

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9547

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Janie MI NICKNAME LAST SUFFIX Serna	<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;"> Date Received <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> DAN DEBEVERA COUNTY CLERK TRAVIS COUNTY TEXAS </div> <div style="text-align: center;"> 2020 JAN 21 AM 10:17 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED FOR RECORD </div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand Delivered: _____ Date Postmarked: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Receipt # _____ Amount: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged: _____ </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 129 Manor TX 78653		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 709-8615		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Reyna MI V. NICKNAME LAST SUFFIX Smith		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13617 Fuchs Grove Rd Manor TX 78653		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 709-8615		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2019 THROUGH 12 / 31 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Constable Pct #1	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

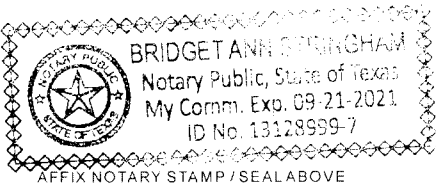
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,558.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 191.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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



Janie Serng
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Janie Serng, this the 21st day of January, 2020, to certify which, witness my hand and seal of office.

Bridget Ann Stringham Signature of officer administering oath
Bridget Ann Stringham Printed name of officer administering oath
notary public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Janie Serna</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ - 0 -
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 244.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ - 0 -
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,314.27
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Janie Serna</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/16/2019</i>	5 Payee name <i>U.S. Post Office</i>
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6 Amount (\$) <i>\$135.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code <i>11401 U.S. Highway 290E Manor TX 78653</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Fees</i>	(b) Description <i>P.O. Box</i>
	(c) <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
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Date <i>8/12/2019</i>	Payee name <i>Revel Enterprises LLC</i>
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Amount (\$) <i>\$324.75</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <i>9814 McCullough Ave San Antonio TX 78216</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Advertising Expense</i>	Description <i>Car decals</i>
	<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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Date <i>9/24/2019</i>	Payee name <i>Check Mark Typesetting</i>
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Amount (\$) <i>\$692.55</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <i>3217 Nth IH35 Austin TX 78722</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Political Expenses Printing</i>	Description <i>Campaign signs</i>
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Agent Expense	Union Representation Expense	Political Consulting Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing 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)
Conventions/Events			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME: **Janie Serna** 3 Filer ID (Texas Ethics Commission Files):

4 Date: **12/2/2019** 5 Payee name: **Travis County Democratic Party**
 6 Amount (\$): **\$1000.00** 7 Payee address: **1311 B E 6th St Austin TX 78702**
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed on page 1 of this schedule): **Fees** (b) Description: **Filing Fee**
 (c) Check if outside of Texas (Complete Schedule G) Check if Austin, TX (Candidate/Party expenses)

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

Date: **12/19/2019** Payee name: **Check Mark Typesetting**
 Amount (\$): **\$1261.97** Payee address: **3217 N 4th St Austin TX 78702**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See Categories listed on page 1 of this schedule): **Printing Expense** Description: **Bus cards**
 Check if outside of Texas (Complete Schedule G) Check if Austin, TX (Candidate/Party expenses)

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

Date: Payee name:
 Amount (\$): Payee address: City: State: Zip Code:
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See Categories listed on page 1 of this schedule): Description:
 Check if outside of Texas (Complete Schedule G) Check if Austin, TX (Candidate/Party expenses)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Janie Serna</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>70.00</i> / XX	
5 Date <i>8/28/2019</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Hilda Villalobos Alvarez</i>	8 Amount of Contribution \$ <i>\$130.00</i>	9 In-kind contribution description <i>Advertisement</i>
7 Contributor address; City; State; Zip Code <i>1135 Lott Ave B Austin TX 78721</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 <i>9/30/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Manuel Simenez</i>	Amount of Contribution \$ <i>\$40.00</i>	In-kind contribution description <i>Facebook Adv</i>
Contributor address; City; State; Zip Code <i>11316 Terrace Meadow Way Manor TX 78653</i>		<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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2

2 FILER NAME *Sanie Serna*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ *174.00*

5 Date *9/15/2019* 6 Full name of contributor *Shane Sexton* out-of-state PAC ID# 8 Amount of Contribution \$ *\$174.00* 9 in-kind contribution description *Website*

7 Contributor address: *3204 Plantation Rd Austin TX 78745* City: State: Zip Code

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 out-of-state PAC ID# Amount of Contribution \$ in-kind contribution description Contributor address: City State Zip Code

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