

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Janie Serna 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

GENERAL

SPECIFIC

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

Janie Serna

COMMITTEE CAMPAIGN TREASURER ADDRESS

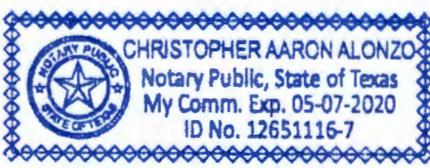
13617 Fuchs Grove Rd Manor TX 78653

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>291.⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,471.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>834.16</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4071.31</u> ✓
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>335.⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

18 AFFIDAVIT

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

Janie Serna
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said San Juanita Serna, this the 14 day of May, 20 16, to certify which, witness my hand and seal of office.

Christopher Alonzo
Signature of officer administering oath

Christopher Alonzo
Printed name of officer administering oath

Senior Member Service Spec.
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Janie Serng</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4471.⁰⁰</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>8,139.80</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <i>4071.31</i>	\$ <i>3785.50</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

4/24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/6
2 FILER NAME <i>Janie Serna</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/26/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sill Ramirez</i>	7 Amount of contribution (\$) <i>\$ 100.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>5309 Presidio Dr Austin TX 78745</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/1/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Gonzales</i>	Amount of contribution (\$) <i>\$ 100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3408 Wheeler Ln Austin TX 78727</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veronica Serna</i>	Amount of contribution (\$) <i>\$ 20.⁰⁰</i>
Contributor address; City; State; Zip Code <i>13617 Fuchs Grove Rd Manor TX 78653</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SAN SUANITA SERNA</i>	Amount of contribution (\$) <i>\$ 45.⁰⁰</i>
Contributor address; City; State; Zip Code <i>13104 Noche Clara Dr Del Valle TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

5/24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/6
2 FILER NAME Janie Serna		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Sexton 6 Contributor address; City; State; Zip Code 4526 Secupe Ln Austin TX 78725	7 Amount of contribution (\$) \$ 50. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suan Carlos Ruiz Contributor address; City; State; Zip Code 12370 Alameda Trace Cir # 322 Austin TX	Amount of contribution (\$) \$ 100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meza 2300 LLC Contributor address; City; State; Zip Code 2300 E. Cesar Chavez St Austin TX	Amount of contribution (\$) \$ 100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Kauss Contributor address; City; State; Zip Code 2900 Manor Rd #2445 Austin TX 78722	Amount of contribution (\$) \$ 1. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

6/24

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3/6

2 FILER NAME

Janie Serna

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/16

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

Dolores Perez

6 Contributor address; City; State; Zip Code

1004 Glenn Oaks CT Austin TX

7 Amount of contribution (\$)

\$ 50.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/18/16

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

Juan F Guerrero

Contributor address; City; State; Zip Code

3957 Lord Byron Circle Round Rock TX

Amount of contribution (\$)

3,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/16

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

Shane Sexton

Contributor address; City; State; Zip Code

4526 Secupe Ln Austin TX 78725

Amount of contribution (\$)

\$ 25.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/16

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

Ricardo Gonzales

Contributor address; City; State; Zip Code

2408 Wheles Ln Austin TX 78727

Amount of contribution (\$)

\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

7/24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/6
2 FILER NAME <i>Janie Serna</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/10/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edwardo Guerrero Sr.</i>	7 Amount of contribution (\$) <i>\$40.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>202 CR 3351 Kempner TX 76539</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Veronica Serna</i>	Amount of contribution (\$) <i>\$12.⁰⁰</i>
Contributor address; City; State; Zip Code <i>13617 Fuchs Grove Rd Manor TX 78653</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Pezez</i>	Amount of contribution (\$) <i>\$11.50</i>
Contributor address; City; State; Zip Code <i>3405 Covalle Ave Austin TX 78702</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monica Sanchez</i>	Amount of contribution (\$) <i>\$11.50</i>
Contributor address; City; State; Zip Code <i>8105 Tockington Way Austin TX 78748</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

8/24

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/6
2 FILER NAME <i>Janie Serna</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/10/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Myca Arrellano Blake</i> 6 Contributor address; City; State; Zip Code <i>10909 Long Day CV Austin TX 78759</i>	7 Amount of contribution (\$) <i>\$15.⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank & Tina Guerrero</i> Contributor address; City; State; Zip Code <i>3957 Lord Byron Circle RR TX</i>	Amount of contribution (\$) <i>\$20.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hilda Alvarez</i> Contributor address; City; State; Zip Code <i>1135 Lott Austin TX 78721</i>	Amount of contribution (\$) <i>\$20.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/10/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shane Sexton</i> Contributor address; City; State; Zip Code <i>4526 Secupe Ln Austin TX 78725</i>	Amount of contribution (\$) <i>\$25.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

9/24

The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 8/6

2 FILER NAME *Janie Serna* 3 Filer ID (Ethics Commission Filers)

4 Date <i>4/11/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Education Austin</i>	7 Amount of contribution (\$) <i>\$ 500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>78701</i> <i>316 West 12th St Suite 202 Austin TX</i>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>4/30/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hermelinda Zamarrigosa</i>	Amount of contribution (\$) <i>\$ 100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>4811 Caswell Ave Austin TX 78751</i>		

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

Date <i>5/5/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teresa Perez Wiseley</i>	Amount of contribution (\$) <i>25.⁰⁰</i>
Contributor address; City; State; Zip Code <i>78703</i> <i>909 Theresa Ave Austin TX</i>		

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

10/24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1/4</u>	
2 FILER NAME <u>Janie Serna</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>2/22/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shane Sexton</u>	8 Amount of Contribution \$ <u>\$31.85</u>	9 In-kind contribution description <u>U.S. Postage stamps</u>
7 Contributor address; City; State; Zip Code <u>4526 Secupe Ln Austin TX 78725</u>		<input type="checkbox"/> 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)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
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)			
Date <u>3/6/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fernando Rivel (360)</u>	Amount of Contribution \$ <u>\$125.00</u>	In-kind contribution description <u>7-shirts & business cards</u>
Contributor address; City; State; Zip Code <u>9530 E Hwy 290 Austin TX 78724</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

11/24

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2/4

2 FILER NAME
Sanie Serna

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date 3/14/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Sexton	8 Amount of Contribution \$ \$216.29	9 In-kind contribution description Brouchers
7 Contributor address; City; State; Zip Code 4526 Secupe Ln Austin TX 78725		<input type="checkbox"/> 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)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
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)	

Date 3/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Party	Amount of Contribution \$ \$1400.00	In-kind contribution description Vote File Access
Contributor address; City; State; Zip Code 1106 Lavaca Suite #100 Austin TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (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)	

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

12/24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3/4	
2 FILER NAME: Samie Serna		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date: 5/3/16	6 Full name of contributor: Manuel Simenez <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$: 6,261.91	9 In-kind contribution description: Brochures & stamps
7 Contributor address; City; State; Zip Code: 7516 Cedar Edge Dr Austin TX 78744		<input type="checkbox"/> 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)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
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)			

Date: 5/3/16	Full name of contributor: Shane Sexton <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$: \$49.61	In-kind contribution description: Campaign phone minutes
Contributor address; City; State; Zip Code: 4526 Secupe Ln Austin TX 78725		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (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)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

13/24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4/4	
2 FILER NAME: <i>Lanie Serna</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date: <i>5/7/16</i>	6 Full name of contributor: <i>Manuel Jimenez</i> <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code: <i>7514 Cedar Edge Dr Austin TX 78744</i>	8 Amount of Contribution \$: <i>\$55.14</i>	9 In-kind contribution description: <i>Labels</i>
		<input type="checkbox"/> 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)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
14/24

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14/19	2 FILER NAME: Janie Serna	3 Filer ID (Ethics Commission Filers)
4 Date: 3/6/16	5 Payee name: 360 ATX	
6 Amount (\$): \$75.00	7 Payee address; City; State; Zip Code: 9530 East Hwy 290 East Austin TX 78724	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date : 3/11/16	Payee name : Dana DeBeauvoir County Clerk	
Amount (\$) : \$24.00	Payee address; City; State; Zip Code : 1000 Guadalupe St suite 222 Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Acct & Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date : 3/14/16	Payee name : Facebook	
Amount (\$) : \$68.30	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

15/24

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 13/19	2 FILER NAME Janie Serna	3 Filer ID (Ethics Commission Filers)
4 Date 3/15/16	5 Payee name Emmis Austin Radio	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 8309 N IH35 Austin TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/19/16	Payee name Habanero Mexican Cafe
Amount (\$) \$68.25	Payee address; City; State; Zip Code 501W Oltorf Austin TX 78704
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food beverage Expense
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/23/16	Payee name Texas Democratic Party
Amount (\$) \$900.00	Payee address; City; State; Zip Code 1106 Lavaca St Suite 100 Austin TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Voter File Access
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

17/24

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 12/19	2 FILER NAME Janie Serna	3 Filer ID (Ethics Commission Filers)
4 Date 3/30/16	5 Payee name U.S. Post office	
6 Amount (\$) \$56.00	7 Payee address; City; State; Zip Code 8225 Cross Park Dr Austin TX 78710	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/30/16	Payee name Kickbutt Coffee		
Amount (\$) \$20.75	Payee address; City; State; Zip Code 5775 Airport Blvd Austin TX 78752		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food beverage expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/30/16	Payee name Mark McCullough / check mark typesetting		
Amount (\$) \$775.34	Payee address; City; State; Zip Code 3217 N ZH35 Frontage Rd Austin TX 78722		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
18/24

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15/19
2 FILER NAME: Janie Serna
3 Filer ID (Ethics Commission Filers)

4 Date: 3/30/16
5 Payee name: Peggy Vasquez

6 Amount (\$): \$20.⁰⁰
7 Payee address; City; State; Zip Code: 1704 East 5th #103 Austin TX 78702

8 PURPOSE OF EXPENDITURE: Adv Expense
(a) Category (See Categories listed at the top of this schedule)
(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: 4/2/16
Payee name: Ramos

Amount (\$): \$5.09
Payee address; City; State; Zip Code: 116 E Parsons St Manor TX 78653

PURPOSE OF EXPENDITURE: Beverage Expense
Category (See Categories listed at the top of this schedule)
Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: 4/2/16
Payee name: Shane Sexton

Amount (\$): \$81.18
Payee address; City; State; Zip Code: 4526 Secupe Ln Austin TX 78725

PURPOSE OF EXPENDITURE: Rental Expense
Category (See Categories listed at the top of this schedule)
Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
19/24

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16/19	2 FILER NAME: Janic Serna	3 Filer ID (Ethics Commission Filers)
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4 Date: 4/9/16	5 Payee name: Fed Ex Office
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6 Amount (\$): \$228.35	7 Payee address; City; State; Zip Code: 600 E Ben White Blvd Austin TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Adv Expens	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 4/10/14	Payee name: Party City
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Amount (\$): \$1.10	Payee address; City; State; Zip Code: 12901 FH35 Suite 200 Austin TX 78753
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 4/10/16	Payee name: Sam's Club
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Amount (\$): \$68.80	Payee address; City; State; Zip Code: 130 Sundance Pkwy Ste 300 Round Rock TX 78681
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

20/24

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17/19	2 FILER NAME Janie Serna	3 Filer ID (Ethics Commission Filers)
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4 Date 4/10/16	5 Payee name Dollar Tree
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6 Amount (\$) \$ 14.07	7 Payee address; City; State; Zip Code 12901 FH35 Bldg #1 STE #110 Austin TX 78753
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/16	Payee name Dollar Tree
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Amount (\$) \$ 9.58	Payee address; City; State; Zip Code 3021 S. FH35 ste 220 Round Rock TX 78664
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/16	Payee name Hobby Lobby
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Amount (\$) \$ 4.31	Payee address; City; State; Zip Code 12901 N th FH35 Serv Rd Bldg 9 Austin TX 78753
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
2/24

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Janie Serng</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/19/16</i>	5 Payee name <i>Shane Sexton</i>
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6 Amount (\$) <i>\$190.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>4526 Secuge Ln Austin TX 78725</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/22/16</i>	Payee name <i>Wal Mart</i>
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Amount (\$) <i>\$14.17</i>	Payee address; City; State; Zip Code <i>1548 FM 685 Pflugerville TX 78660</i>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/23/16</i>	Payee name <i>Las Salsas Mexica</i>
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Amount (\$) <i>\$17.28</i>	Payee address; City; State; Zip Code <i>11007 U.S. Hwy 290 E Manor TX 78653</i>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

22/24

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Janie Serz</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30/16</i>	5 Payee name <i>Super Salad</i>	
6 Amount (\$) <i>\$29.25</i>	7 Payee address; City; State; Zip Code <i>12901 N 4th St Suite 1830 Austin TX 78753</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food beverage expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>5/2/16</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$32.35</i>	Payee address; City; State; Zip Code <i>A</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>5/9/16</i>	Payee name <i>La Prensa</i>	
Amount (\$) <i>\$80.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 140022 Austin TX 78714</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
24/24

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Janie Serna</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/9/16</i>	5 Payee name <i>300 ATX</i>
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6 Amount (\$) <i>\$60.00</i>	7 Payee address; City; State; Zip Code <i>9530 East Hwy 290 Austin TX 78724</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv Expens</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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