

# 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)                                                                                                                                                       | 2 Total pages filed: <b>7</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                          | MS / MRS / <input checked="" type="radio"/> MR                                                                                                                                                                                                                                                                                                                                          | FIRST<br><b>EDUARDO</b>                                                                                                                                                                     | MI                            |
|                                                                                          | NICKNAME<br><b>SERNA</b>                                                                                                                                                                                                                                                                                                                                                                | LAST                                                                                                                                                                                        | SUFFIX                        |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX                                                                                                                                                                                                                                                                                                                                                                        | APT / SUITE #                                                                                                                                                                               | CITY, STATE, ZIP CODE         |
|                                                                                          | <b>3801 Moreland Dr Apt 2 Weslaco TX 78596</b>                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                               |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                         | AREA CODE                                                                                                                                                                                                                                                                                                                                                                               | PHONE NUMBER                                                                                                                                                                                | EXTENSION                     |
|                                                                                          | <b>(956)</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>453-2540</b>                                                                                                                                                                             |                               |
| 6 CAMPAIGN TREASURER NAME                                                                | MS / MRS / <input checked="" type="radio"/> MR                                                                                                                                                                                                                                                                                                                                          | FIRST<br><b>Gloria</b>                                                                                                                                                                      | MI                            |
|                                                                                          | NICKNAME<br><b>Castro</b>                                                                                                                                                                                                                                                                                                                                                               | LAST                                                                                                                                                                                        | SUFFIX                        |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE)                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             | CITY, STATE, ZIP CODE         |
|                                                                                          | <b>1214 Tanglewood North Weslaco</b>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             | <b>TX 78596</b>               |
| 8 CAMPAIGN TREASURER PHONE                                                               | AREA CODE                                                                                                                                                                                                                                                                                                                                                                               | PHONE NUMBER                                                                                                                                                                                | EXTENSION                     |
|                                                                                          | <b>(956)</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>490-7699</b>                                                                                                                                                                             | <b>-</b>                      |
| 9 REPORT TYPE                                                                            | <input type="checkbox"/> January 15 <input checked="" 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                          |
|                                                                                          | <b>08</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>06</b>                                                                                                                                                                                   | <b>2024</b>                   |
| 11 ELECTION                                                                              | ELECTION DATE                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             | ELECTION TYPE                 |
|                                                                                          | Month                                                                                                                                                                                                                                                                                                                                                                                   | Day                                                                                                                                                                                         | Year                          |
| <b>11 / 05 / 2024</b>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                               |
| 12 OFFICE                                                                                | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                    | 13 OFFICE SOUGHT (if known)                                                                                                                                                                 |                               |
|                                                                                          | <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                | <b>WISD SB PLACE 1</b>                                                                                                                                                                      |                               |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | 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                                                                                                                                                                                                                                                                                                                                                        | COMMITTEE ADDRESS                                                                                                                                                                           |                               |
|                                                                                          | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                       | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                           |                               |
|                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                         | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                        |                               |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |                                                                                                                                       |                                        |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME            |                                                                                                                                       | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 5100. <sup>00</sup>                 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE                                                                                             | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 2047.03                             |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 4341.97                             |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                                     |

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Eduardo Serna and my date of birth is 06/16/1960  
My address is 3801 Moreland Dr. Apt 2 Weslaco TX 78596 USA  
(street) (city) (state) (zip code) (country)  
Executed in Hidalgo County, State of Texas on the 7 day of October 2024  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

|                                       |                                                                                                             |                                               |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>19 FILER NAME</b><br>Edwardo Serna |                                                                                                             | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b>          | <b>NAME OF SCHEDULE</b>                                                                                     | <b>SUBTOTAL AMOUNT</b>                        |
| 1.                                    | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 5100. <sup>00</sup>                        |
| 2.                                    | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                            |
| 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   | \$ 808.03                                     |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 1239. <sup>00</sup>                        |
| 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**

If the requested information is not applicable, DO NOT include this page in the report.

|                                                                                                                                                                               |                                                                                                            |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                                     |                                                                                                            | 1 Total pages Schedule A1 <b>2</b>                     |
| 2 FILER NAME <b>EDUARDO SERNA</b>                                                                                                                                             |                                                                                                            | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date <b>8/20/24</b>                                                                                                                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Gloria Castro</b>   | 7 Amount of contribution (\$) <b>\$ 500.00</b>         |
| 6 Contributor address; City; State; Zip Code<br><b>309 S. Texas Westlaco TX 78596</b>                                                                                         |                                                                                                            |                                                        |
| 8 Principal occupation / Job title (See Instructions)<br><b>Self employed</b>                                                                                                 |                                                                                                            | 9 Employer (See Instructions)<br><b>Joli's Shoes</b>   |
| Date <b>8/7/24</b>                                                                                                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Sonjia DelaFuente</b> | Amount of contribution (\$) <b>\$ 500.00</b>           |
| Contributor address; City; State; Zip Code<br><b>609 S. 6th St Westlaco TX 78596</b>                                                                                          |                                                                                                            |                                                        |
| Principal occupation / Job title (See Instructions)<br><b>Self Employed</b>                                                                                                   |                                                                                                            | Employer (See Instructions)<br><b>Skin Senca</b>       |
| Date <b>8/26/24</b>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Elizabeth Lopez</b>   | Amount of contribution (\$) <b>200.00</b>              |
| Contributor address; City; State; Zip Code<br><b>612 Dover Drive Westlaco TX 78596</b>                                                                                        |                                                                                                            |                                                        |
| Principal occupation / Job title (See Instructions)<br><b>Teacher</b>                                                                                                         |                                                                                                            | Employer (See Instructions)<br><b>WISD</b>             |
| Date <b>9/25/24</b>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Hiram Gutierrez</b>   | Amount of contribution (\$) <b>1500.00</b>             |
| Contributor address; City; State; Zip Code<br><b>701 N. Bentzen Rd McAllen TX 78501</b>                                                                                       |                                                                                                            |                                                        |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                                                                                                        |                                                                                                            | Employer (See Instructions)<br><b>Rerdue, Brandon-</b> |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |                                                                                                            |                                                        |

| <b>MONETARY POLITICAL CONTRIBUTIONS</b>                                                        |                                                                                                         | <b>SCHEDULE A1</b>                                            |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| If the requested information is not applicable, <b>DO NOT</b> include this page in the report. |                                                                                                         |                                                               |
| The Instruction Guide explains how to complete this form.                                      |                                                                                                         | 1 Total pages Schedule A1: <b>2</b>                           |
| 2 FILER NAME                                                                                   |                                                                                                         | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date                                                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Joe Salazar</b>  | 7 Amount of contribution (\$) <b>1200.00</b>                  |
| <b>9/10/24</b>                                                                                 | 6 Contributor address; City; State; Zip Code<br><b>611 E Lepp 499 Harlingen TX 78550</b>                |                                                               |
| 8 Principal occupation / Job title (See Instructions)                                          |                                                                                                         | 9 Employer (See Instructions)                                 |
| Date                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Joseph Aguirre</b> | Amount of contribution (\$) <b>1200.00</b>                    |
| <b>9/25/24</b>                                                                                 | Contributor address; City; State; Zip Code<br><b>221 N. Iowa Weslaco TX 78596</b>                       |                                                               |
| Principal occupation / Job title (See Instructions)<br><b>Self Employed</b>                    |                                                                                                         | Employer (See Instructions)<br><b>Centerline Construction</b> |
| 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)                                   |
| 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.

| POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                                                                                                |                                                                                                                                                               | SCHEDULE F1                                                                                                                           |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If the requested information is not applicable, DO NOT include this page in the report.                                                                                 |                                                                                                                                                               |                                                                                                                                       |                                                                                                                                                                             |
| EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                                     |                                                                                                                                                               |                                                                                                                                       |                                                                                                                                                                             |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services                                                             | Loan Repayment/Member/Board<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation/Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
| The Instruction Guide explains how to complete this form.                                                                                                               |                                                                                                                                                               |                                                                                                                                       |                                                                                                                                                                             |
| 1 Total pages Schedule F1:<br>1                                                                                                                                         | 2 FILER NAME<br>Eduardo Serna                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)                                                                                                 |                                                                                                                                                                             |
| 4 Date<br>9/26/2024                                                                                                                                                     | 5 Payee name<br>Mario Mendiola                                                                                                                                | City,<br>Weslaco                                                                                                                      | State, Zip Code<br>TX 78596                                                                                                                                                 |
| 6 Amount (\$)<br>130.00                                                                                                                                                 | 7 Payee address:<br>8400 S Kansas                                                                                                                             |                                                                                                                                       |                                                                                                                                                                             |
| 8 PURPOSE OF EXPENDITURE                                                                                                                                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                       | (b) Description<br>Digital sign                                                                                                       |                                                                                                                                                                             |
|                                                                                                                                                                         | (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 ONLY if direct expenditure to benefit C/OH                                                                                                                   | Candidate / Officeholder name<br>Eduardo Serna                                                                                                                | Office sought<br>WISD SB PL 1                                                                                                         | Office held<br>School Board                                                                                                                                                 |
| Date<br>9/26/2024                                                                                                                                                       | Payee name<br>T-shirt Plus - Pete Garcia                                                                                                                      | City,<br>Weslaco                                                                                                                      | State, Zip Code<br>TX 78599                                                                                                                                                 |
| Amount (\$)<br>500.00                                                                                                                                                   | Payee address:<br>2021 W Mi. E 11th North                                                                                                                     |                                                                                                                                       |                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                                                                                                                                  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                           | Description<br>Promotional T-shirts                                                                                                   |                                                                                                                                                                             |
|                                                                                                                                                                         | <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<br>Eduardo Serna                                                                                                                | Office sought<br>WISD SB PL 1                                                                                                         | Office held<br>School Board                                                                                                                                                 |
| Date<br>8/23/2024                                                                                                                                                       | Payee name<br>City of Weslaco                                                                                                                                 | City,<br>Weslaco                                                                                                                      | State, Zip Code<br>TX 78596                                                                                                                                                 |
| Amount (\$)<br>100.00                                                                                                                                                   | Payee address:<br>255 S. Kansas                                                                                                                               |                                                                                                                                       |                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                                                                                                                                  | Category (See Categories listed at the top of this schedule)<br>Fees                                                                                          | Description<br>Camp Fee                                                                                                               |                                                                                                                                                                             |
|                                                                                                                                                                         | <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<br>Eduardo Serna                                                                                                                | Office sought<br>WISD SB. PL. 1                                                                                                       | Office held<br>School Board                                                                                                                                                 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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)                                                                                                                                                                                                     | 2 Total pages filed: <b>7</b> |  |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS (MR) FIRST MI                                                                                                                                                                                                                                                                                                                                                                                                               | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br>WESLACO ISD<br>School Board Secretary<br>RVD: <u>10/28/2024</u><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |                               |  |
|                                                                | NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                               |  |
| EDUARDO                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                               |  |
| SERNA                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                               |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           |                               |  |
| <input type="checkbox"/> Change of Address                     | 3801 Moreland Dr. Apt 2 Weslaco TX 78596                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                               |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                           |                               |  |
|                                                                | (956) 453-2540                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                           |                               |  |
| 6 CAMPAIGN TREASURER NAME                                      | MS (MRS) / MR FIRST MI                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           |                               |  |
|                                                                | NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                               |  |
| Gloria                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                               |  |
| Castro                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                               |  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                           |                               |  |
|                                                                | 1214 Tanglewood North Weslaco TX 78596                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           |                               |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                           |                               |  |
|                                                                | (956) 490-7699                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                           |                               |  |
| 9 REPORT TYPE                                                  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" 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<br>09 / 27 / 2024      THROUGH      10 / 26 / 2024                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                               |  |
| 11 ELECTION                                                    | ELECTION DATE                                                                                                                                                                                                                                                                                                                                                                                                                        | ELECTION TYPE                                                                                                                                                                                                                             |                               |  |
|                                                                | Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                               |                               |  |
| 11 / 05 / 2024                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                               |  |
| 12 OFFICE                                                      | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                 | 13 OFFICE SOUGHT (if known)                                                                                                                                                                                                               |                               |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                      | WISD SB. PLACE 1                                                                                                                                                                                                                          |                               |  |
| 14 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.                                              |                                                                                                                                                                                                                                           |                               |  |
|                                                                | <input type="checkbox"/> Additional Pages<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                           | COMMITTEE TYPE                                                                                                                                                                                                                            | COMMITTEE NAME                |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE ADDRESS                                                                                                                                                                                                                         |                               |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                                                                         |                               |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                      |                               |  |

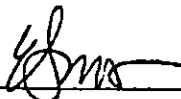
**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

|                                      |                                                                                                                                       |                                        |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME<br><b>EDUARDO SERNA</b> |                                                                                                                                       | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS               | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <b>4500.00</b>                      |
| EXPENDITURE TOTALS                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                     |
|                                      | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <b>4387.68</b>                      |
| CONTRIBUTION BALANCE                 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <b>4416.46</b>                      |
| OUTSTANDING LOAN TOTALS              | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                                     |

18 SIGNATURE 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.

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_

(2) Unsworn Declaration

My name is EDUARDO SERNA and my date of birth is 06/16/1960  
 My address is 3801 Moreland Dr Apt 2 Weslaco, TX, 78596 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Hidalgo County, State of TEXAS, on the 28 day of October, 2024.  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)



**SUBTOTALS - C/OH**

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

|                                           |                                                                                                             |                                        |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME<br><b>EDUARDO SERNA</b>     |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 4500. <sup>00</sup>                 |
| 2.                                        | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 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   | \$ 4387.68                             |
| 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 | \$                                     |

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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<br><b>EDUARDO SERNA</b>                                                                                                                          | 3 Filer ID (Ethics Commission Filers)                            |
| 4 Date<br><b>10/10/24</b>         | 5 Payee name<br><b>South Texas Clays</b>                                                                                                                      |                                                                  |
| 6 Amount (\$)<br><b>\$2900.00</b> | 7 Payee address:<br><b>Kerria St</b> City: <b>Weslaco TX</b> State: <b>TX</b> Zip Code: <b>78596</b>                                                          |                                                                  |
| 8 PURPOSE OF EXPENDITURE          | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>                                                                      | (b) Description<br><b>Street shoot - mobile shooting service</b> |
|                                   | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Eduardo Serna</b> | Office sought<br><b>WISD PLACE 1</b> | Office held |
|-------------------------------------------------------|-------------------------------------------------------|--------------------------------------|-------------|

|                              |                                                                                                      |  |  |
|------------------------------|------------------------------------------------------------------------------------------------------|--|--|
| Date<br><b>10/15/24</b>      | Payee name<br><b>Weslaco High School</b>                                                             |  |  |
| Amount (\$)<br><b>300.00</b> | Payee address:<br><b>1005 W PIKE</b> City: <b>Weslaco TX</b> State: <b>TX</b> Zip Code: <b>78596</b> |  |  |

|                        |                                                                                                                                                           |                                        |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>DONATION BY Candidate</b>                                                              | Description<br><b>Sponsorship GBSK</b> |
|                        | <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<br><b>Eduardo Serna</b> | Office sought<br><b>WISD PL1</b> | Office held |
|-----------------------------------------------------|-------------------------------------------------------|----------------------------------|-------------|

|                                |                                                                                                            |  |  |
|--------------------------------|------------------------------------------------------------------------------------------------------------|--|--|
| Date<br><b>10/21/24</b>        | Payee name<br><b>7 DAY Addiction</b>                                                                       |  |  |
| Amount (\$)<br><b>\$237.38</b> | Payee address:<br><b>3017 S. Sugar Rd</b> City: <b>Edinburg TX</b> State: <b>TX</b> Zip Code: <b>78596</b> |  |  |

|                        |                                                                                                                                                           |                                                      |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>                                                                      | Description<br><b>DOOR PRIZE &amp; BAR. of Tees.</b> |
|                        | <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<br><b>Eduardo Serna</b> | Office sought<br><b>WISD PL1</b> | Office held |
|-----------------------------------------------------|-------------------------------------------------------|----------------------------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Raising Expenses              |
| 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: <b>2</b>                   |                                                                                              | 2 FILER NAME<br><b>EDUARDO SERNA</b>                                                 |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>10/04/24</b>                             |                                                                                              | 5 Payee name<br><b>WAL-MART</b>                                                      |                                                                           |                                       |  |
| 6 Amount (\$)<br><b>\$84.11</b>                       |                                                                                              | 7 Payee address; City; State; Zip Code<br><b>1310 N. TEXAS Weslaco TX 78599</b>      |                                                                           |                                       |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>     |                                                                                      | (b) Description<br><b>Bottlewater &amp; Trash cans &amp; Bags</b>         |                                       |  |
|                                                       | <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<br><b>Eduardo Serna</b>                                |                                                                           | Office sought<br><b>WISD PL1</b>      |  |
| Date<br><b>10/04/24</b>                               |                                                                                              | Payee name<br><b>Academy Sports</b>                                                  |                                                                           |                                       |  |
| Amount (\$)<br><b>\$496.84</b>                        |                                                                                              | Payee address; City; State; Zip Code<br><b>535 E. Expressway 83 Weslaco TX 78599</b> |                                                                           |                                       |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>         |                                                                                      | Description<br><b>Event Prizes</b>                                        |                                       |  |
|                                                       | <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<br><b>Eduardo Serna</b>                                |                                                                           | Office sought<br><b>WISD PL1</b>      |  |
| Date<br><b>10/09/24</b>                               |                                                                                              | Payee name<br><b>Veras King &amp; Meats</b>                                          |                                                                           |                                       |  |
| Amount (\$)<br><b>\$369.35</b>                        |                                                                                              | Payee address; City; State; Zip Code<br><b>2941 N Texas Blvd Weslaco TX 78599</b>    |                                                                           |                                       |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Food Beverage Expense</b> |                                                                                      | Description<br><b>meat, charcoal, condiments</b>                          |                                       |  |
|                                                       | <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<br><b>Eduardo Serna</b>                                |                                                                           | Office sought<br><b>WISD PL1</b>      |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|                                                           |                            |
|-----------------------------------------------------------|----------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|-----------------------------------------------------------|----------------------------|

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| 2 FILER NAME<br><b>EDUARDO SERNA</b> | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|---------------------------------------|

|                                                                                       |                                                                                                                                  |                                                 |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 4 Date<br><b>10/15/24</b>                                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>LINEBARGER GOGGAN BLAIR + SAMPSON LLP</b> | 7 Amount of contribution (\$)<br><b>1000.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>P.O. BOX 17428 Austin TX 78760</b> |                                                                                                                                  |                                                 |

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

|                                                                                             |                                                                                                            |                                               |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Date<br><b>10/18/24</b>                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Benjamin Castillo</b> | Amount of contribution (\$)<br><b>1000.00</b> |
| Contributor address; City; State; Zip Code<br><b>1900 Tanglewood Lane Westlaco TX 78596</b> |                                                                                                            |                                               |

|                                                                                   |                                                                         |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal occupation / Job title (See Instructions)<br><b>Attorney / Attorney</b> | Employer (See Instructions)<br><b>O'Hanlon, Demereth &amp; Castillo</b> |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                            |                                                                                |                             |
|--------------------------------------------|--------------------------------------------------------------------------------|-----------------------------|
| 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) |
|-----------------------------------------------------|-----------------------------|

|                                            |                                                                                |                             |
|--------------------------------------------|--------------------------------------------------------------------------------|-----------------------------|
| 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 requirements.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

|                                                                                                 |                                                                                                                 |                                             |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| The Instruction Guide explains how to complete this form.                                       |                                                                                                                 | 1 Total pages Schedule A1: <b>2</b>         |
| 2 FILER NAME<br><b>EDUARDO SERNA</b>                                                            |                                                                                                                 | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><b>10/9/24</b>                                                                        | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Reyna Homes LLC</b>      | 7 Amount of contribution (\$) <b>500.00</b> |
| 6 Contributor address: City: State: Zip Code<br><b>6144 E US HWY 83 RIOGRANDE CITY TX 78502</b> |                                                                                                                 |                                             |
| 8 Principal occupation / Job title (See Instructions)                                           |                                                                                                                 | 9 Employer (See Instructions)               |
| Date<br><b>10/9/24</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Half Associates</b>        | Amount of contribution (\$) <b>500.00</b>   |
| Contributor address: City: State: Zip Code<br><b>1201 N. BOWSER RD Richardson TX 75081</b>      |                                                                                                                 |                                             |
| Principal occupation / Job title (See Instructions)                                             |                                                                                                                 | Employer (See Instructions)                 |
| Date<br><b>10/9/24</b>                                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Texas Glass UNLTD. LLC</b> | Amount of contribution (\$) <b>500.00</b>   |
| Contributor address: City: State: Zip Code<br><b>1522 N. Cage Blvd Pharr TX 78577</b>           |                                                                                                                 |                                             |
| Principal occupation / Job title (See Instructions)                                             |                                                                                                                 | Employer (See Instructions)                 |
| Date<br><b>10/15/24</b>                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>RD Monte Cielo LLC</b>     | Amount of contribution (\$) <b>1000.00</b>  |
| Contributor address: City: State: Zip Code<br><b>P.O. BOX 6105 McAllen TX 78502</b>             |                                                                                                                 |                                             |
| 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.

# 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)                                                                                                                                                                                                                        | 2 Total pages filed: <u>8</u> |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                          | MS / MRS / <u>MR</u> FIRST MI<br><u>EDUARDO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OFFICE USE ONLY<br><br>Date Received<br><br><b>WESLACO ISD</b><br>School Board Secretary<br>RCVD: <u>1/15/2025</u> <u>[Signature]</u><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
|                                                                                          | NICKNAME LAST SUFFIX<br><u>SERNA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>3801 Moreland Dr. Weslaco TX 78576</u><br><u>APT 2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                         | AREA CODE PHONE NUMBER EXTENSION<br><u>(956) 453-2540</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME                                                                | MS / (MRS) / MR FIRST MI<br><u>Gloria</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
|                                                                                          | NICKNAME LAST SUFFIX<br><u>Castro</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>1214 TANGLEWOOD NORTH Weslaco TX 78596</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE                                                               | AREA CODE PHONE NUMBER EXTENSION<br><u>(956) 490-7699</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 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)<br><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<br><u>10 / 27 / 2024</u> <u>01 / 15 / 2025</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 11 ELECTION                                                                              | ELECTION DATE<br>Month Day Year<br><u>11 / 05 / 2024</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                 |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 12 OFFICE                                                                                | OFFICE HELD (if any)<br><u>WISD S.B. PLALE 1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13 OFFICE SOUGHT (if known)<br><u>—</u>                                                                                                                                                                                                                      |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | <p><small>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.</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE<br/><input type="checkbox"/> GENERAL<br/><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |                                                                                                                                                                                                                                                              |                               | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME |  | COMMITTEE ADDRESS |  | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
|                                                                                          | COMMITTEE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
|                                                                                          | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |
|                                                                                          | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                              |                               |                                                                                         |                |  |                   |  |                                   |  |                                      |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME EDUARDO SERNA 16 Filer ID (Ethics Commission Filers)

|                         |                                                                                                                                       |                              |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                           |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>3000.<sup>00</sup></u> |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                           |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>5240.<sup>94</sup></u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>1923.<sup>26</sup></u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                           |

18 SIGNATURE 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.

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath


OR

**(2) Unsworn Declaration**

My name is EDUARDO SERNA, and my date of birth is 06/16/1960.

My address is 3801 MORELAND DR. Apt 2, Weslaco, TX, 78596, USA.  
(street) (city) (state) (zip code) (country)

Executed in Hidalgo County, State of TEXAS, on the 15 day of January, 20 25.  
(month) (year)

  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|                                           |                                                                                                             |                                        |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME<br><b>EDUARDO SERNA</b>     |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 3000. <sup>00</sup>                 |
| 2.                                        | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 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   | \$ 5240.94                             |
| 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

If the requested information is not applicable, DO NOT include this page in the report.

|                                                                                                         |                                                                                                                               |                                                  |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                               |                                                                                                                               | 1 Total pages Schedule A1:<br><b>1</b>           |
| 2 FILER NAME<br><b>EDUARDO SERNA</b>                                                                    |                                                                                                                               | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>10/29/24</b>                                                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jones, Galligan, Key + Lorano LLP</b> | 7 Amount of contribution (\$)<br><b>\$500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>2300 W PIKE BLVD. Weslaco TX 78596<br/>Suite 300</b> |                                                                                                                               |                                                  |
| 8 Principal occupation / Job title (See Instructions)                                                   |                                                                                                                               | 9 Employer (See Instructions)                    |

|                                                                                                          |                                                                                                             |                                               |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Date<br><b>11/4/24</b>                                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Border Health PAC</b> | Amount of contribution (\$)<br><b>2500.00</b> |
| Contributor address; City; State; Zip Code<br><b>612 W NOLANA McAllen TX 78509<br/>Bld 300 Suite 390</b> |                                                                                                             |                                               |
| 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) |

|                                                     |                                                                                 |                             |
|-----------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| 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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 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:<br><b>4</b> | 2 FILER NAME<br><b>Eduardo Serna</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------------|--------------------------------------|---------------------------------------|

|                           |                            |
|---------------------------|----------------------------|
| 4 Date<br><b>10/28/24</b> | 5 Payee name<br><b>HEB</b> |
|---------------------------|----------------------------|

|                               |                                                |                         |                     |                          |
|-------------------------------|------------------------------------------------|-------------------------|---------------------|--------------------------|
| 6 Amount (\$)<br><b>37.83</b> | 7 Payee address;<br><b>1004 N. Texas Blvd.</b> | City;<br><b>Weslaco</b> | State;<br><b>TX</b> | Zip Code<br><b>78596</b> |
|-------------------------------|------------------------------------------------|-------------------------|---------------------|--------------------------|

|                                    |                                                                                                                                                               |                                                  |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Food Beverage expense</b>                                                              | (b) Description<br><b>softdrinks &amp; WATER</b> |
|                                    | (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<br><b>EDUARDO SERNA</b> | Office sought<br><b>WISD SB PL 1</b> | Office held |
|--------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|-------------|

|                         |                                 |
|-------------------------|---------------------------------|
| Date<br><b>10/30/24</b> | Payee name<br><b>V+M Prints</b> |
|-------------------------|---------------------------------|

|                                |                                           |                         |                     |                          |
|--------------------------------|-------------------------------------------|-------------------------|---------------------|--------------------------|
| Amount (\$)<br><b>\$378.88</b> | Payee address;<br><b>401 S. Iowa Ave.</b> | City;<br><b>Weslaco</b> | State;<br><b>TX</b> | Zip Code<br><b>78596</b> |
|--------------------------------|-------------------------------------------|-------------------------|---------------------|--------------------------|

|                               |                                                                                                                                                           |                            |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b>                                                                | Description<br><b>Caps</b> |
|                               | <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<br><b>EDUARDO SERNA</b> | Office sought<br><b>WISD SB PL 1</b> | Office held |
|------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|-------------|

|                         |                                     |
|-------------------------|-------------------------------------|
| Date<br><b>10/31/24</b> | Payee name<br><b>Dollar General</b> |
|-------------------------|-------------------------------------|

|                                |                                     |                         |                     |                          |
|--------------------------------|-------------------------------------|-------------------------|---------------------|--------------------------|
| Amount (\$)<br><b>\$104.76</b> | Payee address;<br><b>5525 FM 88</b> | City;<br><b>Weslaco</b> | State;<br><b>TX</b> | Zip Code<br><b>78596</b> |
|--------------------------------|-------------------------------------|-------------------------|---------------------|--------------------------|

|                               |                                                                                                                                                           |                                                      |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Food Beverage <sup>(donation)</sup> expense</b>                                        | Description<br><b>drinks &amp; candy (Halloween)</b> |
|                               | <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 |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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<br><i>Eduardo Serna</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------------|---------------------------------------|

|                          |                                       |
|--------------------------|---------------------------------------|
| 4 Date<br><i>11/4/24</i> | 5 Payee name<br><i>Academy Sports</i> |
|--------------------------|---------------------------------------|

|                                  |                                                 |                         |                     |                          |
|----------------------------------|-------------------------------------------------|-------------------------|---------------------|--------------------------|
| 6 Amount (\$)<br><i>\$350.69</i> | 7 Payee address;<br><i>535 E. Expressway 83</i> | City;<br><i>Weslaco</i> | State;<br><i>TX</i> | Zip Code<br><i>78599</i> |
|----------------------------------|-------------------------------------------------|-------------------------|---------------------|--------------------------|

|                          |                                                                                                            |                                                                           |
|--------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>OTHER:<br/>Polling site expense</i> | (b) Description<br><i>chairs, supplies</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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>EDUARDO SERNA</i> | Office sought<br><i>WISD SB PL 1</i> | Office held |
|-------------------------------------------------------|-------------------------------------------------------|--------------------------------------|-------------|

|                        |                                     |
|------------------------|-------------------------------------|
| Date<br><i>11/4/24</i> | Payee name<br><i>Academy Sports</i> |
|------------------------|-------------------------------------|

|                                |                                               |                         |                     |                          |
|--------------------------------|-----------------------------------------------|-------------------------|---------------------|--------------------------|
| Amount (\$)<br><i>\$162.36</i> | Payee address;<br><i>535 E. Expressway 83</i> | City;<br><i>Weslaco</i> | State;<br><i>TX</i> | Zip Code<br><i>78599</i> |
|--------------------------------|-----------------------------------------------|-------------------------|---------------------|--------------------------|

|                        |                                                                                                        |                                                                           |
|------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>OTHER:<br/>Polling site expense</i> | Description<br><i>Canopy tents.</i>                                       |
|                        | <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<br><i>EDUARDO SERNA</i> | Office sought<br><i>WISD SB PL 1</i> | Office held |
|-----------------------------------------------------|-------------------------------------------------------|--------------------------------------|-------------|

|                        |                                 |
|------------------------|---------------------------------|
| Date<br><i>11/5/24</i> | Payee name<br><i>Teddys BBQ</i> |
|------------------------|---------------------------------|

|                                 |                                              |                         |                     |                          |
|---------------------------------|----------------------------------------------|-------------------------|---------------------|--------------------------|
| Amount (\$)<br><i>\$1424.87</i> | Payee address;<br><i>2807 N. Texas Blvd.</i> | City;<br><i>Weslaco</i> | State;<br><i>TX</i> | Zip Code<br><i>78599</i> |
|---------------------------------|----------------------------------------------|-------------------------|---------------------|--------------------------|

|                        |                                                                                              |                                                                           |
|------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Food Beverage expense</i> | Description<br><i>Drinks / Dinner</i>                                     |
|                        | <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 |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | 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                          |                                                                                                           | 2 FILER NAME<br><i>Eduardo Serna</i>                  |                                                                           | 3 Filer ID (Ethics Commission Filers) |                                    |
| 4 Date<br><i>11/13/24</i>                             |                                                                                                           | 5 Payee name<br><i>Weslaco Mid Valley Lions</i>       |                                                                           |                                       |                                    |
| 6 Amount (\$)<br><i>\$400.00</i>                      |                                                                                                           | 7 Payee address;<br><i>301 S. Border Ave.</i>         |                                                                           | City;<br><i>Weslaco</i>               | State; Zip Code<br><i>TX 78596</i> |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>Contribution made by candidate</i> |                                                       | (b) Description<br><i>Bowling Tournament Sponsor</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 ONLY if direct expenditure to benefit C/OH |                                                                                                           | Candidate / Officeholder name<br><i>EDUARDO SERNA</i> |                                                                           | Office sought<br><i>WISD SB PL-1</i>  | Office held                        |
| Date<br><i>11/14/24</i>                               |                                                                                                           | Payee name<br><i>N+M PRINTS</i>                       |                                                                           |                                       |                                    |
| Amount (\$)<br><i>\$151.55</i>                        |                                                                                                           | Payee address;<br><i>401 S. Iowa Ave.</i>             |                                                                           | City;<br><i>Weslaco</i>               | State; Zip Code<br><i>TX 78596</i> |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>                |                                                       | Description<br><i>Caps</i>                                                |                                       |                                    |
|                                                       | <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<br><i>EDUARDO SERNA</i> |                                                                           | Office sought<br><i>WISD SB PL-1</i>  | Office held                        |
| Date<br><i>12/9/24</i>                                |                                                                                                           | Payee name<br><i>Eduardo Serna</i>                    |                                                                           |                                       |                                    |
| Amount (\$)<br><i>\$1600.00</i>                       |                                                                                                           | Payee address;<br><i>3801 Moreland Apt 2</i>          |                                                                           | City;<br><i>Weslaco</i>               | State; Zip Code<br><i>TX 78596</i> |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>Loan Repayment / Reimbursement</i>     |                                                       | Description<br><i>Payment to self for Campaign Expenses</i>               |                                       |                                    |
|                                                       | <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<br><i>EDUARDO SERNA</i> |                                                                           | Office sought<br><i>WISD SB PL 1</i>  | Office held                        |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|                                   |                                             |                                              |
|-----------------------------------|---------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br><i>Eduardo Serna</i> | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------------------------------|----------------------------------------------|

|                                  |                                                 |
|----------------------------------|-------------------------------------------------|
| <b>4</b> Date<br><i>12/11/24</i> | <b>5</b> Payee name<br><i>Migleacay Estrada</i> |
|----------------------------------|-------------------------------------------------|

|                                         |                                                  |                         |                     |                          |
|-----------------------------------------|--------------------------------------------------|-------------------------|---------------------|--------------------------|
| <b>6</b> Amount (\$)<br><i>\$180.00</i> | <b>7</b> Payee address;<br><i>911 E. 2nd St.</i> | City;<br><i>Weslaco</i> | State;<br><i>TX</i> | Zip Code<br><i>78596</i> |
|-----------------------------------------|--------------------------------------------------|-------------------------|---------------------|--------------------------|

|                                    |                                                                                                                                                               |                                        |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Donation made by Candidate</i>                                                         | (b) Description<br><i>Sponsorship.</i> |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |

|                                                                     |                               |               |             |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|

|                         |                          |
|-------------------------|--------------------------|
| Date<br><i>12/11/24</i> | Payee name<br><i>HEB</i> |
|-------------------------|--------------------------|

|                                |                                              |                         |                     |                          |
|--------------------------------|----------------------------------------------|-------------------------|---------------------|--------------------------|
| Amount (\$)<br><i>\$250.00</i> | Payee address;<br><i>1004 N. Texas Blvd.</i> | City;<br><i>Weslaco</i> | State;<br><i>TX</i> | Zip Code<br><i>78596</i> |
|--------------------------------|----------------------------------------------|-------------------------|---------------------|--------------------------|

|                               |                                                                                                                                                               |                                  |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Donation made By Candidate</i>                                                             | Description<br><i>Gift Cards</i> |
|                               | (c) <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<br><i>12/12/24</i> | Payee name<br><i>Starbucks</i> |
|-------------------------|--------------------------------|

|                                |                                                  |                         |                     |                          |
|--------------------------------|--------------------------------------------------|-------------------------|---------------------|--------------------------|
| Amount (\$)<br><i>\$200.00</i> | Payee address;<br><i>915 E. Interstate Hwy 2</i> | City;<br><i>Weslaco</i> | State;<br><i>TX</i> | Zip Code<br><i>78599</i> |
|--------------------------------|--------------------------------------------------|-------------------------|---------------------|--------------------------|

|                               |                                                                                                                                                               |                                  |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Donation made By Candidate</i>                                                             | Description<br><i>Gift Cards</i> |
|                               | (c) <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 |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED