

CANDIDATE / OFFICER OLDER 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 / OFFICER NAME FIRST M LAST SUFFIX
 [REDACTED] Serena M [REDACTED]
 NICKNAME LAST SUFFIX
 NAME
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Ashcroft

4 CANDIDATE / OFFICER MAILING ADDRESS
 Change of Address
 PO BOX 6311, McKinney, TX 75071
 AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked
 (909) 510-1578

5 CANDIDATE / OFFICER PHONE MS / MR FIRST MI MI Receipt # Amount \$
 i.e. No. Date Processed

6 CAMPAIGN TREASURER NAME NICKNAME LAST SUFFIX Date Imaged
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 PO BOX 6311, McKinney, TX 75071

7 CAMPAIGN TREASURER ADDRESS AREA CODE PHONE NUMBER EXTENSION
 (Residence or Business) 214 281 2000

8 CAMPAIGN TREASURER PHONE

9 REPORT TYPE

10 PERIOD COVERED
 January 15 30th day before election Runoff 12 31 15th day after campaign treasurer appointment (Officeholder Only)

11 ELECTION
 July 15 8th day before election Special Exceeded Modified Final Report (Attach C/OH - FR)

12 OFFICE Month Day Year Month Year
 12 / 01 / 2022 THROUGH McKinney ISD, School Board Trustee, Place 6

ELECTION DATE ELECTION TYPE
 Primary Runoff Other
 General

OFFICE HELD (if any) OFFICE SOUGHT (if known)

CA D DATE / OFF CEHOLDER
CA PA G F A CE 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)

\$

\$

\$

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

\$

6.

4000

4. TOTAL POLITICAL EXPENDITURES

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

SIGNATURE

(Filer is responsible for certifying that the accompanying report is true and correct and includes all information)

Signature of officer administering oath

7

LOANS

SCHEDULE E

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 E:

2 FILER NAME

[Redacted]

4 TOTAL OF UNITEMIZED LOANS

\$

5 of loan 7

30

9 Loan Amount (%)

6 Is lender a financial institution?

Y

State; Zip Code

out-of-state

10 Interest rate

0.000

11 Maturity date

12 Principal occupation 8 Job title (See instructions)

City

13

14 Description of Collateral

15

Employer (See instructions)

City

State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor Name of lender

out-of-state PAC

19 Loan Amount Guaranteed (\$)

18 Guarantor address;

City;

not applicable

20 Princi

21

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date of loan

Is lender a financial institution?

Lender address;

State; Zip Code

Interest rate

Y N

Maturity date