FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054938 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. John L. NAME Date Received **ELECTRONICALLY FILED** 02/05/2024 NICKNAME LAST **SUFFIX** Roca Shergold CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 509 Morelos Ave. MAILING Receipt # Amount **ADDRESS** Rancho Viejo, TX 78575 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Maria C. NAME NICKNAME LAST **SUFFIX** Connie Cruz **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 2717 N. Augusta National Dr. **ADDRESS** (Residence or Business) Harlingen, TX 78550 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 454-2159 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 X Х appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/17/2024 01/25/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 445

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Shergold, John L. (M	r.)	14 Filer ID (00054938	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	ne candidate's or office	ommittees to support the sholder's knowledge or tice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	_	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	6	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		ICAL CONTRIBUTIONS		\$ 4,650.00
EXPENDITURE	(OTHER THAN 3. TOTAL UNITEM)		
TOTALS		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,590.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 1,532.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 11,021.81
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the acc information required to	companying report is o be reported by me
		Mr. Jo	ohn L. Shergold	
		<u> </u>	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		JVER	3 of 10				
	ILER NAM	John L. (Mr.)	19 Filer ID 00054938	(Ethics Commission Filers)			
ı	CHEDUL IAME OF	SUE	BTOTAL AMOUNT				
1	. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	4,650.00			
2	. 🔲	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3	. 🔲	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4	. 🔲	SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	3,340.00		
6	. 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7	. 🔲	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8	. 🔲	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9	. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	250.00		
1	0.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
1	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/10
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00054938
4	Date 01/18/2024	5 Full name of contributor Balderas, Michael E.6 Contributor address; City;		7	Amount of Contribution (\$) \$1,000.00	
		Rancho Viejo, TX 78575	i			
8		Principal Occupation		9 Contributor's Job Title		
	Doctor			Doctor		
10		employer/law firm s Heart Center	oous	se (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	01/24/2024	Bravo, Elberto Contributor address; City; La Blanca, TX 78558	State; Zip Code			\$500.00
L	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Public Works			EMPLOYEE		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	01/22/2024	DRIGGERS, ROBERT Contributor address; City; HOT SPRINGS, AR 719				\$200.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Independent	·		Consultant		
Contributor's employer/law firm Law firm of contributor's sp						se (if any)
	Self Employe					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/10
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00054938
4	Date 01/22/2024	5 Full name of contributorLEE, STEVE6 Contributor address; City; \$\frac{1}{2}\$		7	Amount of Contribution (\$) \$100.00	
		AUSTIN, TX 78748				
8		Principal Occupation		9 Contributor's Job Title		
L	ATTORNEY			ATTORNEY		
10	Contributor's e Law Office o	employer/law firm of Steve Lee		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/23/2024	Mendiola, Carolyn Contributor address; City; S South Padre Island, TX				\$150.00
-	Contributor's F	Principal Occupation	10001	Contributor's Job Title		
	Independent			Consultant		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)
	01/22/2024	Pokrass, Sandra S. Contributor address; City; 9 Rancho Viejo, TX 78575			•	\$100.00
H	Contributor's F	Principal Occupation	·	Contributor's Job Title	_	
	Teacher			Teacher		
Н	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Brownsville	Montessori Academy				
	If contributor is	s a child, law firm of parent(s) (if	any)			

M	ONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The	e Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/10
	ER NAME ergold, Jo	ohn L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00054938
4 Date		5 Full name of contributor out-of-state PAC (ID#: RIVERA, SANDRA 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00
		RANCHO VIEJO, TX 78575		
8 Con	tributor's I	Principal Occupation	9 Contributor's Job Title	
MA	NAGER		BUSINESS DEVELOMI	ENT MANAGER
		employer/law firm	pouse (if any)	
		HOSPITAL AT RENAISSANCE		
12 If co	ontributor i	s a child, law firm of parent(s) (if any)		
Date	e	Full name of contributor ut-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/	17/2024	THE GREEN LAW FIRM, P.C.		\$2,500.00
		Contributor address; City; State; Zip Code		
		BROWNSVILLE, TX 78520		
Con	tributor's I	Principal Occupation	Contributor's Job Title	
Con	tributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If co	ontributor i	s 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica			Legal Services	is Expense	Salaries/V		e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction (Guide explains	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/3 Rpt: 7/10		Shergold, Jo	ohn L. (Mr.)						00054938		
4	Date	5	Payee name									
	01/19/2024		BETANCOU	IRT, ABEL								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	ode					_
	\$200.00		1763 VILLA	NOVA AVENU	ΙE							
			BROWNSVI	LLE, TX 7852	0							
8	PURPOSE	(a)	Category (0-	e Categories listed at		h l l - \	(b)	Description				_
ľ	OF	(-,		e Categories listed at ges/Contract I		nedule)	(~)	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		30.00.100,110.	g = 0, 0 = 111 ct = 1	_0.50.			Check if Austin,	, TX,	officeholder living	g expense	
								CONTRACT	LAI	BOR-SIGN	PLACEMENTS	
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	01/17/2024		BROWNSVI	LLE CRIME S	TOPPERS,	INC.						
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$250.00		P.O. BOX 49	971								
			BROWNSVI	LLE, TX 7852	3							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sc	hedule)	(b)	Description				_
	OF EXPENDITURE			SHIP TO ATTE				=			plete Schedule T.	
	LXI LINDITORL							_		officeholder living		
								SPONSORSI	HIP	TOATTEN	ID EVENT	
	Operation ONLY & Street	L_	2 11 - 1 - 1 - 1 O FF			04.				O#: I-	-1.4	_
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name		Office sou	ignt			Office h	eia	
		_										_
	Date		Payee name									
	01/24/2024		Diaz, Bernai	rdo								
	Amount (\$)		Payee addres		State	e; Zip Co	ode					
	\$250.00		2312 S. Tou	rist Dr.								
			Edinburg, T	X 78539								
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising I	Expense				브			plete Schedule T.	
								PUSH CARD		officeholder living	g expense	
								1 JOH CARD	J			
_	Complete ONLY if direct	Щ	Candidate/Offic	eholder name		Office sou	aht			Office he	əld	\dashv
	expenditure to benefit C/OI		Janualu Olli	onologi name		-mcc 30u	Ailt			Cilice III	oiu .	
-												_
l												

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Le

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 8/10	Shergold, John L. (Mr.) 00054938
4 Date	5 Payee name
01/25/2024	Mares, San Juanita
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 10529 W. Clark Rd.
	La Feria, TX 78559
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRACT LABOR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/18/2024	Pena, Irma
Amount (\$) \$800.00	Payee address; City; State; Zip Code 2778 Pompeii St.
	Brownsville, TX 78521
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRACT LABOR-PHONE BANK
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/25/2024	Pena, Irma
Amount (\$) \$1,240.00	Payee address; City; State; Zip Code 2778 Pompeii St.
	Brownsville, TX 78521
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRACT LABOR-BLOCKWALKING
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Legal Services	emorials Expense			pense ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		ted above)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 3/3 Rpt: 9/10		Shergold,	John L. (Mr.	.)						00054938		
4	Date	5	Payee name)									
	01/19/2024		Pena, Lisa	ndro									
6	Amount (\$)	7	Payee addre	ess; City	; (State;	Zip Co	de					
l	\$300.00		2778 Pom	oeii St.									
l													
			Brownsville	e, TX 78521	L								
8	PURPOSE OF	(a)			sted at the top of t	his sched	lule)	(b)	Description				
	EXPENDITURE		Salaries/W	ages/Contr	act Labor				<u> </u>		de of Texas. Com		Г.
									CONTRACT		officeholder living		NITS
									0011110101		BOIL GIOIL	L/ (OLIVIL	1110
9	Complete ONLY if direct	<u> </u>	Candidate/Of	ficeholder na	me	Of	fice sou	aht			Office he	7ld	
ľ	expenditure to benefit C/OI		Sandidate/Of	necholael ha	inc	Oil	nec sou	giit			Office fic	,iu	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 10/10 Shergold, John L. (Mr.) 00054938 Date Payee name 01/17/2024 Cameron County Democratic Women Amount (\$) Payee address; State; Zip Code City; 4906 Camino Verde \$100.00 Reimbursement from political contributions intended Brownsville, TX 78526 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sponsorship to attend event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/17/2024 Northern Cameron County Democrats Amount (\$) Payee address; City; State; Zip Code \$150.00 221 E. Van Buren Ave. Reimbursement from political contributions Harlingen, TX 78550 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sponsorship to attend event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH