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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

CITY CLERK DEPARTMENT
2003 APR 25 AM 8 11

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 7

3 CANDIDATE / OFFICEHOLDER NAME	TITLE / FIRST: Alan / MI: M / NICKNAME / LAST: Serna / SUFFIX	OFFICE USE ONLY: Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 595 Corta. Pl El Paso, Tx. 79915	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE / FIRST: Peggy Ann / MI / NICKNAME / LAST: Trejo / SUFFIX	Receipt # / Amount / Date Processed / Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 113 Randy Wolf El Paso, Tx. 79925	
7 CAMPAIGN TREASURER PHONE	AREA CODE / PHONE NUMBER / EXTENSION: (915) 598-1617	

8 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)

9 PERIOD COVERED

Month / Day / Year: / / THROUGH Month / Day / Year: 4/23/03

10 ELECTION

ELECTION DATE Month / Day / Year: 5/03/03

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): NONE

12 OFFICE SOUGHT (if known): Dist 7 City Council

13 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

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 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

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 4
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1205.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ ~~8,961.03~~
	4. **TOTAL POLITICAL EXPENDITURES**	$ 8,961.03
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

19 AFFIDAVIT

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

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 23rd 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marilla Sosa, this the 25th day of _____, 20 06, to certify which, witness my hand and seal of office.

Donna Marie Martinez — Donna Marie Martinez — Notary

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME ALAN SERNA

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/12/03	Ali Bourestan 6 Contributor address; City; State; Zip Code 10009 Album	$100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/03	Cecilia Serna Contributor address; City; State; Zip Code 357 N. Carolina	$50.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/11/03	Ruben or Connie Serna Contributor address; City; State; Zip Code 7920 Dogwood	$50.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/03	Flor Ibarra Contributor address; City; State; Zip Code 10604 Brian Mooney	$25.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/03	Gloria Madrid Contributor address; City; State; Zip Code 524 Eastland	$25.00	
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Alan Serna

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (If applicable)
4-12-03	Lynda Serna 16200 Lavina St.	$50.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (If applicable)
4-12-03	Jeanette Serna 587 Cora Pl.	$25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (If applicable)
4-12-03	Alberto or Dora Arnal 8177 Carpenter Rd #A.	$30.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (If applicable)
4-21-03	Bicycle World 4426 N. Mesa	$100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (If applicable)
4-23-03	A. Dominguez 8368 Alameda	250.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME Alan Serna

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)
4-23-03	Johnny Hinojosa 603 Chanticlear	$ 200.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
4-18-03	El Paso Builders Assoc.	$ 300.00	

Principal occupation (Optional) | Employer (Optional)

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 (Optional) | Employer (Optional)

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 (Optional) | Employer (Optional)

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 (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

ALI S. BOURESLAN
LYDIA A. BOURESLAN
915-593-4093
10009 ALBUM
EL PASO, TX 79925

01-00 | 1552 | 32-2/1110 T 584

Date 4/12/03

Pay to the order of: Alan Serna Campaign — $ 100.00

One hundred — Dollars

Bank of America.

ACH R/T 111000025

Memo

Ali Boureslan

⑆111000025⑆ 0047702020 11⑈ 1552

CECILIA M. SERNA
PH. 915-881-9027
357 N. CAROLINA DR.
EL PASO, TX 79915

9083 | 32-2/1110 TX 5203

Date 4/12/03

Pay to the order of: Alan Serna — $ 50.—

Fifty — Dollars

Bank of America.

ACH R/T 111000025

Memo: Good Luck! Win or lose your still a winner!

Advantage Cecilia Serna

⑆111000025⑆ 0021017450 50⑈ 9083

LYNDA SERNA
16200 LAVINA ST 852-4164
EL PASO, TX 79928

PAY TO THE ORDER OF: Alan Serna

DATE 4/12/03

$ 50.00 DOLLARS

GOVERNMENT EMPLOYEES CREDIT UNION of EL PASO
P.O. BOX 20998 EL PASO, TEXAS 79998

PURPOSE

4273 | 88-8108/3120 1

RUBEN OR CONNIE SERNA
7920 DOGWOOD 591-6548
EL PASO, TX 79925

5155 | 88-8108/3120 1

Date 4-11-03

Pay to the Order of: Alan Serna — $ 50.00

Fifty & NO/100 — Dollars

GOVERNMENT EMPLOYEES CREDIT UNION of EL PASO
P.O. BOX 20998 EL PASO, TEXAS 79998

For Donation

Connie Serna

⑆311208108⑆ 8011968 9⑈ 5155

MONEY ORDER
IMPORTANT - SEE BACK BEFORE CASHING
TRAVELERS EXPRESS
DOLLARS 00 CENTS
VOUCHER NUMBER 0210111 6862

PAY TO THE ORDER OF: Alan Serna's Campaign Fund

Jeanette Serna
PURCHASER, SIGNER FOR DRAWER:
PURCHASE BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS: 587 Cora Place

Payable Through
Wells Fargo National Bank
South Central
Faribault, MN

ISSUER/DRAWER:
TRAVELERS EXPRESS COMPANY, INC.

⑆091900531⑆ 882 956786 25⑈ 00

882956786

FLOR IBARRA
10604 BRIAN MOONEY AVE
EL PASO, TX 79935

1098 | 88-8108/3120 3

DATE 4/12/03

PAY TO THE ORDER OF: Alan Serna — $ 25.00

Twenty Five — 00/100 — DOLLARS

GOVERNMENT EMPLOYEES CREDIT UNION of EL PASO
P.O. BOX 20998 EL PASO, TEXAS 79998

Flor Ibarra

⑆311208108⑆ 8011223 4⑈ 1098

GLORIA E. MADRID
OR FELIZARDO MADRID JR.
524 EASTLAND ST.
EL PASO, TX 79907

818

DATE 4-12-03

PAY TO THE ORDER OF: ALAN SERNA — $ 25.00

TWENTY-FIVE Dollars and NO/100 — DOLLARS

GOVERNMENT EMPLOYEES CREDIT UNION of EL PASO
P.O. BOX 20998 EL PASO, TEXAS 79998

PURPOSE

Felizardo Madrid Jr.

⑆311208108⑆ 8011223 4⑈ 818

ALBERTO A. OR DORA G. ARNAL
8177 CARPENTER RD., NO. A
EL PASO, TX 79907

896 | 88-8108/3120 1

PAY TO THE ORDER OF: Alan Serna

DATE 04-12-03

Thirty 00/100 — $ 30.00

GOVERNMENT EMPLOYE...

[redacted] - [redacted]

3 other checks - Bugle World - 100.00

A Dominguez 250.00

Johnny Hinojoso 200.00

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 Alan Serna

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 ($)	Reimbursement from political contributions intended
4-3-03 to 4-23-03	Misc.		1,889.30	☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	Reimbursement from political contributions intended
4-3-03 to 4-23-03	Advertisements		7,071.73	☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	Reimbursement from political contributions intended
				☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	Reimbursement from political contributions intended
				☐
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	Reimbursement from political contributions intended
				☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED