

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR ☒ FIRST MI NICKNAME LAST SUFFIX			OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	CITY: STATE: ZIP CODE					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	CITY: STATE: ZIP CODE					
☐ Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (9) [REDACTED]					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR ☒ FIRST MI NICKNAME LAST SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 1 [REDACTED] San Benito TX 78586					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION 1 [REDACTED] 1245-5505					
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 25 / 2024 06 / 30 / 2024					
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 05 / 04 / 2024 ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) SBCISD School Bd. PL. 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.					
☐ Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
	☐ GENERAL COMMITTEE ADDRESS					
	☐ 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,877.66
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,423.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

Theresa Servellon
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 Theresa Servellon and my date of birth is 10/17/1963
My address is [REDACTED] San Benito TX 75868 USA
(street) (city) (state) (zip code) (country)
Executed in Cameron County, State of TX, on the 15 day of July, 2024
(month) (year)
Theresa Servellon
Signature of Candidate/Officeholder (Declarant)

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 <i>Theresa Servellon</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Alberto Trevino</i> [Redacted] City: [Redacted] State: [Redacted] Zip Code: <i>78577</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
8 Principal occupation / Job title (See Instructions) <i>Insurance Agent</i>		9 Employer (See Instructions) <i>Self</i>
Date	Full name of contributor ☐ out-of-state PAC (ID#: <i>Gustavo Acevedo</i> [Redacted] City: <i>Pharr</i> State: <i>TX</i> Zip Code: <i>78577</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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:		2 FILER NAME Theresa Serrellum		3 Filer ID (Ethics Commission Filers)	
4 Date 4-29-24 5-3-24		5 Payee name HEB Grocery Store			
6 Amount (\$) \$675		7 Payee address: 1095 W Bus-77		City: San Benito TX	State; Zip Code 78586
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food + Water		(b) Description meat + water		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 5/20/24		Payee name Blip Advertising - San Benito Area Crowd Based			
Amount (\$) \$250		Payee address: 285 N. Main St. #849		City: Kaysville	State; Zip Code UT 84037
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Billboard.		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 4-16-24 4-23-24		Payee name San Benito News			
Amount (\$) \$1,075		Payee address: 2480 W DS-77 Bus.		City: SB	State; Zip Code TX 78586
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Ads.		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Theresa Serrellon		3 Filer ID (Ethics Commission Filers)	
4 Date 5-7-2024	5 Payee name Chuy's Custom Sports			
6 Amount (\$) ☐ Reimbursement from political contributions intended	7 Payee address 1975 US-Bus 77		City; San Benito	State; Tx
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Pushcarts + T-shirts \$1,887.91	
	(c) ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date 4-22-24 + 4-29-24	Payee name HEB			
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; 1095 W Bcs. 77		City; San Benito	State; Tx
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Gas		Description Gas \$95.79	
	☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date 4/20/24	Payee name Eder Cruz			
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; 131 W. Primrose Ave.		City; Lakeview	State; Tx
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Copies \$206.04	
	☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Theresa Serrellon</i>			3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-30-2021</i>	5 Payee name <i>San Benito News</i>				
6 Amount (\$) ☐ Reimbursement from political contributions intended	7 Payee address; <i>2480 W US-77 Bldg</i>		City; <i>SB</i>	State; <i>TX</i>	Zip Code <i>78586</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>5-4-2021</i>	Payee name <i>Stripes</i>				
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; <i>304 S. Sam Houston</i>		City; <i>SB</i>	State; <i>TX</i>	Zip Code <i>78586</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food + Gas Travel</i>		Description <i>Gas-Water-Taxes</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	Payee name				
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <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

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Theresa Servellon

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Theresa Servellon
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Theresa Servellon
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder