

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069498	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Luis Manuel	MI
	NICKNAME	LAST Singleerry	SUFFIX
OFFICE USE ONLY			
			Date Received ELECTRONICALLY FILED 07/14/2023
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 100 N. Closner 2nd Floor 92nd District Court Edinbrug, TX 78539		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Victor M.	MI
	NICKNAME	LAST Hernandez	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 22805 N. Sunflower Road Monte Alto, TX 78538		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(956) 624-9739			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 06/30/2023
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) District Judge District 92 Hidalgo		12 OFFICE SOUGHT (if known) District Judge District 92

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 9

13 C / OH NAME Singleterry, Luis Manuel (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00069498

15 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.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,835.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	121,785.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

 The Honorable Luis Manuel Singleterry
 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

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

3 of 9

18 FILER NAME Singletery, Luis Manuel (The Honorable)	19 Filer ID (Ethics Commission Filers) 00069498
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 1,000.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,835.27
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/9
2 FILER NAME Singletery, Luis Manuel (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069498
4 Date 06/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ricardo <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Ricky Rod Law Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 5/9	2 FILER NAME Singleterry, Luis Manuel (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069498
4 Date 01/26/2023	5 Payee name Hidalgo County Bar Association	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 323 W. Cano St. Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hidalgo County Bar Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2023	Payee name Academy	
Amount (\$) \$173.19	Payee address; City; State; Zip Code 651 E Trenton Rd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2023	Payee name Academy	
Amount (\$) \$243.56	Payee address; City; State; Zip Code 651 E Trenton Rd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 6/9	2 FILER NAME Singleterry, Luis Manuel (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069498
4 Date 03/24/2023	5 Payee name Academy	
6 Amount (\$) \$643.01	7 Payee address; City; State; Zip Code 651 E Trenton Rd Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apparel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2023	Payee name CVS Pharmacy	
Amount (\$) \$204.75	Payee address; City; State; Zip Code 2121 W Trenton Rd Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jury Appreciation Week
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2023	Payee name Cano, Albert (Mr.)	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1902 Joe Stephens Ave. Weslaco, TX 78596	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cook Off
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 7/9	2 FILER NAME Singleterry, Luis Manuel (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069498
4 Date 04/17/2023	5 Payee name Cano, Albert (Mr.)	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1902 Joe Stephens Ave. Weslaco, TX 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cook Off Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2023	Payee name David's Meet Market	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3310E Barrera Street Mercedes, TX 78570	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cook Off
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2023	Payee name Fuentes, Francisco (Mr.)	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 100 N Closner Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cook Off Contest
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 8/9	2 FILER NAME Singleterry, Luis Manuel (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069498
4 Date 05/01/2023	5 Payee name Pappadeaux Rest.	
6 Amount (\$) \$368.47	7 Payee address; City; State; Zip Code 1610 1610 W Expy 83 Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2023	Payee name Printee Screen Print	
Amount (\$) \$94.29	Payee address; City; State; Zip Code 200 E Interstate 2 SteJ2 Pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vests
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2023	Payee name Printee Screen Print	
Amount (\$) \$243.00	Payee address; City; State; Zip Code 200 E Interstate 2 SteJ2 Pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caps/Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/5 Rpt: 9/9	2 FILER NAME Singleterry, Luis Manuel (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069498
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4 Date 06/13/2023	5 Payee name Southwest High School
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 300 W Javalina Dr. Pharr, TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2023	Payee name State Bar Texas
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 1414 Colorado St. Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Bar Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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