

# 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

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

6/15/21

11:47am

in person

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

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 Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

Feb / 12 / 2021 THROUGH May / 14 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

May / 1 / 2021

ELECTION TYPE

Primary

Runoff

Other  
Description

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

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)

\$ 4265 + 928 =  
5193

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5193

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

4217 + 928 =  
\$ 5145

4. TOTAL POLITICAL EXPENDITURES

\$ 5145

CONTRIBUTION  
BALANCE

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

\$ 48

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 1016 Orchard Hill Trail, McManey, TX, 75071, USA.

Executed in Collin County, State of Texas, on the 14 day of May, 2021.

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Setena Ashcroft

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4265
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	\$ 4217
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 **Setena Ashcroft** 3 Filer ID (Ethics Commission Filers)

4 Date <b>3/15/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Westerheid</b>	7 Amount of contribution (\$) <b>25<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>McKinney</b>		

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>3/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Candy Hall</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>McKinney</b>		

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

Date <b>3/23/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joanna Hensley</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>McKinney</b>		

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

Date <b>3/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela Meahy</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>McKinney</b>		

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: 2/4

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

4 Date <u>3/15/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Oleenna Lowe</u>	7 Amount of contribution (\$) <u>\$100<sup>00</sup></u>
	6 Contributor address; City; State; Zip Code <u>mckinney</u>	

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

Date <u>3/13/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sharla Bush</u>	Amount of contribution (\$) <u>\$500<sup>00</sup></u>
	Contributor address; City; State; Zip Code <u>mckinney</u>	

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

Date <u>3/13/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Katie Singleton</u>	Amount of contribution (\$) <u>\$2000<sup>00</sup></u>
	Contributor address; City; State; Zip Code <u>Arisco</u>	

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

Date <u>3/13/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pat Fix</u>	Amount of contribution (\$) <u>25<sup>00</sup></u>
	Contributor address; City; State; Zip Code <u>mckinney</u>	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# 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: <b>3/4</b>
2 FILER NAME <b>Serena Ashcroft</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/13/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ann Austin</b>	7 Amount of contribution (\$) <b>200<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>McKinney</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shannon Senotd</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>McKinney</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/21/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Yock</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>BlueRidge</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/6/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Eklund</b>	Amount of contribution (\$) <b>15<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>McKinney</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 (\$)

50<sup>00</sup>

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 (\$)

50<sup>00</sup>

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 (\$)

\$ 500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

McKinney

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23

Full name of contributor

Mark Rutledge

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50

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.

# 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

Sereha Ashcroft

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 928.33 (See attached)

5 Date

4/21/2021

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MCKINNEY FIRST PAC

8 Amount of Contribution \$

928.33

9 In-kind contribution description

Billboard & Push Cards

7 Contributor address; City; State; Zip Code

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  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

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

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**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 <tcongine68@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            | 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 F1: <b>1/3</b>		2 FILER NAME <b>Serena Ashcroft</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/13/21</b>		5 Payee name <b>Tractor Supply Co</b>			
6 Amount (\$) <b>137<sup>09</sup></b>		7 Payee address: City: <b>McKinney</b> State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <b>T-post &amp; Cable ties</b>		
	(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 <b>3/12 &amp; 3/18 &amp;</b>		Payee name <b>Minuteman Press</b>			
Amount (\$) <b>561<sup>37</sup></b>		Payee address: City: <b>McKinney</b> State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <b>6000 push cards</b>		
	<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 <b>3/8</b>		Payee name <b>Keepers Press</b>			
Amount (\$) <b>561<sup>82</sup></b>		Payee address: City: <b>Garland</b> State: Zip Code <del>McKinney</del>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <b>21 Large Signs</b>		
	<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

# 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: 2/3      2 FILER NAME: Serena Ashcroft      3 Filer ID (Ethics Commission Filers)

4 Date: 3/4      5 Payee name: First Graphic Services

6 Amount (\$): 1,082.50      7 Payee address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)      (b) Description: 250 Lawn Signs

(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: 4/18      Payee name: Personalized Touch

Amount (\$): 294.00      Payee address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)      Description: T-Shirts (16)

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: 4/11      Payee name: YT Ad Service

Amount (\$): 1,000      Payee address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)      Description: Youtube Ads

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 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            | 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 F1: <b>3/3</b>	2 FILER NAME <b>Serena Ashcroft</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/17</b>	5 Payee name <b>Digital Content Info</b>
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6 Amount (\$) <b>80<sup>00</sup></b>	7 Payee address: <b>Mckinney</b> City: State: Zip Code
---	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description <b>Website Fees</b>
	(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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>Early April</b>	Payee name <b>Mckinney 1ST PAC</b>
----------------------------	---------------------------------------

Amount (\$) <b>500<sup>00</sup></b>	Payee address: <b>MCKINNEY</b> City: State: Zip Code
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <b>Billboard, Push Cards, Advertising</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address: City: State: Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**