixa (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$90.00	791 N. Bibb, Unit 233	
l			
		Eagle Pass, TX 78852	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Creation of ad for newspapers	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	'		_
	Date	Payee name	
L	01/11/2024	Interview Magazine	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	902 Seco Road	
		Eagle Pass, TX 78852	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Purchase of ads in newspaper and internet	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	_
	01/05/2024	Martinez, Mari (Mrs.)	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$300.00	P.O. Box 454	
l			
		Asherton, TX 78827	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		campaign worker	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to beliefit 6/01	·	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

l	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)
l	Sch: 11/24 Rpt: 18/35	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
l	01/12/2024	Martinez, Mari (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$300.00	P.O. Box 454
l		
		Asherton, TX 78827
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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign worker
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	'	
	Date	Payee name
L	01/05/2024	Martinez, Rosa
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$250.00	P.O. Box 458
l		
		Asherton, TX 78827
	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
l		campaign worker
		outhpasg. Home.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/05/2024	Martinez, Rosa
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 458
l		
l		Asherton, TX 78827
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign worker
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 12/24 Rpt: 19/35	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/18/2024	Maverick County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1299 Main Street, suite A and B
L		Eagle Pass, TX 78852
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZADITORZ	Candidate/Officeholder/Political Committee
		Contribution to the Maverick County Democratic Party for party purposes
		i dity for party purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/05/2024	Mendez, Minerva (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	167 Highland Circle
		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 expanse.
		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
	01/12/2024	Mendez, Minerva (Mrs.)
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	(' <i>)</i>	
	\$300.00	167 Highland Circle
		On the City TV 70000
		Crystal City, TX 78839
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxas, Complete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 13/24 Rpt: 20/35	Serna, Roberto (The Honorable) 00020956			
4	Date	5 Payee name			
	01/19/2024	Mendez, Minerva (Mrs.)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$300.00	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			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_					
	Date	Payee name			
	01/05/2024	Padilla, Maria (Mrs.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	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	- · · · · · · · · · · · · · · · · · · ·			
_	D .				
	Date	Payee name			
	01/12/2024	Padilla, Maria (Mrs.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	P. O. Box 54			
		Carrizo Springs, TX 78834			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	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 ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	·				

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

	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: 14/24 Rpt: 21/35	Serna, Roberto (The Honorable) 00020956	
4	Date	5 Payee name	
	01/25/2024	Padilla, Maria (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	P. O. Box 54	
		Coming Carings TV 70024	
Ļ	PURPOSE	Carrizo Springs, TX 78834	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		campaign worker	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
"	expenditure to benefit C/OI		
⊨	Date	Payee name	=
	01/05/2024	Padilla, Nora (Mrs.)	
H	Amount (\$)	Payee address; City; State; Zip Code	-
	\$300.00	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	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	·		=
	Date 01/12/2024	Payee name Padilla, Nora (Mrs.)	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$300.00	P.O. Box 54	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. 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	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/24 Rpt: 22/35	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4	Date 01/25/2024	5 Payee name Padilla, Nora (Mrs.)
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P.O. Box 54 Carrizo Springs, TX 78834
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. 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
	Date 01/05/2024	Payee name Perez, Frances (Mrs.)
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/12/2024	Payee name Perez, Frances (Mrs.)
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 472
		Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign worker
	Complete ONLY if direct expenditure to benefit C/OI	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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 16/24 Rpt: 23/35	Serna, Roberto (The Honorable) 00020956			
4	Date	5 Payee name			
	01/25/2024	Perez, Francies (Mrs.)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$300.00	P.O.Box 472			
		Carrizo Springs, TX 78834			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor			
		campaign worker			
		oumpaign worker			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OI				
\vdash	Data	<u> </u>			
	Date	Payee name			
	01/05/2024	Perez, Sarah (Mrs.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	P.O. Box 311			
		Big Wells, TX 78830			
	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			
		ouripaigh worker			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Data				
	Date	Payee name			
	01/12/2024	Perez, Sarah (Mrs.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	P.O. Box 311			
		Big Wells, TX 78830			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		campaign worker			
	0 1: 0:::::::::::::::::::::::::::::::::				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	- p				

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule	F1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/24 Rpt: 24/	Serna, Roberto (The Honorable)	00020956
4 Date	5 Payee name	-
01/05/2024	Perez, Yolanda (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$300.	.00 P.O.Box 175	
	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	Ĭ	Check if Austin, TX, officeholder living expense
		campaign worker
9 Complete <u>ONLY</u> if dire expenditure to benefit		sought Office held
expenditure to benefit	0.011	
Date	Payee name	
01/12/2024	Perez, Yolanda (Mrs.)	
Amount (\$)	Payee address; City; State; Zip	Code
\$300.	.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	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		campaign worker
Complete ONLY if dire expenditure to benefit		sought Office held
·		
Date	Payee name	
01/19/2024	Perez, Yolanda (Mrs.)	
Amount (\$)	Payee address; City; State; Zip	Code
\$300.	.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	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign worker
Complete ONII V if allian	ot Candidate/Officeholder name	Cought Office hold
Complete ONLY if dire expenditure to benefit		sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officeholder/Politica 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: 18/24 Rpt: 25/35	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/25/2024	Perez, Yolanda (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O.Box 175
		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
		Sampaign Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/25/2024	Portales, Petra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1600 N. 7th Street
		Crysyal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI 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/O	
	Date	Payee name
	01/19/2024	Puente, Amelia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	1511 N. 7th Street
		Crystal City, TX 78839
	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
	Complete ONE Wife direct	Condidate Office helder name
	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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	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 File	ers)					
l	Sch: 19/24 Rpt: 26/35	Serna, Roberto (The Honorable) 00020956						
4	Date	5 Payee name						
l	01/25/2024	Puente, Amelia (Mrs.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
l	\$450.00	1511 N. 7th Street						
l								
l		Crystal City, TX 78839						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Salaries/Wages/Contract Labor						
l		Check if Austin, TX, officeholder living expense campaign worker						
l		Campaigh worker						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI							
⊨	Date	Payee name						
l	01/05/2024	Puente, Rosana (Miss)						
┝	Amount (\$)	Payee address; City; State; Zip Code						
l	\$350.00	1001 Villa Hermosa						
l	φοσο.σσ	1001 VIIIA FICTITIOSA						
l		Crystal City, TX 78839						
┝	PURPOSE							
l	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.						
l	EXPENDITURE	Check if Austin, TX, officeholder living expense						
l		campaign worker						
L								
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
┕								
l	Date	Payee name						
L	01/12/2024	Puente, Rosana (Miss)						
l	Amount (\$)	Payee address; City; State; Zip Code						
l	\$350.00	1001 Villa Hermosa						
l								
		Crystal City, TX 78839						
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l		campaign worker						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H .						

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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:				
	Sch: 20/24 Rpt: 27/35	Serna, Roberto (The Honorable)			
4	Date	5 Payee name			
	01/19/2024	Puente, Rosana (Miss)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$350.00	1001 Villa Hermosa			
	!				
		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			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF	Н			
	Date	Payee name			
	01/25/2024	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			
	!	Campaign worker			
	!				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF	н			
_	Date	Payee name			
	01/19/2024	Ramirez, Sergio (Mr.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$400.00	2106 Buffalo Blvd.			
	, , , ,				
		Carrizo Springs, TX 78834			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	-	Check if Austin, TX, officeholder living expense campaign worker			
		Cumpuigh Worker			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 21/24 Rpt: 28/35	Serna, Roberto (The Honorable) 00020956						
4	Date	5 Payee name						
	01/25/2024	Ramirez, Sergio (Mr.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$400.00	2106 Buffalo Blvd.						
		Carrizo Springs, TX 78834						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		Check if Austin, TX, officeholder living expense campaign worker						
		Campaign worker						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	the state of the s						
⊨	Data							
	Date	Payee name						
L	01/22/2024	Ramos, Federico Daniel (Mr.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	956 Medina Steet Apt. #5						
		Eagle Pass, TX 78852						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Purchase of ads on internet						
		Fulchase of aus off internet						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
H	Data							
	Date 01/22/2024	Payee name Ruiz, Isaak						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	410 S. Bibb Ave						
		Eagle Pass, TX 78852						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Purchase of ads on internet						
		T dichase of aus off internet						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						
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l								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Al 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: 22/24 Rpt: 29/35	Serna, Roberto (The Honorable) 00020956						
4	Date	5 Payee name						
	01/18/2024	The News Gram						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,500.00	2431 Del Rio Blvd						
		Eagle Pass, TX 78852						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense						
		Check if Austin, TX, officeholder living expense Purchase of newspaper ads.						
		T dichase of newspaper aus.						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/O							
F	Date	Payee name						
	01/25/2024	The News Gram						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	2431 Del Rio Blvd						
		Eagle Pass, TX 78852						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Purchase of ad in newspaper						
		T dichase of ad in Newspaper						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
F	Date	Payee name						
	01/05/2024	Vega, Alma (Mrs.)						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	1505 Wooding Street						
		Carrizo Springs, TX 78834						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		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/O	· · · · · · · · · · · · · · · · · · ·						
\vdash								
ı								

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•		/Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
ᆫ			suide explains now to c	ompi	ete tilis iorili.				
1	Total pages Schedule F1: Sch: 23/24 Rpt: 30/35	2 FILER NAME Serna, Roberto (The Hono	orable)			3	Filer ID 00020956	(Ethics Commission File	rs)
Ŀ	·								
4	Date	Payee name							
	01/12/2024	Vega, Alma (Mrs.)							
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode					
	\$300.00	1505 Wooding Street							
		•							
		Corrigo Caringo TV 7002	1						
L		Carrizo Springs, TX 78834	•						
8	PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wages/Contract I	₋abor		=		de of Texas. Com		
					\Box		officeholder living	expense	
					campaign wo	rke	: [
9	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O								
F	Date	Payee name							
	01/25/2024	Vega, Alma (Mrs.)							
H			State; Zip C	odo					
	Amount (\$)		State, Zip C	oue					
	\$300.00	1505 Wooding Street							
		Carrizo Springs, TX 78834	l.						
	PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wages/Contract I			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	_			—		officeholder living	expense	
					campaign wo	rke	er		
	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O								
F	Date	Payee name							
	01/19/2024	Zavala County Sentinel							
			0: . 7' 0						
	Amount (\$)	Payee address; City;	State; Zip C	ode					
	\$810.00	202 E Nueces Street							
		Crystal City, TX 78839							
Г	PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b)	Description				
	OF	Advertising Expense	and top of the deficuation	` `		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin,	TX,	officeholder living	expense	
					Purchase of a	ads	in newspap	er	
Г	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O			-					
\vdash									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/24 Rpt: 31/35	Serna, Roberto (The Honorable)		00020956
4	Date	5 Payee name		
	01/25/2024	Zavala County Sentinel		
6	Amount (\$)	7 Payee address; City;	State; Zip Code	
	\$100.00	202 E Nueces Street Crystal City, TX 78839		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Advertising Expense	Check if travel Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense newspaper ad
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	ges Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission File	ers)		
Sch: 1/3 Rpt: 32/35	Serna, Roberto (Th	e Honorable)	00020956				
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$400.00	01/14/2024	01/19/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip C	Code		
	Facebook		P. O. Box 650448				
			Dallas, TX 75265-0448				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Advertising Expense	or this schedule)	Purchase of Facebook ac	ds			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 01/19/2024	r Paid			
	\$274.93	01/12/2024	01/13/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip C	Code		
	Facebook		P. O. Box 650448				
			Dallas, TX 75265-0448				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description				
X Political	Advertising Expense	or this schedule)	Purchase of Facebook ads				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder		ce sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$125.00	01/03/2024	01/05/2024				
	4120.00	01/00/2021					
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip C	Code		
	l		P. O. Box 650448				
	Facebook						
			Dallas, TX 75265-0448				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
EXPENDITURE	Advertising Expense	of this scriedule)	Purchase of ads				
X Political							
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
, , , , , , , , , , , , , , , , , , , ,	<u> </u>						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	S Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 2/3 Rpt: 33/35	Serna, Roberto (The Honorable)			00020956				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0	Credit Card Issue	r Paid			
	\$605.00	01/06/2024	01/17/202	4				
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Texas Democratic I	Party		hland Mall Blvd	l., Suite 508			
8 PURPOSE OF	(a) Category		Austin, TX (b) Descripti					
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	1	of VAN informat	tion for mailing	out ads		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$175.00	(b) Date of Charge 01/06/2024	(c) Date(s) 0 01/19/202	Credit Card Issuei 4	r Paid			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Facebook		P. O. Box 650448					
			Dallas, TX 75265-0448					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Purchase of ads					
X Political	3 pr							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$2,800.00	(b) Date of Charge 01/11/2024	(c) Date(s) 0 01/17/202	Credit Card Issue 4	r Paid			
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	2 D Ciano		7996 1st S	treet				
	3-D Signs							
			Summerset, TX 78069					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti					
l <u> </u>	Advertising Expense	or time estricularly	Purchase	of campaign sig	jns			
X Political				_				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u>_</u>	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e 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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Awar al Committee Legal Se		Printing Expense Salaries/Wages/Contract Labor	Fravel in District Fravel Out of District DTHER (enter a categ	ory not listed at	pove)
			truction Guide explains	how to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	nics Commiss	ion Filers)
	Sch: 3/3 Rpt: 34/35	Serna, Roberto (T	he Honorable)		00020956		
4	CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZED			
l	ISSUER	see i	orevious	EXPENDITURES CHARGED TO A CREDI	__ \$		
				CARD	'		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
		\$250.00	01/11/2024	01/19/2024			
		Ψ200.00	01/11/2024				
7	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
				P. O. Box 650448	•		
		Facebook					
				Dallas, TX 75265-0448			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the to	. ,	Purchase of Ads			
	X Political	Advertising Expense					
	Non-Political	(c) Check if travel outside	e of Texas. Complete Schedule	e T	K, officeholder living e	xnense	
9	Complete ONLY if direct	Candidate/Officeholde	· · · · · · · · · · · · · · · · · · ·	Office sought	Office held		
	penditure to benefit C/OH			· ·			
l							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	FILER NAME		3 Filer ID (Ethics Commission Filers)			
-	Sch: 1/1 Rpt: 35/35	Serna, Roberto (The Honorable)		00020956			
4	Date	Payee name					
	01/01/2024	American Express					
6	Amount (\$)	Payee address; City; State;	Zip Code				
	\$150.00	P. O. Box 650448					
	Reimbursement from political contributions intended	Dallas, TX 75265-0448					
8	PURPOSE	(See Categories listed at the top of this sched	ule) (b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Advertising Expense	[Check if Austin, TX, officeholder living expense			
	EXPENDITURE		ads on Faceboo	k			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	01/01/2024	American Express					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$58.91	P. O. Box 650448					
	Reimbursement from political contributions intended	Dallas, TX 75265-0448					
	PURPOSE	Category (See Categories listed at the top of this sched	ule) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	supplies		Check if Austin, TX, officeholder living expense			
			hammer, nails a	nd cable ties			
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	01/05/2024	American Express					
	Amount (\$)	Payee address; City; State;	Zip Code				
	\$125.00	P. O. Box 650448					
	Reimbursement from						
	political contributions intended	Dallas, TX 75265-0448					
	PURPOSE	Category (See Categories listed at the top of this sched	ule) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Advertising Expense	L	Check if Austin, TX, officeholder living expense			
			ads of Facebook				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held			

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) 00020956		2 Total pages filed: 47	
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ON	NLY
OFFICEHOLDER NAME	The Honorable Roberto			Date Received	LED
				ELECTRONICALLY FIL	LED
	NICKNAME LAST		SUFFIX	02/26/2024	
	Serna				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	ZIP CODE	Date Hand-delivered or Date Postn	narked
OFFICEHOLDER MAILING ADDRESS	1665 N. Bibb Ave.			Receipt # Amount	
l					
Change of Address	Eagle Pass, TX 78852-6612			Date Processed	
				Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRST		MI		
TREASURER	Mr. Roberto				
NAME	TOBERS 1				
	NICKNAME LAST		SUFFIX		
	Serna		SUFFIX		
	Sema				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASI	E); APT / SUITE	:#; CITY;	STATE;	ZIP CODE
TREASURER	1665 N. Bibb Ave	E), APT/SUITE	:#, CITY,	SIAIE,	ZIP CODE
ADDRESS	1003 N. Bibb Ave				
(Residence or Business)					
	Eagle Pass, TX 78852-6612				
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER	(830) 968-5856				
PHONE	(000) 000 0000				
8 REPORT					
TYPE	January 15 30th day be	efore election Runoff		15th day after campaign tre	asurer
				appointment (officeholder of	
	July 15 X 8th day bef	ore election Exceeded reporting	I modified limit	Final Report (Attach C/OH-F	FR)
a DEDIOD	Month Box Von				
9 PERIOD COVERED	Month Day Year	THROUGH	onth Day	Year	
	01/26/2024	THROUGH	02/24/2024	+	
10 ELECTION	ELECTION DATE	El E0:	TION TYPE		
10 ELECTION	ELECTION DATE Month Day Year		TION TYPE	Other	
	03/05/2024		11011		
		General Sp	ecial		
		_			
11 OFFICE	OFFICE HELD (if any)		FICE SOUGHT		
	District Attorney (Multi-county) District	293rd Maverick Dist	trict Attorney ((Multi-county) District 293	3rd
	•	1			
	G	O TO PAGE 2			
	0.				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 47

13 C / OH NAME	Serna, Roberto (The	Honorable)		14 Filer ID 00020956	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without is equired to report this information	the candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
Ш	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAM	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		, \$	0.00
		AL CONTRIBUTIO PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	23,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURE	:S		\$	37,365.71
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	4,613.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	37,500.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Hon	orable Roberto Seri	22	
				Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL ABO	OVE	•			
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	cer administering	Printed name	of officer administering	Title of office	er administer	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 47	
18 FILER NAME Serna, Roberto (The Honorable) 19 Filer ID (Ethics Commission Filers) 00020956					
	JLE SUBTOTALS F SCHEDULE		SUBTOT	AL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	23,000.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	200.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. X	SCHEDULE E: LOANS		\$	14,500.00	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	32,465.47	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	2,968.47	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,931.77	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	ETURNED	\$		
				_	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/47	
2	FILER NAME Serna, Robe	rto (The Honorable)			3	Filer ID (Ethics Commission 00020956	on Filers)
4	Date 02/06/2024	 Full name of contributor out-of-state PA Aguilera, David (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_		Dallas, TX 75216					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PA Ajamie LLP Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Deinsinal assu	Houston, TX 77002		Franksian (Cook landswictions	_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/21/2024	Full name of contributor out-of-state PA Gonzalez and Associates P.C. Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Eagle Pass, TX 78852					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/09/2024				Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/06/2024	Full name of contributor out-of-state PA Harper J.D., Jad (Mr.) Contributor address; City; State; Zip Code Eagle Pass, TX 78852	AC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/47	
2	FILER NAME Serna, Robe	rto (The Honorable)		3	Filer ID (Ethics Commission 00020956	Filers)
4	Date 02/21/2024			7	Amount of Contribution (\$)	\$500.00
•	Dringing Loggy	Eagle Pass, TX 78852	O Employer (Coa Instructions			
8	Principal occu		9 Employer (See Instructions)		
	Date 02/20/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$	2,000.00
	Principal occu	Eagle Pass, TX 78852 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#: Law Office Office of Hugo Zapata PLLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Eagle Pass, TX 78852 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair and Sampson LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin , TX 78706 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Maurer, Bernard (Mr.) Contributor address; City; State; Zip Code Eagle Pass, TX 78852			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/47	
2	FILER NAME Serna, Robe	rto (The Honorable)		3	Filer ID (Ethics Commission 00020956	n Filers)
4	Date 02/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_	Deinsinal	Eagle Pass, TX 78216	O Faralassa (Octobrations			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Padilla, Alfredo (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Carrizo Springs, TX 78834-6355 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	oalion7 300 title (See mstructions)	Employer (See instructions	')		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Patterson Jr., John H. (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_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	()		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_Rhodes, Crawford Adams (Mr.) Contributor address; City; State; Zip Code Eagle Pass, TX 78853)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/47		
2	FILER NAME Serna, Robe	rto (The Honorable)			3	Filer ID (Ethics Commission 00020956	on Filers)
4	Date 02/14/2024	 5 Full name of contributor ou ou			7	Amount of Contribution (\$)	\$1,000.00
		Crystal City, TX 78839					
8	Principal occu	pation / Job title (See Instructions)	Ş	Employer (See Instructions)		
	Date 02/22/2024	Full name of contributor ou Serna J.D., Eduardo d/b/a Texa Contributor address; City; State; Zi Crystal City, TX 78839				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/31/2024	Full name of contributor ou Ted Rodriguez, Jr, P.C. Contributor address; City; State; Zi Carrizo Springs, TX 78834	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/23/2024	Full name of contributor out out Villabobos & Villalobos, P. C. Contributor address; City; State; Zi McAllen, TX 78504				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/10/2024	Full name of contributor ou villarreal Esq., Isaac (Mr.) Contributor address; City; State; Zi Austin, TX 78701	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			•				

	MONETAF	RY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instructio	n Guide explains how to complete this	form.	1 Total page Sch: 5/5	es Schedule A1: Rpt: 8/47	
2	FILER NAME Serna, Roberto ((The Honorable)		1	(Ethics Commission	on Filers)
4	02/21/2024	Full name of contributor out-of-state PAC (ID#: Watkins & Shattles P.L.L.C. Contributor address; City; State; Zip Code		7 Amount of	Contribution (\$)	\$1,000.00
_		San Antonio, TX 78216	1			
8	Principal occupation	on / Job title (See Instructions)	9 Employer (See Instructions	5)		
	02/03/2024	Full name of contributor out-of-state PAC (ID#: Weinberg, Michael (Mr.) Contributor address; City; State; Zip Code)	Amount of	Contribution (\$)	\$5,000.00
		Houston, TX 77007-3029 on / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		

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: 9/47 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Serna, Roberto (The Honorable) 00020956 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/02/2024 Calderon, Rudy (Mr.) \$200.00 Putting up campaign signs 7 Contributor address; City; State; Zip Code in the District Crystal City, TX 78839 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) self - employed handyman 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)

	LOANS					SCHEDULE E	
	The Instruction	n Guide explains how to	complete this	form.	1	ges Schedule E: 2 Rpt: 10/47	
2	FILER NAME Serna, Roberto	(The Honorable)			3 Filer ID 000209	(Ethics Commission Filers) 56	
4	TOTAL OF UN	IITEMIZED LOANS				\$	
5	Date of loan 01/31/2024	7 Name of lender Serna J.D., Roberto (Mr.)	out-of-state PA	AC (ID#:)	9 Loan Amount (\$) \$3,000.00	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate 11 Maturity Date	
	INU	Eagle Pass, TX 78852				01/01/2030	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions State of Texas	s)		
14	Description of Coll X None	ateral		15 Check if personal funds we	ere 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 occupation	on		21 Employer (See Instructions	5)		
	Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)	
	02/09/2024	Serna J.D., Roberto (Mr.)				\$1,500.00	
	Is lender a financial institution?	Lender address; City	State;	Zip Code		Interest Rate	
	No					Maturity Date	
	<u> </u>	Eagle Pass, TX 78852		T = 1 (0 1 1 11	,	02/09/2030	
	District Attorney	on / Job title (See Instructions)		Employer (See Instructions State of Texas	5)		
	Description of Coll			Check if personal funds were deposited into political account			
	X None	a.c.		X	or o dopoentod	(See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)	
	X not applicable	Guarantor address; City;	State;	Zip Code			
	Principal occupation	on		Employer (See Instructions	5)		

LOANS				SCHEDULE E	
The Instruction	The Instruction Guide explains how to complete this form. 1 Total page Sch: 2/2				
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 02/20/2024	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	
No	Eagle Pass, TX 78852			11 Maturity Date 02/20/2030	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions State of Texas	s)		
14 Description of Col X None	lateral	15 Check if personal funds we	ere 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	on .	21 Employer (See Instructions	s)		

SCHEDULE F1

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

Event Expense 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

	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: 1/30 Rpt: 12/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/31/2024	Aguilar, Alex (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O.Box 54
		Carrizo Springs, TX 78834
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Campaign worker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
l	Date	Payee name
l	02/09/2024	Aguilar, Alex (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
l	\$300.00	P.O.Box 54
l		
l		Carrizo Springs, TX 78834
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l		Check if Austin, TX, officeholder living expense Campaign worker
l		Campaign worker
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
⊨	Data	
l	Date 02/16/2024	Payee name
L		Aguilar, Alex (Mr.)
l	Amount (\$)	Payee address; City; State; Zip Code P.O.Box 54
l	\$300.00	P.O.B0X 54
l		
		Carrizo Springs, TX 78834
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign worker
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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: 2/30 Rpt: 13/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/23/2024	Aguilar, Alex (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O.Box 54
		Carrizo Springs, TX 78834
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign worker
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	02/07/2024	American Express
L		
	Amount (\$)	
	\$600.00	P. O. Box 650448
		Dallas, TX 75265-0448
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		paid credit card for facebook ads paid by credit card
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	•
	Date	Payee name
	02/12/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$414.06	P. O. Box 650448
		Dallas, TX 75265-0448
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment for Facebook ads
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	·
1 Total pages Schedule F1: Sch: 3/30 Rpt: 14/47	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4 Date	5 Payee name
02/14/2024	American Express
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$454.41	P. O. Box 650448
	Dallas, TX 75265-0448
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payment for Facebook ads
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/24/2024	American Express
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 650448
	Dallas, TX 75265-0448
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	payment for text messages charged
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/31/2024	Barrera, Sylvia (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	PO Box 305
	Carrizo Springs, TX 78834
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	campaign worker
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belief 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 4/30 Rpt: 15/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/09/2024	Barrera, Sylvia (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 305
		Carrizo Springs, TX 78834
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.
		Campaign worker
		Campaigh worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	02/16/2024	Barrera, Sylvia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 305
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign worker
		Campaign worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/23/2024	Barrera, Sylvia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 305
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign worker
		Campaign worker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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

	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: 5/30 Rpt: 16/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/31/2024	Calderon, Rudy (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	415 E. ValVerde
	l	
	!	Crystal City, TX 78839
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Expenses Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	For food and gas while putting up campaign signs in
	!	the District
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	4
	Date	Payee name
	01/31/2024	Campirano, Sandra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	619 West Lake
	l	
	!	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.
	l	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	-1
	Date	Payee name
	02/09/2024	Campirano, Sandra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	619 West Lake
	l	
	!	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.
		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	U

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 6/30 Rpt: 17/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/16/2024	Campirano, Sandra (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	619 West Lake
		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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/Ol	
⊨	Date	Payso nama
	02/23/2024	Payee name Campirano, Sandra (Mrs.)
L		Campirano, Sandra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	619 West Lake
		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
		Campaign worker
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/19/2024	Campos, Ricky (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	514 E. Crockett Street
	φ130.00	514 E. Clockett Street
		Createl City, TV 70020
		Crystal City, TX 78839
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		payment for washers tournament for Roberto Serna
		for District Attorney
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
1		
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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 7/30 Rpt: 18/47	Serna, Roberto (The Honorable) 00020956	
4	Date	5 Payee name	
	02/18/2024	Carrizo Springs Javelin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$85.00	P. O. Box 1046	
		Carrizo Springs, TX 78834	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		newspaper ad	
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/23/2024	Carrizo Springs Javelin	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$85.00	P. O. Box 1046	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF		
		Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Navertising Expense	
		Check if Austin, TX, officeholder living expense	
	EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Ad in newspaper Candidate/Officeholder name Office sought Office held	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Ad in newspaper Candidate/Officeholder name Office sought Office held	
	EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Ad in newspaper Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O	Check if Austin, TX, officeholder living expense Ad in newspaper Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name	
	Complete ONLY if direct expenditure to benefit C/OhDate 02/23/2024	Check if Austin, TX, officeholder living expense Ad in newspaper Candidate/Officeholder name Office sought Payee name Cisneros, Laura (Mrs.)	
_	Complete ONLY if direct expenditure to benefit C/OFDate 02/23/2024 Amount (\$)	Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code	
	Complete ONLY if direct expenditure to benefit C/OFDate 02/23/2024 Amount (\$)	Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code	
	Complete ONLY if direct expenditure to benefit C/OlDate 02/23/2024 Amount (\$) \$300.00	Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code 101 Chula Vista	
	Complete ONLY if direct expenditure to benefit C/OFDate 02/23/2024 Amount (\$) \$300.00	Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code 101 Chula Vista Crystal City, TX 78839 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense Ad in newspaper	
	Complete ONLY if direct expenditure to benefit C/OlDate 02/23/2024 Amount (\$) \$300.00	Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code 101 Chula Vista Crystal City, TX 78839 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 02/23/2024 Amount (\$) \$300.00	Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code 101 Chula Vista Crystal City, TX 78839 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense Ad in newspaper	
	Complete ONLY if direct expenditure to benefit C/OF Date 02/23/2024 Amount (\$) PURPOSE OF EXPENDITURE	Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code 101 Chula Vista Crystal City, TX 78839 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if Austin, TX, officeholder living expense Campaign worker	
	Complete ONLY if direct expenditure to benefit C/OF Date 02/23/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code 101 Chula Vista Crystal City, TX 78839 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office held Office held	
	Complete ONLY if direct expenditure to benefit C/OF Date 02/23/2024 Amount (\$) PURPOSE OF EXPENDITURE	Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code 101 Chula Vista Crystal City, TX 78839 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office held Office held	
	Complete ONLY if direct expenditure to benefit C/OF Date 02/23/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Cisneros, Laura (Mrs.) Payee address; City; State; Zip Code 101 Chula Vista Crystal City, TX 78839 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office held Office held	

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

	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: 8/30 Rpt: 19/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/31/2024	Coronado, Tina (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	619 E. Dimmit St.
		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
	Date	Payee name
	02/09/2024	Coronado, Tina (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	619 E. Dimmit St.
		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 Austin, TX, officeholder living expense
		Campaign worker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Data	Para and a second secon
	Date 02/16/2024	Payee name Coronado, Tina (Mrs.)
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 619 E. Dimmit St.
	\$300.00	619 E. DIIIIIIII St.
		O
		Crystal City, TX 78839
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign worker
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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

	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)	
l	Sch: 9/30 Rpt: 20/47	Serna, Roberto (The Honorable) 00020956	
4	Date	5 Payee name	_
l	02/23/2024	Coronado, Tina (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
l	\$300.00	619 E. Dimmit St.	
l			
		Crystal City, TX 78839	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
ľ	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	
L	experientare to benefit 6/61	'	
l	Date	Payee name	
l	02/24/2024	Coronado, Tina (Mrs.)	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	619 E. Dimmit St.	
		Crystal City, TX 78839	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		beverages for absentee voting site	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·	
┝	Date	Davida nama	=
l	02/23/2024	Payee name De La Cruz, Pat (Mrs.)	
┝			_
l	Amount (\$) \$300.00	Payee address; City; State; Zip Code 2206 Old Uvalde Hwy	
l	φ300.00	2200 Olu Ovalue Hwy	
l		On the City TV 70000	
		Crystal City, TX 78839	_
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		campaign worker	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O	1	
H			_
ĺ			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/30 Rpt: 21/47	Serna, Roberto (The Honorable)	00020956
4	Date	5 Payee name	•
	02/23/2024	Esparza, Daniel (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	111 Highland Circle	
		Crystal City, TX 78839	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
		au au	ls on loud speakers, to get out the vote
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
	Data		
	Date 02/10/2024	Payee name	
		Flores, Jesus (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	506 Nueces Street	
		Eagle Pass, TX 78852	
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	escription
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Li	ampaign worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/20/2024	Flores, Norma L (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	843 Ceylon St.	
		,	
		Eagle Pass, TX 78852	
	PURPOSE		escription
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ca	ampaign worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/30 Rpt: 22/47	Serna, Roberto (The Honorable)		00020956
4	Date	5 Payee name		·
	02/08/2024	Herrera, Annixa (Ms.)		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$90.00	791 N. Bibb, Unit 233		
		Eagle Pass, TX 78852		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Creation of ad for newspapers
				Creation of ad for newspapers
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/OI		,	Since held
_	Date	Payee name		
	02/15/2024	Herrera, Annixa (Ms.)		
	Amount (\$)	Payee address; City; State; Zip Cod	le.	
	\$90.00	791 N. Bibb, Unit 233		
	400.00	101111 5155, 01111 250		
		Eagle Pass, TX 78852		
_	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, lavertioning Expense		Check if Austin, TX, officeholder living expense
				Creation of ad for newspapers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	02/18/2024	Herrera, Annixa (Ms.)		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$180.00	791 N. Bibb, Unit 233		
		Eagle Pass, TX 78852		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				creation of ads for newspapers
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 12/30 Rpt: 23/47	Serna, Roberto (The Honorable)			00020956	
4	Date	5 Payee name				
	01/31/2024	Martinez, Fransica V. (Mrs.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,000.00	661 S. Brazos Street				
		Eagle Pass, TX 78852				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel		ide of Texas. Com	
	EXI ENDITORE		Campaign wo		, officeholder living	g expense
			Campaign wo	אונ	CI	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	ald
	expenditure to benefit C/Ol				Office file	aiu
	Data	Para a same				
	Date 02/23/2024	Payee name Martinez, Mari (Mrs.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	P.O. Box 454				
		A.L., 1., TV 70007				
		Asherton, TX 78827				
	PURPOSE OF	, ,	Description		:d4.T O	wlete Cabendule T
	EXPENDITURE	Salaries/Wages/Contract Labor			ide of Texas. Com , officeholder living	
			campaign wo			•
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/23/2024	Martinez, Matthew (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	209 E. Val Verde				
		Crystal City, TX 78839				
	PURPOSE		Description			
	OF	Salaries/Wages/Contract Labor		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	, and the second	_		, officeholder living	gexpense
			campaign wo	rke	er	
	0 1. 0					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office he	eld
	, a					

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/30 Rpt: 24/47	Serna, Roberto (The Honorable)	00020956
4	Date	5 Payee name	<u>'</u>
	02/23/2024	Martinez, Rosa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	P.O. Box 458	
		Asherton, TX 78827	
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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Campaign worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
H	D-1-	_	
	Date	Payee name	
	02/20/2024	Martinez, Veronica (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	661 S. Brazos Street	
		Eagle Pass, TX 78852	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description
	EXPENDITURE	gas L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L r	noney for gas to get out the vote
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/29/2024	Morales IV, Pedro (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	519 N. Ave D	
		Crystal City, TX 78839	
	PURPOSE	, ,	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
	Operated ONE VIII	Out did to 10ff asked as some	06
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 14/30 Rpt: 25/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/23/2024	Ochoa, Nati (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	915 Chambers Street
		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 Austin, TX, officeholder living expense campaign worker
		campaign worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	02/16/2024	Ortiz Perez, Gracie
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	801 Medison Dr.
		Carrizo Springs, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Copies of sample ballots
		Copies of sample ballots
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/28/2024	Padilla, Maria (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.00	P. O. Box 54
	Φ107.00	F. O. Bux 34
		Corrigo Springo TV 70024
		Carrizo Springs, TX 78834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Purchase of food and water for Democratic meet and
		greet in Dimmit County
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/30 Rpt: 26/47	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4	Date 01/31/2024	5 Payee name Padilla, Maria (Mrs.)
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P. O. Box 54 Carrizo Springs, TX 78834
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. 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
	Date 02/09/2024	Payee name Padilla, Maria (Mrs.)
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 54 Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/16/2024	Payee name Padilla, Maria (Mrs.)
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 54
		Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	
1	Sch: 16/30 Rpt: 27/47	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4	Date	5 Payee name
	02/23/2024	Padilla, Maria (Mrs.)
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip CodeP. O. Box 54
		Carrizo Springs, TX 78834
8	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.
		Compaign worker
		Campaign worker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2024	Padilla, Maria (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	P. O. Box 54
	Ψ100.00	1.0.0000
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Reimbursement for food, drinks and tent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	Padilla, Nora (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 54
	Ψ000.00	
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI 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	1

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/30 Rpt: 28/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/09/2024	Padilla, Nora (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O. Box 54
		Carrizo Springs, TX 78834
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-t
	Date	Payee name
	02/16/2024	Padilla, Nora (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 54
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI 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/O	
	Date	Payee name
	02/23/2024	Padilla, Nora (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 54
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Carrizo Springs, TX 78834
	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
	0 1: 0::::::	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/30 Rpt: 29/47	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4	Date 02/09/2024	5 Payee name Perez, Frances (Mrs.)
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P.O. Box 472
8	PURPOSE OF EXPENDITURE	Carrizo Springs, TX 78834 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign worker
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/16/2024	Payee name Perez, Frances (Mrs.)
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/23/2024	Payee name Perez, Frances (Mrs.)
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 472
		Carrizo Springs, TX 78834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/30 Rpt: 30/47	Serna, Roberto (The Honorable)	00020956
4	Date	5 Payee name	
	01/31/2024	Perez, Francies (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	P.O.Box 472	
		Operior Continue TV 70004	
Ļ		Carrizo Springs, TX 78834	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Campaign worker
Ļ	0 1: 0 1: 0		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Date		
	02/23/2024	Payee name Perez , Rolando (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	P.O.Box 472	
		Carrizo Springs, TX 78852	
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/23/2024	Perez, Sarah (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 311	
	\$300.00	P.O. BOX 311	
		Big Wells, TX 78830	
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 20/30 Rpt: 31/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/31/2024	Perez, Yolanda (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O.Box 175
		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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/09/2024	Perez, Yolanda (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O.Box 175
	φ300.00	F.O.BOX 173
		Chietal City, TV 79920
	DUDD005	Crystal City, TX 78839
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign worker
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/16/2024	Perez, Yolanda (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	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
		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	
\vdash		
l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officenoider/Politica 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: 21/30 Rpt: 32/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/23/2024	Perez, Yolanda (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O.Box 175
		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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/31/2024	Portales, Petra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1600 N. 7th Street
		Crysyal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI 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	
	Date	Payee name
	02/09/2024	Portales, Petra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1600 N. 7th Street
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Crysyal City, TX 78839
	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
	0 1 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/OI	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

	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: 22/30 Rpt: 33/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/16/2024	Portales, Petra (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	1600 N. 7th Street
		Crysyal 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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/23/2024	Portales, Petra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1600 N. 7th Street
		Crysyal 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. Check if Austin, TX, officeholder living expense
		campaign worker
		Sampaign none.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/31/2024	Puente, Amelia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	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.
		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/OI	

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 23/30 Rpt: 34/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/09/2024	Puente, Amelia (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	1511 N. 7th Street
		Crystal City, TX 78839
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Contract worker
_	Complete ONL V if direct	Candidata/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/16/2024	Puente, Amelia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	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 Austin, TX, officeholder living expense campaign worker
		Campaign worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Development
	Date 02/23/2024	Payee name
		Puente, Amelia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	1511 N. 7th Street
		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
		Sampaigh Home.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/30 Rpt: 35/47	Serna, Roberto (The Honorable)	00020956
4	Date	5 Payee name	<u> </u>
	01/31/2024	Puente, Rosana (Miss)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	1001 Villa Hermosa	
		Crystal City, TX 78839	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
] Check if Austin, TX, officeholder living expense ampaign worker
			ampaign worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/09/2024	Puente, Rosana (Miss)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	1001 Villa Hermosa	
	,		
		Crystal City, TX 78839	
	PURPOSE		escription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		l Ca	ampaign worker
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
-	Date	Payee name	
	02/23/2024	Puente, Rosana (Miss)	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	1001 Villa Hermosa	
	4000.00	1001 VIIIQ 11011110000	
		Crystal City, TX 78839	
	PURPOSE		escription
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		ca	ampaign worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	,		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/30 Rpt: 36/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/16/2024	Puente, Rosanna (Miss)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1015 E. Crockett St.
		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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
	Date	Payee name
	02/14/2024	Quijano, Rosa (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 36
		La Pryor, TX 78872
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Power name
	02/23/2024	Payee name Quijano, Rosa (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 36
	4000.00	
		La Pryor, TX 78872
	PURPOSE	Tax.
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign worker
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Officeholds/ (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

	Candidate/Officeholder/Politica 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: 26/30 Rpt: 37/47	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	01/31/2024	Ramirez, Sergio (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	2106 Buffalo Blvd.
		Carrizo Springs, TX 78834
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/09/2024	Ramirez, Sergio (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	2106 Buffalo Blvd.
	Ψ+00.00	2100 Bullalo Bivu.
		Carrizo Springs, TX 78834
	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date 02/16/2024	Payee name Payer Sorgio (Mr.)
		Ramirez, Sergio (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	2106 Buffalo Blvd.
		Carrizo Springs, TX 78834
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Cara r ayment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/30 Rpt: 38/47	Serna, Roberto (The Honorable)		00020956
4	Date	5 Payee name		·
	02/23/2024	Ramirez, Sergio (Mr.)		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$400.00	2106 Buffalo Blvd.		
		Carrizo Springs, TX 78834		
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
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
F	Date	Payee name		
	02/15/2024	Rios, Jaime (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$1,000.00	1765 Taft street		
		Eagle Pass, TX 78852		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee		Contribution to a candidate for Maverick County
				Sheriff
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/23/2024	Saenz, Rufino (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$300.00	114 Martinez Lane		
		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.
				Check if Austin, TX, officeholder living expense Campaign worker
				Campaign worker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	9	, -	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula E4.	C. FILED NAME
1	Total pages Schedule F1: Sch: 28/30 Rpt: 39/47	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4	Date	5 Payee name
	02/05/2024	Solis, Julie Ann (Ms.)
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code2500 El Indio Hwy
		Eagle Pass, TX 78852
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
		ads on internet
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2024	Universal Media Connections
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2524 N. Veterans Blvd
	,	
		Eagle Pass, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Radio ads
		Raulo aus
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	Vega, Alma (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1505 Wooding Street
		· ·
		Carrizo Springs, TX 78834
	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/OI	1
l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	al 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: 29/30 Rpt: 40/47	Serna, Roberto (The Honorable) 00020956				
4	Date	5 Payee name				
	02/09/2024	Vega, Alma (Mrs.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$300.00	1505 Wooding Street				
		Carrizo Springs, TX 78834				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
		Check if Austin, TX, officeholder living expense Campaign worker				
		Cumpaign worker				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/O					
F	Date	Payee name				
	02/16/2024	Vega, Alma (Mrs.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	1505 Wooding Street				
		Carrizo Springs, TX 78834				
	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				
		Sampaigh Worker				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
F	Date	Payee name				
	02/23/2024	Vega, Alma (Mrs.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	1505 Wooding Street				
		Carrizo Springs, TX 78834				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
		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/O					
\vdash						
l						

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed above)	
L		_			oxpiuiiis ii		թ.с		_			_
1	Total pages Schedule F1: Sch: 30/30 Rpt: 41/47	2		E erto (The Hono	able)				3	Filer ID 00020956	(Ethics Commission Filers)	
┝	<u> </u>	_		•								-
4	Date	5	Payee name									
	02/18/2024		Zavala Cou	nty Sentinel								
<u>ہ</u>	Amount (\$)	7	Payee addre	ss; City;	State:	Zip Co	de.					_
ľ		l			Otato,	2.p 00	uc					
l	\$100.00		202 E Nuec	es Street								
l												
l			Crystal City	TY 78830								
ᆫ			Crystal City	, 17, 70033								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	he top of this sche	edule)	(b)	Description				
	OF		Advertising					Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		9	•				Check if Austin,	, TX,	officeholder living	g expense	
								Newspaper a	d			
L												_
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/O	┥										
F	Date		Dayon nama									=
l			Payee name									
	02/23/2024		Zavala Cou	nty Sentinel								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$100.00		202 E Nueo	es Street								
	Ψ100.00		202 2 11000	.00 01.001								
			Crystal City	, TX 78839								
Н	PURPOSE	(a)	Category (6)	ee Categories listed at	ha tan af this asha	aduda)	(b)	Description				
l	OF	(*,			ne top of this sche	edule)	(~)	<u> </u>	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Advertising	Expense				—		officeholder living		
								Newspaper a		omooriolaer mani	g expense	
l								ivewspapei a	u			
L												
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ght			Office h	eld	
l	expenditure to benefit C/O	4										
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 1/3 Rpt: 42/47	Serna, Roberto (Th	e Honorable)		C	00020956			
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UN EXPENDITURE CHARGED TO CARD	ES 🖠	S			
6 PAYMENT	(a) Amount Charged \$600.00	(b) Date of Charge 02/04/2024	(c) Date(s) Credit 02/07/2024	Card Issuer F	Paid			
7 PAYEE	(a) Payee name Facebook		(b) Payee address P. O. Box 65044 Dallas, TX 7526	48	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Purchase of Fac					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, of	ficeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$414.06	(b) Date of Charge 02/10/2024	(c) Date(s) Credit 02/12/2024	Card Issuer F	Paid			
PAYEE	(a) Payee name 3-D Signs		(b) Payee address 7996 1st Street Summerset, TX		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description purchase of signs and cards					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, of	ficeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer F	Paid			
PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
I								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)
Sch: 2/3 Rpt: 43/47	Serna, Roberto (Th	e Honorable)		00020956		
4 CREDIT CARD ISSUER		ncial institution a Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$454.41	(b) Date of Charge 02/12/2024	(c) Date(s) Credit Card Issue 02/14/2024	r Paid		
7 PAYEE	(a) Payee name Facebook		(b) Payee address; P. O. Box 650448	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	Dallas, TX 75265-0448 (b) Description Purchase of Facebook ad	S		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
ı						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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	/ - Gift/Award	rage Expense s/Memorials Expense ices	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a categor		
	The Inst	ruction Guide explains	how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 3/3 Rpt: 44/47	Serna, Roberto (Th	e Honorable)		00020956		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI			
ISSUER	America	n Express	EXPENDITURES CHARGED TO A CR	, \$		
		•	CARD	LDII		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Paid		
	\$1,500.00	02/23/2024	02/24/2024			
	72,000.00	0=/=0/=0= :				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			7713 Stoney Creek C	CT		
	ATC Solutions					
			Fairfax Station, VA 2	2039		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Text messages sent	to voters		
X Political	Advertising Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aust	tin, TX, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		
expenditure to benefit C/OH						

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/Political Committee 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:	2 FILER NAM	E		3	Filer ID (Ethics Commission Filers)	
	Sch: 1/3 Rpt: 45/47	Serna, Rol	Serna, Roberto (The Honorable)				00020956
4	Date	5 Payee name)			•	
	02/18/2024	Academy					
6 Amount (\$) 7 Payee address; City; State; Zip Code					ode		
	\$108.23	2083Veterans Blvd.					
	Reimbursement from political contributions intended	Eagle Pass	s, TX 78852				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expe	ense			Ch	heck if Austin, TX, officeholder living expense
	EXI ENDITORE				purchase of two	tent	ts
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name)				
	02/13/2024	Amazon					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode		
	\$324.75	410 Terry <i>i</i>	Ave N.				
	Reimbursement from political contributions intended	Seattle, W	A 98109				
	PURPOSE OF	Category (See Categories listed at the top of this sch	edule)	Description	_	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising	Expense		L	_	heck if Austin, TX, officeholder living expense
					purchase of print	ter ii	ns carriages
	· —	Candidate/Office	cholder name		Office sought		Office held
	expenditure to benefit C/OH						
	Date	Payee name)				
	02/18/2024	Flores, Jes					
	Amount (\$)	Payee addre	. , , , , , , , , , , , , , , , , , , ,	Zip Co	ode		
	\$300.00	506 Nuece	s Street				
	Reimbursement from political contributions intended	Eagle Pass	s, TX 78852				
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	_	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Salaries/W	ages/Contract Labor		L	_	heck if Austin, TX, officeholder living expense
					work for 2 weeks	s ab	sentee and for food
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing I Legal Services Salaries/ The Instruction Guide explains how to c	Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 2/3 Rpt: 46/47		Serna, Roberto (The Honorable)		00020956			
4	Date	5	Payee name					
	02/23/2024		Flores, Jesus (Mr.)					
6	Amount (\$)	7	Payee address; City; State; Zip C	ode				
	\$500.00		506 Nueces Street					
	Reimbursement from							
	political contributions intended		Eagle Pass, TX 78852					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Salaries/Wages/Contract Labor	L	Check if Austin, TX, officeholder living expense			
				Campaign worker	r			
_		Ļ	W. 1. 1000 1 1 1					
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought	Office held			
	C/OH							
F	Date		Payee name					
	02/21/2024		Fuentes, Blanca (Mrs.)					
	Amount (\$)	H	Payee address; City; State; Zip C	ode				
\$300.00 1576 Roosevelt								
	Reimbursement from							
	political contributions intended		Eagle Passs, TX 78852					
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Salaries/Wages/Contract Labor	L	Check if Austin, TX, officeholder living expense			
				Campaign worker	r			
		Ļ	N. 1000 1 11		25			
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought	Office held			
	C/OH							
Г	Date		Payee name					
	02/21/2024		Guibeau, Josie (Ms.)					
H	Amount (\$)	\vdash	Payee address; City; State; Zip C	ode				
	\$200.00		1664 Spirit Lanes					
	Reimbursement from		•					
	political contributions intended		eagle pass, TX 78852					
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense			
				Campaign worker	r			
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought	Office held			
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	oense	Polling Ex Printing Ex			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card F dyment			The Instruction Guid	e explains h	now to co	mplete this form.			
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Commission Filers	3)
	Sch: 3/3 Rpt: 47/47		Serna, Robe	erto (The Honorab	le)				00020956	
4	Date	5	Payee name							
	02/05/2024		Lowe's							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de			
	\$43.31		574 South E	Bibb Avenue						
	Reimbursement from									
	political contributions intended		Eagle Pass,	TX 78852						
8	PURPOSE	(2)			on of this cabo	dula)	(h) Description	Пс	Check if travel outside of Texas. Complete Schedu	Ιο T
°	OF	(a)	material	e Categories listed at the t	op of this sche	edule)	(b) Description	므	Check if Austin, TX, officeholder living expense	ic i.
	EXPENDITURE		materiai				purchase of tie			
							paronase or lie	aow	nio for dignio	
9	Complete ONLY if direct	Car	ndidate/Officek	oolder name			Office sought		Office held	
ľ	expenditure to benefit	Cui	ididate/Officer	iolaet flame			Office Sought		Office field	
	C/OH									
	Date		Payee name							
	02/18/2024		Walmart							
	Amount (\$)	H	Payee addres	ss; City;	State;	Zip Co	de			
	\$155.48		496 Bibb Av	re						
	Reimbursement from									
	political contributions intended		Eagle Pass,	TX 78852						
	PURPOSE		Category (Se	e Categories listed at the t	op of this sche	edule)	Description	Пс	Check if travel outside of Texas. Complete Schedu	le T.
	OF EXPENDITURE			age Expense		ŕ	·	□°	Check if Austin, TX, officeholder living expense	
	EXPENDITORE						purchase of wat	ter, o	chips and chairs	
	Complete ONLY if direct	Car	ndidate/Officeh	older name			Office sought		Office held	
	expenditure to benefit C/OH									

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) 00020956	2 Total pages filed: 42
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Roberto		Date Received
'"""			ELECTRONICALLY FILED
		0.1557	07/01/2024
	NICKNAME LAST	SUFFIX	07/01/2024
	Serna		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	1665 N. Bibb Ave.		
ADDRESS			Receipt # Amount
Change of Address	Eagle Pass, TX 78852-6612		Date Processed
"			Date Processed
			Date Imaged
			Jaco illiagot
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER	Mr. Roberto		
NAME	Troperte		
	NICKNAME LAST	SUFFIX	
	Serna	301117	
	Sema		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	E); APT / SUITE #; CITY	STATE; ZIP CODE
TREASURER	1665 N. Bibb Ave	E), APT/SOITE#, CITT	, STATE, ZIP CODE
ADDRESS	1005 N. BIDD AVE		
(Residence or Business)			
	Eagle Pass, TX 78852-6612		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(830) 968-5856		
PHONE	(655) 555 555		
8 REPORT			
TYPE	January 15 30th day be	efore election Runoff	15th day after campaign treasurer
			appointment (officeholder only)
	X July 15 8th day bef	ore election Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	Month Day	Year
	02/25/2024	THROUGH 06/30/202	24
10 51 5051011	ELECTION DATE	ELECTION TYPE	
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	Othor
	Month Day Year	Primary Runoff	Other
	[General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGH	Γ (if known)
	District Attorney (Multi-county) District	293rd Maverick District Attorney	(Multi-county) District 293rd
	1	L	
	C	O TO PAGE 2	
	G	J TO FAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 42

13 C / OH NAME	Serna, Roberto (The	Honorable)	14 Filer ID (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 a deficeholders are required to report this information	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)	\$ 7,900.00			
EXPENDITURE TOTALS		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 33,518.95			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 29,486.73			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Hon	orable Roberto Serna	a			
		Signature of	Candidate or Officeholo	der			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subse	cribed before me, by the s	aid	, this the	day			
		ertify 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 C/OH **COVER SHEET PG 3**

					3 0f 42
_	ER NAM	ME berto (The Honorable)	19 Filer ID 00020956	(Eth	ics Commission Filers)
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,400.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00
3.		\$			
4.	X	\$	0.00		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	20,210.07	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	2,358.80	
9.	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				10,950.08
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/42	
2	FILER NAME Serna, Robe	erto (The Honorable)		3	Filer ID (Ethics Commission 00020956	on Filers)
4	Date 02/26/2024	5 Full name of contributor out-of-state PAC (ID#:_ Barajas, Jose Amtonio d/b/a Anthoney's Food a 6 Contributor address; City; State; Zip Code	nd Grill (Mr.)	7	Amount of Contribution (\$)	\$400.00
_		Crystal City, TX 78839				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Cervera, Oliva (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$700.00
	Principal occu	Milwaukee, TX 53215-2960 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_ Cervera, Oliva (Mrs.) Contributor address; City; State; Zip Code Milwaukee, TX 53215-2960			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:_ Chapa, Miguel J (Mr.) Contributor address; City; State; Zip Code San Antonio , TX 78218-6044			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Coronado J.D., Jesse R. (Mr.) Contributor address; City; State; Zip Code Crystal City, TX 78839			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/42
2	FILER NAME Serna, Robe	erto (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020956
4	Date 02/27/2024	5 Full name of contributor out-of-state PAC (ID#:_Diaz, Arnulfo (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$2,000.00
		Eagle Pass, TX 78852			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_Garcia, Domingo (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
	Principal occu	Dallas, TX 75247 upation / Job title (See Instructions)	Employer (See Instructions	 - s)	
	Date	Full name of contributor)		Amount of Contribution (\$)
	02/27/2024	Full name of contributor out-of-state PAC (ID#:_ Garcia, Rosa Maria (Ms.) Contributor address; City; State; Zip Code			\$1,000.00
		EAgle Pass, TX 78852			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Serna J.D., Eduardo d/b/a Texas Stop and Go (I Contributor address; City; State; Zip Code Crystal City, TX 78839	Mr.)		Amount of Contribution (\$) \$500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)	

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: 6/42 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Serna, Roberto (The Honorable) 00020956 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 03/05/2024 McManus, William (Mr.) \$500.00 Use of bbq pit and food for 7 Contributor address; City; State; Zip Code Election Day Victoria, TX 77902-2206 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 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)

	LOANS					SCHEDU	ILE E
	The Instruction	on Guide explains how to c	omplete this f	orm.		ages Schedule E: /1 Rpt: 7/42	
2	FILER NAME Serna, Roberto	(The Honorable)			3 Filer ID 00020	(Ethics Commission	n Filers)
4	TOTAL OF UN	IITEMIZED LOANS			.	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	AC (ID#:		9 Loan Amount (\$))
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instr	uctions)		
14	Description of Coll None	ateral		15 Check if personal fu	nds were deposite	d into political account (See Instructions	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarant	eed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instr	uctions)	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

	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: 1/30 Rpt: 8/42	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	03/01/2024	Aguilar, Alex (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O.Box 54
		Carrizo Springs, TX 78834
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
	03/05/2024	Aguilar, Alex (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O.Box 54
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EX. ENDITORE	Check if Austin, TX, officeholder living expense Campaign worker
		Campaign worker
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
-	Date	
	Date 03/02/2024	Payee name
		American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	P. O. Box 650448
		Dallas, TX 75265-0448
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		for Facebook ads
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
l		

SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By - Gift/Aw

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services							e)	
				The Instruction C	Guide explain	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 2/30 Rpt: 9/42		Serna, Roberto (The Honorable)							00020956		
4	Date	5	Payee name									
	03/06/2024		American Ex	rpress								
6	Amount (\$)	7	Payee addres	s; City;	Sta	te; Zip Co	de					
	\$900.00		P. O. Box 65	50448								
			Dallas, TX 7	5265-0448								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this s	schedule)	(b)	Description				
	OF		Credit Card		tile top of tills s	ocricuale)	` ´	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			,				Check if Austin,	, TX,	officeholder livin	g expense	
								Facebook ad	S			
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name		Office sou	ght			Office h	eld	
	experiditure to beriefit C/Oi											
	Date		Payee name									
	03/14/2024		American Ex	rpress								
	Amount (\$)		Payee addres	s; City;	Sta	te; Zip Co	de					
	\$585.80		P. O. Box 65	50448								
			Dallas, TX 7	5265-0448								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		Credit Card		•	ŕ		=			nplete Schedule T.	
	LXI LINDITORL							ш		officeholder livin	g expense	
								Payment for I	⊢ac	ероок ааѕ		
	0 1: 0.11.7.7.1.	<u> </u>				O.(.)				O		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
		_										
	Date	ı	Payee name									
	03/05/2024		Balderas, Jo	se (Mr.)								
	Amount (\$)	ı	Payee addres	-	Sta	te; Zip Co	de					
	\$100.00		P.O.Box 223	3								
			La Pryor, TX	78872								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	₋abor						nplete Schedule T.	
										officeholder livin	g expense	
								Campaign wo	JI KE	Z I		
_	Complete ONLY if direct	\vdash	`andidata/Off:	oholder name		Office	abt			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		anuiuale/Offic	eholder name		Office sou	yııı			Office n	eiu	
	-											

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	.1 00	The Instruction Guide explains how to co	3	ete this form.				
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID (Ethics Co						
	Sch: 3/30 Rpt: 10/42		Serna, Roberto (The Honorable) 00020956						
4	Date	5	Payee name						
	03/05/2024		Ballesteros, Ixtlani (Ms.)						
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode					
	\$150.00		900 E. Uvalde						
			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.				
					Contract worker				
					Contact Worker				
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	l ıaht	Office held				
	expenditure to benefit C/OI			3					
H	Date		Payee name						
	03/01/2024		Barrera, Sylvia (Mrs.)						
⊢	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$300.00		PO Box 305						
			Carrizo Springs, TX 78834						
	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.				
	LAI LINDITORE				Check if Austin, TX, officeholder living expense				
					Campaign worker				
⊢	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held				
	expenditure to benefit C/OI			·9···	Cines nois				
⊨	Date		Payee name						
	03/05/2024		Barrera, Sylvia (Mrs.)						
┝	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$200.00		PO Box 305						
			Carrizo Springs, TX 78834						
H	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.				
	LAI LINDITORE				Check if Austin, TX, officeholder living expense				
					Campaign worker				
L	Complete ONLY if direct	L_,	Candidate/Officeholder name Office sou	l laht	Office held				
	expenditure to benefit C/OI		5 moc 300	.gr.	555 11014				

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

	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: 4/30 Rpt: 11/42	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	02/29/2024	Calderon, Rudy (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	415 E. ValVerde
		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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	03/01/2024	Campirano, Sandra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	619 West Lake
		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 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
	03/05/2024	Campirano, Sandra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	619 West Lake
		Crystal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign worker
		Campaign worker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
	Sch: 5/30 Rpt: 12/42	Serna, Roberto (The Honorable) 00020956						
4	Date	5 Payee name						
	03/11/2024	Carrizo Springs Javelin						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$185.00	P. O. Box 1046						
		Carrizo Springs, TX 78834						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		newspaper ad						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Payee name						
	03/01/2024	Cisneros, Laura (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	101 Chula Vista						
	φοσο.σσ	Tot Chala visia						
		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. Check if Austin, TX, officeholder living expense						
		Campaign worker						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	н						
	Date	Payee name						
	03/05/2024	Cisneros, Laura (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00	101 Chula Vista						
	Ψ100.00	TOT Official Visita						
		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 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							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID	(Ethics Commission Filers)
Sch: 6/30 Rpt: 13/42	Serna, Roberto (The Honorable)		00020956	
4 Date	5 Payee name	<u> </u>		
03/05/2024	Conteras, Rosana Marie (Miss)			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$300.00	609 W. Dimmit			
	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 ou	ıtside of Texas. Compl	
LAI LINDITORE			TX, officeholder living e	expense
		Campaign wor	Kei	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office hel	d
expenditure to benefit C/O		yııı	Office field	u
Data	Г _			
Date	Payee name			
03/03/2024	Contreras, Pedro (Mrs.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$150.00	P.O.Box 128			
	Crystal City, TX 78839			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Travel In District	—	utside of Texas. Compl FX, officeholder living o	
		fuel for vehicle		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office hel	d
expenditure to benefit C/O	Н			
Date	Payee name			
03/01/2024	Coronado, Tina (Mrs.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$300.00	619 E. Dimmit St.			
	Crystal City, TX 78839			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Salaries/Wages/Contract Labor		ıtside of Texas. Compl	ete Schedule T.
EXPENDITURE			TX, officeholder living e	expense
		Campaign wor	ker	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office hel	d
- SAPORGICATO TO BOTTONE O/O	•			

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/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		pens ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission Filers)
	Sch: 7/30 Rpt: 14/42	Serna, I	Roberto (The Honora	ıble)					00020956	
4	Date	5 Payee na								
	02/28/2024		do, Tina (Mrs.)							
6	Amount (\$)	7 Payee a		State;	; Zip Co	de				
	\$40.00	619 E. I	Dimmit St.							
		Crystal	City, TX 78839							
8	PURPOSE		/ (See Categories listed at the	e ton of this sch	edule)	(b)	Description			
	OF EXPENDITURE		everage Expense	op or una a011	-caulo _j	. ,	Check if travel			plete Schedule T.
	EM EMPHORE						□		officeholder living	
							poll	#11l	างเ มะงะเส(ges for absentee voting
9	Complete ONLY if direct	Candidate	/Officeholder name	(Office sou	aht			Office he	eld
Ľ	expenditure to benefit C/Oh		, Smoonoider Harrie		oc 30u(ar				
	Date	Payee n								
	02/28/2024		do, Tina (Mrs.)							
	Amount (\$)	Payee a		State	; Zip Co	de				
	\$60.00	619 E. I	Dimmit St.							
		Crystal	City, TX 78839							
	PURPOSE OF		(See Categories listed at the	e top of this sch	edule)	(b)	Description		d4.T-: 0	whate Calcadula T
	EXPENDITURE	Travel I	n District				=		de of Texas. Com officeholder living	plete Schedule T. g expense
							Reimburseme	ent		car speaker ads for
							Daniel Espara	za		
	Complete ONLY if direct		/Officeholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/O	7								
	Date	Payee n								
L	03/05/2024	Corona	do, Tina (Mrs.)							
	Amount (\$)	Payee a		State	; Zip Co	de				
	\$100.00	619 E. I	Dimmit St.							
			O'. TV 70000							
			City, TX 78839			_				
	PURPOSE OF		(See Categories listed at the		edule)	(b)	Description Check if travel	nutei	de of Teyas Com	plete Schedule T.
	EXPENDITURE	Salaries	s/Wages/Contract Lal	וטמ			ш		officeholder living	•
							Campaign wo	orke	er	
	Complete ONLY if direct expenditure to benefit C/OH		/Officeholder name	(Office sou	ght			Office he	eld
	experience to belieff C/Of	•								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officenoider/Politica 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: 8/30 Rpt: 15/42	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	03/04/2024	Coronado, Tina (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		reimbursement for food and bevergages
		3.3.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	03/03/2024	De La Cruz, Jose (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	2206 Old Uvalde HWY
	400.00	
		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. Check if Austin, TX, officeholder living expense
		campaign worker
		Sampaigh Northon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	03/01/2024	De La Cruz, Pat (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2206 Old Uvalde Hwy
	Ψ300.00	2200 Old Ovalde Hwy
		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 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	

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

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	category not listed above)
	Credit Card Payment			The Instruction G	uide explains l	now to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/30 Rpt: 16/42 Serna, Rob			erto (The Hono	rable)					00020956	
4	Date	5	Payee name					•			
	03/05/2024		De La Cruz,	Pat (Mrs.)							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$100.00		2206 Old Uv	alde Hwy							
			Crystal City,	TX 78839							
8	PURPOSE	(a)	Category (co	e Categories listed at	the ten of this colo	adula)	(b)	Description			
ľ	OF	``'		ges/Contract L		edule)	(~)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE			9				Check if Austin,	TX,	officeholder living	g expense
								Campaign wo	orke	er	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
	experientare to benefit G/OI	<u> </u>									
	Date		Payee name								
	03/03/2024		De La Cruz,	Pat (Mrs.)							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$50.00		2206 Old Uv	alde Hwy							
			Crystal City,	TX 78839							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	abor			=			plete Schedule T.
								campaign wo		officeholder living	g expense
								campaign wo	IKC	1	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name		Office sou	aht			Office he	əld
	expenditure to benefit C/OI		za. a. a	5011010011101110			9			55	
-	Date	Τ	Dayoo nama								
	03/13/2024		Payee name De La Cruz,	Pat (Mrs.)							
	Amount (\$)	┝	Payee addres		Stato:	Zip Co	do				
	\$55.00		2206 Old Uv	-	Siale,	Zip Co	ue				
	Ψ33.00		2200 Old O	raide i iwy							
			Crystal City,	TV 70020							
	DUDDOCE	(-)					(l-)	5			
	PURPOSE OF	(a) 		e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Event Exper	156				ш		officeholder living	
										for renting of	of tables and chairs on
								Election Day.			
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
L	expenditure to benefit C/OI	H									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/30 Rpt: 17/42		Serna, Roberto (The Honorable)		00020956
4	Date	5	Payee name		·
	02/28/2024		Esparza, Daniel (Mr.)		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$50.00		111 Highland Circle		
			Crystal City, TX 78839		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Gas		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE				Check if Austin, TX, officeholder living expense
l					Paid for gas for vehicle to use loud speakers for announcements
Ļ				l	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held
┕	·	_			
l	Date		Payee name		
L	03/05/2024		Esparza, Daniel (Mr.)		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
l	\$75.00		111 Highland Circle		
l					
l			Crystal City, TX 78839		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l					Campaign worker
l					Campaign worker
⊢	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
l	expenditure to benefit C/OI			-g	Cinco nota
┝	Date	Π	Davos namo		
l	03/05/2024		Payee name Garza, Esperanza (Ms.)		
┝		_		odo	
l	Amount (\$) \$150.00		Payee address; City; State; Zip Co 1195 Old Loma Vista road	Jue	
	Ψ130.00		1193 Old Lottle Visita Todd		
			Patagrilla TV 70020		
L		_	Batesville, TX 78829		
l	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
l					Campaign worker
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	Н			

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/30 Rpt: 18/42	Serna, Roberto (The Honorable)	00020956
4	Date	5 Payee name	
	03/05/2024	Gutierrez, Adriana (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	111 Zaraagosa Street	
		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.
	LAPENDITORE		Check if Austin, TX, officeholder living expense
			Campaign worker
_	Computate ONLY if direct	Condidate /Office helder name	Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/26/2024	Herrera, Annixa (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.00	791 N. Bibb, Unit 233	
		Eagle Pass, TX 78852	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense creation of newspaper ads
			ordanon or newspaper aus
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
_	Date	Payee name	
	03/05/2024	Hinojosa, Norma (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	c/o 11 County Road	
	φ130.00	0.0 11 County Road	
		Detection TV 70000	
		Batesville, TX 78829	
	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Campaign worker
			-
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:							
Ļ	Sch: 12/30 Rpt: 19/42	Serna, Roberto (The Honorable)	00020956					
4	Date 03/01/2024	5 Payee name Jamie, Rufino (Mr.)						
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 114 Martinez Lane						
		Crystal City , TX 78839						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign worker					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
Г	Date	Payee name						
	03/05/2024	Jamie, Rufino (Mr.)						
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 114 Martinez Lane						
		Crystal City , TX 78839						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign worker					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
Г	Date	Payee name						
	03/03/2024	Jamie, Rufino (Mr.)						
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 114 Martinez Lane						
		Crystal City , TX 78839						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign worker					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/30 Rpt: 20/42	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	03/05/2024	Jesse, Edna (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O.Box 294
		La Pryor, TX 78872
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
		Sampanga transfer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	Lopez, Bryan (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	122 S. 1st 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
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davisa nama
	03/05/2024	Payee name Maldonado, Guadalupe
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Box 207
	7200.00	
		Batesville, TX 78829
	PURPOSE	i i
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign worker
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total names Schodule F1:	
_	Total pages Schedule F1: Sch: 14/30 Rpt: 21/42	Serna, Roberto (The Honorable) Serna (Roberto (The Honorable) 00020956
4	Date	5 Payee name
	03/01/2024	Martinez, Beto (Mr.)
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code PO Box 458 Asherton, TX 78827
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
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/05/2024	Martinez, Beto (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO Box 458
		Asherton, TX 78827
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense campaign worker
		- Campaign worker
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	Martinez, Mari (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 454
		Asherton, TX 78827
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filer	rs)
L	Sch: 15/30 Rpt: 22/42		perto (The Honorab	le)				00020956		
4	Date	5 Payee name	е							
	03/05/2024	Martinez, I	Mari (Mrs.)							
6	Amount (\$)	7 Payee addr		State; Zip C	ode					
	\$200.00	P.O. Box 4	154							
		Asherton,	TX 78827							
8	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Salaries/W	/ages/Contract Labo	or		ш		ide of Texas. Com , officeholder living	plete Schedule T.	
						Campaign wo			, . ,	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
Г	Date	Payee name								
	03/01/2024	Martinez, I	Matthew (Mr.)							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$300.00	209 E. Val	Verde							
		Crystal Cit	y, TX 78839							
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labo	or				ide of Texas. Com , officeholder living	plete Schedule T.	
						Campaign wo			g expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
H	Date	Payee name								
	03/05/2024	1 1	Matthew (Mr.)							
Н	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$100.00	209 E. Val	Verde	•						
		Crystal Cit	y, TX 78839							
	PURPOSE OF	I	See Categories listed at the to		(b)	Description				
	EXPENDITURE	Salaries/W	/ages/Contract Labo	or		_		ide of Texas. Com , officeholder living	plete Schedule T.	
						Campaign wo			j expense	
						oupa.g III		.		
\vdash	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	l ught			Office he	eld	
	expenditure to benefit C/OI									
\vdash										
1										
ᆫ										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 16/30 Rpt: 23/42	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	03/03/2024	Martinez, Matthew (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	209 E. Val Verde
		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 Austin, TX, officeholder living expense Campaign worker
		Campaign worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	the state of the s
⊨	Date	Power name
	03/01/2024	Payee name Martinez, Rosa
L		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 458
		Asherton, TX 78827
	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
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Data	Davies name
	Date 03/05/2024	Payee name Mortings, Doco
L		Martinez, Rosa
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	P.O. Box 458
		Asherton, TX 78827
	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		al Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_			now to compi	ete this form.	_		(=-1.1 = 1.1 = 1.1)	
1	Total pages Schedule F1: Sch: 17/30 Rpt: 24/42	Serna, Roberto (The Honorable)			3	Filer ID 00020956	(Ethics Commission Filers)	
4	Date	5 Payee name						
	03/04/2024	Martinez, Sara (Ms.)						
6	Amount (\$) \$450.00	7 Payee address; City; State; 1224 Meadow Eagle Pass, TX 78852	Zip Code					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Salaries/Wages/Contract Labor	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if tra Check if Au Campaign					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Office sought			Office he	eld	
	Date	Payee name						
	03/04/2024	Mireles, Ana (Ms.)						
	Amount (\$) \$300.00	Payee address; City; State; 2651 Commissary Road	Zip Code					
		Eagle Pass, TX 78852						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Salaries/Wages/Contract Labor	edule) (b)		, TX	de of Texas. Com , officeholder living er		
	Complete ONLY if direct expenditure to benefit C/OF		Office sought			Office he	eld	
	Date	Payee name						
	03/01/2024	Ochoa, Nati (Mrs.)						
	Amount (\$) \$300.00	Payee address; City; State; 915 Chambers Street	Zip Code					
		Crystal City, TX 78839						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Salaries/Wages/Contract Labor	(b)	ш	, TX	de of Texas. Com officeholder living er		
	Complete ONLY if direct expenditure to benefit C/Oh		Office sought			Office he	eld	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Leg	gal Services ne Instruction Guide exp		Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 18/30 Rpt: 25/42	Serna, Robert	o (The Honorable)					00020956	
4	Date	5 Payee name							
	03/05/2024	Ochoa, Nati (N	⁄lrs.)						
6	Amount (\$)	7 Payee address;	City;	State; Zip Co	ode				
	\$100.00	915 Chambers	s Street						
		Crystal City, T	X 78839						
8	PURPOSE OF		categories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Salaries/Wage	es/Contract Labor			_		de of Texas. Com officeholder living	
						Campaign wo			rexpense
						oampaign we			
9	Complete ONLY if direct	Candidate/Officel	nolder name	Office sou	l Jaht			Office he	eld
	expenditure to benefit C/O		.o.dordo	000 000	-g			000	
Т	Date	Payee name							
	03/01/2024	Padilla, Maria	(Mrs.)						
	Amount (\$)	Payee address;	City;	State; Zip Co	ode				
	\$300.00	P. O. Box 54	,						
	,								
		Carrizo Spring	s, TX 78834						
	PURPOSE OF		Categories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Salaries/Wage	es/Contract Labor			=		de of Texas. Com officeholder living	
						Campaign wo			ехрепзе
	Complete ONLY if direct	Candidate/Officel	nolder name	Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	02/27/2024	Padilla, Maria	(Mrs.)						
	Amount (\$)	Payee address;	City;	State; Zip Co	ode				
	\$325.00	P. O. Box 54							
		Carrizo Spring	s, TX 78834						
	PURPOSE	(a) Category (See C	categories listed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverag	e Expense					de of Texas. Com	
								officeholder living	l beverages at polls
						r ciiiinui sellit	UIIL	וטו וטטע מוונ	ι υσνειάμευ αι μυπο
	Complete ONLY if direct	Candidate/Officel	nolder name	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OI				•				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Political Co Credit Card Payment	ommittee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/30 Rpt: 26/42	Serna, Roberto (The Honorable)	00020956
4 Date 5	,	
03/05/2024	Padilla, Maria (Mrs.)	
6 Amount (\$) 7 \$200.00	Payee address; City; State; Zip Co P. O. Box 54	ode
	Carrizo Springs, TX 78834	
8 PURPOSE (a	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	Lught Office held
Date	Payee name	
03/06/2024	Padilla, Maria (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$110.00	P. O. Box 54	
,		
	Carrizo Springs, TX 78834	
PURPOSE (a	A) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense reimbursement for purchase of beverages and
		snacks for Election Day
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	I ught Office held
Date	Payee name	
03/01/2024	Padilla, Nora (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$300.00	P.O. Box 54	
400.00		
	Carrizo Springs, TX 78834	
PURPOSE (a	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 <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OH	Office Sur	Office field

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

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/30 Rpt: 27/42	Serna, Roberto (The Honorable)	00020956
4	Date	5 Payee name	
	03/05/2024	Padilla, Nora (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	P.O. Box 54	
		Carrizo Springs, TX 78834	
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_			
	Date	Payee name	
	02/29/2024	Perales, Maricela (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	P. O. Box 1122	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	,,,,,,,,,		Check if Austin, TX, officeholder living expense
			for food and beverages for Election Day
	Complete ONLV if direct		Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Candidate/Officeholder name Office sought Payee name	Office held
	expenditure to benefit C/OFDate 03/01/2024	Candidate/Officeholder name Office sought Payee name Perez, Frances (Mrs.)	Office held
_	Date 03/01/2024 Amount (\$)	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code	Office held
_	expenditure to benefit C/OFDate 03/01/2024	Candidate/Officeholder name Office sought Payee name Perez, Frances (Mrs.)	Office held
_	Date 03/01/2024 Amount (\$)	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472	Office held
	Date 03/01/2024 Amount (\$)	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code	Office held
=	Date 03/01/2024 Amount (\$) PURPOSE	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834	Description
	Date 03/01/2024 Amount (\$) \$300.00	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834	Description Check if travel outside of Texas. Complete Schedule T.
	Date 03/01/2024 Amount (\$) PURPOSE OF	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 03/01/2024 Amount (\$) PURPOSE OF	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T.
	Date 03/01/2024 Amount (\$) PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign worker
	Date 03/01/2024 Amount (\$) PURPOSE OF	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 03/01/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign worker
	Date 03/01/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name Perez, Frances (Mrs.) Payee address; City; State; Zip Code P.O. Box 472 Carrizo Springs, TX 78834 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign worker

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	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: 21/30 Rpt: 28/42	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	03/05/2024	Perez, Frances (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P.O. Box 472
		Carrizo Springs, TX 78834
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 Notice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/01/2024	Perez , Rolando (Mr.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O.Box 472
		Carrizo Springs, TX 78852
	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/05/2024	Perez , Rolando (Mr.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	P.O.Box 472
		Carrizo Springs, TX 78852
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign worker
		Campaign worker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

	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: 22/30 Rpt: 29/42	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	03/01/2024	Perez, Sarah (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O. Box 311
		Big Wells, TX 78830
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
		Campaigh worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	03/05/2024	Perez, Sarah (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 311
		Big Wells, TX 78830
	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
		ouripaigh worker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	03/01/2024	Perez, Yolanda (Mrs.)
	Amount (\$)	, , ,
	\$300.00	Payee address; City; State; Zip Code P.O.Box 175
	Φ300.00	P.O.BOX 175
		0. 44107. TV 7000
		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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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 (Contract Labor,

	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: 23/30 Rpt: 30/42	Serna, Roberto (The Honorable) 00020956
4	Date	5 Payee name
	03/05/2024	Perez, Yolanda (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O.Box 175
		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
		Campaigh worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/01/2024	Portales, Petra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1600 N. 7th Street
		Crysyal 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 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	
	5 .	
	Date	Payee name
	03/05/2024	Portales, Petra (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1600 N. 7th Street
		Crysyal 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 Austin, TX, officeholder living expense Campaign worker
		Campaigh worker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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 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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Con	nmission Filers)
	Sch: 24/30 Rpt: 31/42		
4	Date	5 Payee name	
	03/01/2024	Puente, Amelia (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$450.00	1511 N. 7th Street	
		Crystal City, TX 78839	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	т.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		campaign worker	
_	2		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	03/05/2024	Puente, Amelia (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	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	т.
		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/OI	· · · · · · · · · · · · · · · · · · ·	
-	Date	T -	
	Date 03/01/2024	Payee name	
		Puente, Rosana (Miss)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	1001 Villa Hermosa	
		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	Т.
		Check if Austin, TX, officeholder living expense Campaign worker	
		Campaign worker	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H			
l			

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 Salaries (Contract Labor,

eimbursement Solicitation/Fundraising Expense
Intal Expense Transportation Equipment & Related Expense
Travel in District
Intract 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:	
	Sch: 25/30 Rpt: 32/42	Serna, Roberto (The Honorable)
4	Date	5 Payee name
	03/05/2024	Puente, Rosana (Miss)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1001 Villa Hermosa
		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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/04/2024	Puente, Rosana (Miss)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	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
		Campaign worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
_	Date	Payee name
	03/01/2024	Quijano, Rosa (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 36
	4000.00	
		La Pryor, TX 78872
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		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	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 26/30 Rpt: 33/42	Serna, Roberto (The Honorable)	00020956
4	Date	5 Payee name	
	03/05/2024	Quijano, Rosa (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	PO Box 36	
		La Pryor, TX 78872	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	ustin, TX, officeholder living expense
		Campaign	worker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
		·	
	Date	Payee name	
	03/01/2024	Ramirez, Sergio (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	2106 Buffalo Blvd.	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/Cortifact Eabor	avel outside of Texas. Complete Schedule T.
		Campaign	ustin, TX, officeholder living expense
		Campaign	Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payno namo	
	03/05/2024	Payee name Ramirez, Sergio (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2106 Buffalo Blvd.	
	Ψ100.00	2100 Ballalo Biva.	
		Carrizo Springs, TX 78834	
	DUDDOOF	· ·	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if tra	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	ustin, TX, officeholder living expense
		——————————————————————————————————————	worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 27/30 Rpt: 34/42	2 FILER NAME Serna, Roberto (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020956
4	Date	5 Payee name
	03/05/2024	Rodriguez, Jerry (Mr.)
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code c/c 11 County Road
		·
		Batesville, TX 78829
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	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
	Date	Payee name
	04/18/2024	Serna, Norma (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,423.27	1665 N. Bibb Ave.
		Eagle Pass, TX 78852
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		payment on loan
		payment on loan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/03/2024	Serna, Norma (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	1665 N. Bibb Ave.
		Eagle Pass, TX 78852
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Partial repayment of loan
		r aitiai repayment oi loan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	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)							
l	Sch: 28/30 Rpt: 35/42	Serna, Roberto (The Honorable) 00020956							
4	Date	5 Payee name							
l	03/05/2024	Surita , Janie (Mrs.)							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
l	\$200.00	P.O. Box 64							
l									
		Big Wells, TX 78830							
8	PURPOSE								
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 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							
L	experientare to benefit Grot								
l	Date	Payee name							
	02/28/2024	The News Gram							
Г	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	2431 Del Rio Blvd							
		Eagle Pass, TX 78852							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
	LXI LINDITORE	Check if Austin, TX, officeholder living expense							
		Ad in newspaper							
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							
⊨	Date	Davida marra							
	03/05/2024	Payee name Trevino, Martha (Ms.)							
l	Amount (\$) \$150.00	Payee address; City; State; Zip Code Chula Vista							
l	\$130.00	Citula Vista							
l		On the City TV 70000							
		Crystal City, TX 78839							
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries (Mages (Contract Labor) Check if travel outside of Texas. Complete Schedule T.							
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
l		Contract worker							
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
H									
ĺ									

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

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: 29/30 Rpt: 36/42	Serna, Roberto (The Honorable) 00020956				
4	Date	5 Payee name				
	03/01/2024	Vega, Alma (Mrs.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$300.00	1505 Wooding Street				
	1					
		Carrizo Springs, TX 78834				
8	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				
	1	Sampaigh Worker				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
9	expenditure to benefit C/O	the state of the s				
			_			
	Date	Payee name				
	03/05/2024	Vega, Alma (Mrs.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$200.00	1505 Wooding Street				
	!					
		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				
	!					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/O					
_			_			
	Date	Payee name				
	03/13/2024	Zavala County Clerk				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$186.00	200 E. Uvalde Street				
	!					
	l	Crystal City, TX 78839				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Polling Expense				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
	!	Purchase of daily list of voters who voted.				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	n				

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	/ - al Cor	nmittee	Gift/Awaı Legal Se		ials Exper		Polling E Printing E Salaries/	Expens Wages	e /Contract			Travel	Out of D R (enter	istric		listed abo	ove)
1	Total pages Schedule F1:	2	FILER NAM									3	Filer	ID	(E	Ethics Co	ommissi	on Filers)
	Sch: 30/30 Rpt: 37/42		Serna, Rol		he Hor	norable)							20956				,
4	Date	5	Payee name															
	03/11/2024		Zavala Co	inty Se	ntinel													
6	Amount (\$)	7	Payee addre	ss;	City;		State;	; Zip C	ode									
	\$135.00		202 E Nue	es Str	eet													
			Crystal City	, TX 78	8839													
8	PURPOSE	(a)	Category (S	ee Catego	ories listed	at the top	of this sch	edule)	(b)	Descr	iption							
	OF EXPENDITURE		Advertising							_						e Schedu	le T.	
										_	eck if Aus		officeh	older livin	ng exp	oense		
										news	paper	aa						
L																		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	iceholde	er name		C	Office so	ught				(Office h	neld			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commiss				sion Filers)
Sch: 1/1 Rpt: 38/42	Serna, Roberto (Th	e Honorable)			00020956		
4 CREDIT CARD ISSUER		ncial institution n Express	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(b) Date of Charge 02/28/2024	(c) Date(s) C 03/02/2024	redit Card Issuer 1	Paid			
7 PAYEE	(a) Payee name Facebook	(b) Payee ac P. O. Box 6 Dallas, TX		City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$900.00	(b) Date of Charge 03/04/2024	(c) Date(s) C 03/06/2024	redit Card Issuer 1	Paid		
PAYEE	(a) Payee name Facebook	(b) Payee ac P. O. Box 6 Dallas, TX		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description	on			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$558.80	(b) Date of Charge 03/12/2024	(c) Date(s) C 03/14/2024	redit Card Issuer 1	Paid		
PAYEE	(a) Payee name Facebook		(b) Payee ac P. O. Box 6 Dallas, TX		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description	on			
Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	e sought	Check if Austin, TX,	office held	ense	
expenditure to benefit C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 G:	FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 1/4 Rpt: 39/42	Serna, Roberto (The Honorable)		00020956				
4	Date	Payee name		- I				
	03/07/2024	Payee name Facebook						
6	Amount (\$)	Payee address; City; State;	Zip Code					
	\$0.08	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 sch	edule) (b) Description	Check if travel outside of Texas. Complete Schedule T.				
ľ	OF	Advertising Expense	(b) Bosonphon	Check if Austin, TX, officeholder living expense				
	EXPENDITURE	Advertising Expense	Facebook ad	_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held				
	Date	Payee name						
	02/29/2024	Flores, Jesus (Mr.)						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00	506 Nueces Street						
		300 Nucces Street						
	Reimbursement from political contributions intended	Eagle Pass, TX 78852						
	PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense				
EXPENDITORE			contract worke	r				
		andidate/Officeholder name	Office sought	Office held				
	expenditure to benefit C/OH							
L								
	Date	Payee name						
L	03/06/2024	Flores, Jesus (Mr.)						
	Amount (\$)	Payee address; City; State;	Zip Code					
	\$50.00	506 Nueces Street						
	Reimbursement from							
	political contributions intended	Eagle Pass, TX 78852						
	PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE		Salaries/Wages/Contract Labor						
			Campaign wor	ker				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sought	Office held				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)			
_	Total manner Californial C	_	<u> </u>	· 	2 Files ID (Fabine Commission File)			
1	Total pages Schedule G: Sch: 2/4 Rpt: 40/42	2	FILER NAME Serna, Roberto (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020956			
4	Date	5	Payee name					
	04/02/2024	ľ	Flores, Jesus (Mr.)					
_		Ŀ	<u> </u>					
6	Amount (\$)	7	7 Payee address; City; State; Zip Code					
	\$50.00		506 Nueces Street					
	Reimbursement from							
	political contributions intended		Eagle Pass, TX 78852					
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	()	Gas		Check if Austin, TX, officeholder living expense			
	EXPENDITURE		dus	For purchase of o	of gas to drive to locations to pickup			
				campaign signs	gue to anno to locatione to promap			
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought	Office held			
ľ	expenditure to benefit	Oui	ididate/emechader name	Omice Sought	Office Held			
L	C/OH							
	Date		Payee name	-				
	03/01/2024		Fuentes, Blanca (Mrs.)					
_	Amount (\$)	H	Payee address; City; State; Zip C	nde				
	\$300.00		1576 Roosevelt	ode				
			1370 1003eveit					
	Reimbursement from political contributions intended Eagle Passs, TX 78852							
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE			Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense			
	Campaign worker							
		Car	ndidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OH							
		_						
	Date	_	Payee name					
	03/01/2024		Informate					
	Amount (\$)		Payee address; City; State; Zip C	ode				
	\$300.00		2937 Rodriguez Street					
	Reimbursement from							
	political contributions intended		Eagle Pass, TX 78852					
\vdash	PURPOSE	\vdash	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF		Advertising Expense		Check if Austin, TX, officeholder living expense			
	EXPENDITURE		و	ads on internet no	 ewspaper			
					• •			
	Complete ONLY if direct	<u>L</u> Car	ndidate/Officeholder name	Office sought	Office held			
	expenditure to benefit			 				
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Salaries/Wages/Contract Labor		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 G:	2 FILER NAM	ИЕ			3 F	Filer ID (Ethics Commission Filers)	
	Sch: 3/4 Rpt: 41/42	Serna, Ro	berto (The Honorable)			o	00020956	
4	Date							
	06/06/2024	5 Payee name McManus, William Q. (Mr.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	119 Reoh	Road					
	Reimbursement from							
	political contributions intended	Victoria ,	TX 77904					
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel outside of Texas. Complete Schedule T	
	OF	Food/Bev	erage Expense			Che	ck if Austin, TX, officeholder living expense	
	EXPENDITURE		3		Returned in kind	cont	ribution of food worth \$500.00. In	
					kind contribution.	. Dec	lined and rejected.	
9	Complete ONLY if direct	L	ceholder name		Office sought		Office held	
	expenditure to benefit				3			
L	C/OH							
H	Date	Payee nam	ne					
	03/05/2024	Rios, Norma Jean (Miss)						
⊢	Amount (\$)	Payee add	ress; City; State;	Zip Co	ode			
	\$150.00							
		000 14. Ec	rao / we, / partificiti / t					
	Reimbursement from political contributions	utions						
L	intended	Pa Pryor,	TX 78872					
PURPOSE OF		Category	(See Categories listed at the top of this sch	edule)	Description		ck if travel outside of Texas. Complete Schedule T	
EXPENDITURE		Salaries/\	Vages/Contract Labor			_	ck if Austin, TX, officeholder living expense	
	Campaign worker							
L								
Complete ONLY if direct		Candidate/Offic	ceholder name		Office sought		Office held	
expenditure to benefit C/OH								
F	D :							
	Date	Payee nam						
L	06/28/2024	Serna, Norma (Mrs.)						
	Amount (\$)	Payee add	ress; City; State;	; Zip Co	ode			
	\$6,500.00 1665 N. Bibb Ave.							
	Reimbursement from							
political contributions intended Eagle Pass, TX 78852								
Г	PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description	Che	ck if travel outside of Texas. Complete Schedule T	
	OF EVDENDITUDE	Loan Rep	ayment/Reimbursement			Che	ck if Austin, TX, officeholder living expense	
	EXPENDITURE Partial payment of loans							
Г	Complete ONLY if direct	Candidate/Offic	ceholder name		Office sought		Office held	
	expenditure to benefit				-			
\vdash	C/OH							
ı								

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. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 42/42 Serna, Roberto (The Honorable) 00020956 Date Payee name 03/11/2024 Serna, Roberto (Mrs.) 6 Amount (\$) Payee address; State; Zip Code 1665 N. Bibb Ave \$3,000.00 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 Advertising Expense **EXPENDITURE** get out the vote expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com		Filer ID (Ethics Comm 00020956		2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Roberto			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST Serna		SUFFIX	··· 01/13/2025
4 CANDIDATE / OFFICEHOLDER MADDING	ADDRESS / PO BOX; AF 1665 N. Bibb Ave.	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
ADDRESS Change of Address	Eagle Dass TV 700F2 6	2610			
Change of Address	Eagle Pass, TX 78852-6612				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Roberto		MI	
	NICKNAME	LAST Serna		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P 1665 N. Bibb Ave	O BOX PLEASE);	AP	T / SUITE #; CITY	; STATE; ZIP CODE
(Residence or Business)	Eagle Pass, TX 78852-6	6612			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (830) 968-5856	ONE NUMBER E	XTENSION		
8 REPORT TYPE	X January 15 July 15	30th day before		Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/01/2024		ROUGH	Month Day 12/31/20:	Year 24
10 ELECTION	ELECTION DATE Month Day Year		rimary eneral	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) District Attorney (Multi-c	ounty) District 293	Brd	12 OFFICE SOUGH District Attorney	T (if known) v (Multi-county) Place 293rd
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 4

13 C / OH NAME	Serna, Roberto (The	Honorable)	14 Filer ID 00020956	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	ommittees to support the eholder's knowledge or tice of such expenditures.					
	Additional Pages COMMITTEE TYPE COMMITTEE NAME						
ш°	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE					
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE	CTRONICALLY)	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00			
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 7,000.00			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 22,486.75			
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Hon	orable Roberto Sern	a			
	Signature of Candidate or Officeholder						
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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18 FILER NAMI Serna, Rob	(Ethics Commission Filers)						
20 SCHEDULE NAME OF S	SUBTOTAL AMOUNT						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 7,000.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

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: 1/1 Rpt: 4/4 Serna, Roberto (The Honorable) 00020956 Date Payee name 12/30/2024 Serna, Norma (Mrs.) 6 Amount (\$) Payee address; State; Zip Code \$7,000.00 1665 N. Bibb Ave. 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 Loan Repayment/Reimbursement **EXPENDITURE** partial payment on loan Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH