

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
Serena
NICKNAME LAST SUFFIX
Ashcroft

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
1016 Orchard Hill Trail
McKinney TX 75071
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(909) 510-1578

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Braub
NICKNAME LAST SUFFIX
Ashcroft

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
1016 Orchard Hill Trail
McKinney TX 75071

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 837-0865

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 Month Day Year
Feb / 12 / 2021 THROUGH Apr / 23 / 2021

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
May / 1 / 2021 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
School Board Member

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.

COMMITTEE TYPE GENERAL SPECIFIC
COMMITTEE NAME
McKinney First PAC EIN #86-2183028
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
Tammy Warren
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY
Date Received
4/23/2021
Mpleance
Date Hand-delivered or Date Postmarked
Receipt # Amount \$
Date Processed
Date Imaged

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)	\$ 4215 + 928 = 5143
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5143
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3637 + 928 = 4565
	4. TOTAL POLITICAL EXPENDITURES	\$ 4565
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 578
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 Serena Ashcroft, and my date of birth is Nov 14 1977.

My address is 106 Orchard Hill Trail, McKinney, TX, 75071, USA.

Executed in Collin County, State of Texas, on the 23 day of Apr, 20 21.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4215
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 928
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	\$ 3637
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: 1/4
2 FILER NAME <i>Setena Ashcroft</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/15/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Westerheid</i>	7 Amount of contribution (\$) <i>25⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>McKinney</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/24/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Candy Hall</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>McKinney</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/23/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juanna Hensley</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>McKinney</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pamela Meahy</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>McKinney</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 2/4
2 FILER NAME Serena Ashcroft		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oletha Lowe	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code McKinney		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharla Bush	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code McKinney		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Singleton	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code Arisco		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Fix	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code McKinney		
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.

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: 3/4
2 FILER NAME Serena Ashcroft		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Austin	7 Amount of contribution (\$) 200⁰⁰
6 Contributor address; City: State: Zip Code McKinney		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Senora	Amount of contribution (\$) 200⁰⁰
Contributor address; City: State: Zip Code McKinney		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Yock	Amount of contribution (\$) 100⁰⁰
Contributor address; City: State: Zip Code BlueRidge		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Eklund	Amount of contribution (\$) 15⁰⁰
Contributor address; City: State: Zip Code McKinney		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:

4/4

2 FILER NAME

Setena Ashcroft

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/21

5 Full name of contributor

Justin Wellet

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City; State; Zip Code

McKinney

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/21

Full name of contributor

Bob Kim

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50⁰⁰

Contributor address;

City; State; Zip Code

McKinney

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/21

Full name of contributor

Sharla Bush

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address;

City; State; Zip Code

McKinney

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:

2 FILER NAME *Serena Ashcroft* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 928.33 (See attached)

5 Date <i>4/21/2021</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MCKINNEY FIRST PAC</i>	8 Amount of Contribution \$ <i>928.33</i>	9 In-kind contribution description <i>Billboard & push cards</i>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



March 31, 2021

TO: All Candidates represented in the McKinney First PAC

This is to notify you that the McKinney First PAC, EIN #86-2183028, spent the following amounts to assist in your campaign. These are considered gifts in kind and should be reported on your campaign finance reports.

\$3438.66 – push cards

\$487.12 – Billboard design

$$\frac{3,925.78}{10} = \$392.58$$

The amounts were spent equally to help the following candidates:

- Tom Meredith
- Stan Penn
- Vicente Torres
- Brian J. Magnuson
- Chad Green
- Serena Ashcroft
- Tony Congine
- Dr. Bob Collins
- Jim Orr
- Andrew Hardin

Best regards,

Tammy Warren

Treasurer

Fwd: Financial Info for your reports from McKinney First

Serena Ashcroft <serenaashcroft1114@hotmail.com>

Tue 4/20/2021 11:41 AM

To: noah ashcroft <brantashcroft@hotmail.com>

Get Outlook for Android

From: Tammy Warren <tammywarren3109@gmail.com>**Sent:** Tuesday, April 20, 2021 12:57:07 PM**To:** Tom Meredith <tom.eldoradoranch@gmail.com>; Stan Penn <scpenn@yahoo.com>; Chad Green <fivestarinnovationllc@gmail.com>; Serena Ashcroft <serenaashcroft1114@hotmail.com>; Brian Magnuson <bmag14@gmail.com>; Bob Collins <bob@collinboard.com>; jim@jmorr.us <jim@jmorr.us>; Vincente Torres <tazvat@gmail.com>; Tony Congine <tcongrine68@gmail.com>; Andrew Hardin <andy@collinbooks.com>**Subject:** Financial Info for your reports from McKinney First

Candidates:

On 3/24/21 McKinney First paid \$4082.50 for a billboard with all your names on it.

On 4/1/21 McKinney First paid \$1275 for push cards with all your names on it.

\$5357.50 / 10 candidates = \$535.75 each

This will be reported as gifts-in-kind.

Any questions, let me know.

Tammy

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: 1/2	2 FILER NAME Serena Ashcroft	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/21	5 Payee name Tractor Supply Co	
6 Amount (\$) 137 ⁰⁹	7 Payee address: City: McKinney State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description T-post & Cable ties
	(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	Office sought Office held
Date 3/12 & 3/18 &	Payee name Mintz Press	
Amount (\$) 561 ³⁷	Payee address: City: McKinney State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description 6000 Push Cards
	(c) <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
Date 3/8	Payee name Keepers Press	
Amount (\$) 561 ⁸²	Payee address: City: Garland State: Zip Code McKinney	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description 21 Large Signs
	(c) <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	2 FILER NAME Serena Ashcroft	3 Filer ID (Ethics Commission Filers)
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4 Date 3/4	5 Payee name First Graphic Services
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6 Amount (\$) 1,082 ⁵⁰	7 Payee address: City: McKinney State: Zip Code
--------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description 250 Lawn Signs
	(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	Office sought	Office held
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Date 4/18	Payee name Personalized Touch
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Amount (\$) 294 ⁰⁹	Payee address: City: McKinney State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description T-Shirts (16)
	(c) <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
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Date 4/11	Payee name YT Ad Service
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Amount (\$) \$ 1,000	Payee address: City: Carrollton State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Youtube Ads
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED