CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

CITY CLERK DEPT. 05 APR 29 PM 1:07

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: ALAN MI: Matthew

NICKNAME: LAST: Serna SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 595 Cora Pl APT / SUITE #: CITY: STATE: ZIP CODE: El Paso, Tx. 79915

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (915) PHONE NUMBER: 474-4081 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: MARK MI: Angelo

NICKNAME: LAST: Serna SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 357 Carolina Dr. APT / SUITE #: CITY: STATE: ZIP CODE: El Paso, Tx. 79915

8 CAMPAIGN TREASURER PHONE

AREA CODE: (915) PHONE NUMBER: 491-1231 EXTENSION:

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 $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 04/08/05 THROUGH Month Day Year: 04/28/05

11 ELECTION

ELECTION DATE Month Day Year: 05/07/05

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council Dist 7 Rep.

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code:

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED — $ Ø

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) — $ 850.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED — $

4. **TOTAL POLITICAL EXPENDITURES** — $ 5,331.72

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD — $ 850.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD — $

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
DONNA MARIE MARTINEZ
NOTARY PUBLIC
STATE OF TEXAS
My commission expires
November 01, 2006

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Alan Matthew Serna

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Ali Bourslan 10009 Album El Paso, TX. 79915	$200.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/13/05	Linebarger, Goggan Blair & Sampson LLP. P.O. Box 17428 Austin Texas	$500.00	

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 ($)	In-kind contribution description (if applicable)
4/09/05	Ed & Stacy Parrott 409 Carolina Dr 79915	$150.00	

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 ($)	In-kind contribution description (if applicable)

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 ($)	In-kind contribution description (if applicable)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME Alan Matthew Serna

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 4,580.72

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:) Loan to Self

9 Loan Amount ($) 4,580.72

6 Is lender a financial Institution? Y N

8 Lender address: City: State: Zip Code Out of My own Pocket year to date (2005 Campaign) out of Pocket

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions) Loan to Self that I wish

13 Employer (See Instructions) to reimburst myself is $16,992.72

14 Description of Collateral ☐ none during this filing period the total loaned to myself

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor is $4,580.72

17 Guarantor address: City: State: Zip Code No other loans were made besides ME lending myself

18 Amount Guaranteed ($)

19 Principal Occupation Money.

20 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#:)

Loan Amount ($)

Is lender a financial Institution? Y N

Lender address: City: State: Zip Code All those people who read "Newspaper Tree" should vote for Alan Serna.

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	H & H Dinero Tree 180 Mayflower El Paso, Tx.	$932.12

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Print, Produce & Send Mailer on Taxes.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	MASS Media Advertisement 11385 James WATT Suite B-12 El Paso, Tx. 79935	$600.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
[redacted] Payment for Additional Tabloid style Mailers.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Davids Banners 9221 Carnegie St. El Paso, Tx.	$304.45

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Additional Replacement Signs that were stolen.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/09/05	NINJA JUMP. 4101 B Montana Ave. El Paso Tx.	$245.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
4/27/05	Emilda Lopez 1214 West Missouri El Paso, Tx. 79902	Walker + Poll worker 6 hours a day.	$280.00	☐
4/28/05	JASON MUÑOZ 157 LESA LN.	Walker / pollworker Part time 25 hours.	$170	☐
4/15/05	Don Jane 11646 Tony Acosta. El Paso Tx. 79936	Poll worker 1 DAY	$50.00	☐
4/15/05	Shiela ? Fort Bliss, Tx. 79906	Poll worker, walker, organizer $12 hr. (40hrs)	480.00	☐
4/27/05	Shiela Vargas 1916 C. Sheridan Fort Bliss, Tx. 79906	Pollworker, walker, organizer. $12 hr. (40hrs)	$480.00	☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT. 05 APR 29 AM 1:07

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
	Walmart El Paso, TX. 79915	Copier Paper, Ink Cartridges, Films, ties for Signs etc.	$434.32	☐
Date	Payee name: Walgreens Payee address; City; State; Zip Code: El Paso, TX.	Photo Printing	$42.98	☐
Date	Payee name: Misc. Meals for Campaign Workers. Payee address; City; State; Zip Code		$325.34	☐
Date	Payee name: GAS Expenditures Payee address; City; State; Zip Code		282.57	☐
Date	Payee name: Misc. Items Payee address; City; State; Zip Code	Hammer Two by fours, Wire Cutters, Paper Clips, Office Supplies, Drinks for Pollworkers, Polls for Signs, etc.	$1,151.94	☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT. 05 APR 29 1:01