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) 00069498 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Luis Manuel NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Singleterry CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Victor M. NAME NICKNAME LAST **SUFFIX** Hernandez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 624-9739 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 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 92 Hidalgo District Judge District 92

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Singleterry, Luis Mar	uel (The Honorable)		14 Filer ID 00069498	(Ethics Con	nmission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN 1	REASURER NAME						
		COMMITTEE CAMPAIGN 1	REASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRI			\$, \$	0.00			
		ICAL CONTRIBUTIONS	ADANITEES OF LOANS	2)	\$	7,500.00			
EXPENDITURE	· ·	PLEDGES, LOANS, OR GUA IZED POLITICAL EXPENDIT		5)	•	0.00			
TOTALS					\$	0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	53,601.92			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTERIOD	TAINED AS OF THE LA	AST DAY OF THE	\$	202,256.80			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	PAL AMOUNT OF ALL OUTS	TANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT									
		true and	or affirm, under penalty correct and includes al lle 15, Election Code.						
			The Honorahl	le Luis Manuel Sin	aleterny				
				Candidate or Office					
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE	-						
Sworn to and subso	ribed before me, by the s	aid		, this the		day			
		ertify which, witness my hand				_ ,			
Signature of office	er administering oath	Printed name of officer	administering oath	Title of offi	cer administer	ing oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 19
l	ILER NAM	ME y, Luis Manuel (The Honorable)	19 Filer ID 00069498	(Ethics Commission Filers)
	CHEDUL AME OF	SUBTOTAL AMOUNT		
1		\$		
2	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,500.00	
3		\$		
4		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 53,601.92
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8		\$		
9		\$		
1	D. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
1	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 4/19					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Singleterry,	Luis Manuel (The Honorable)		00069498					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution					
01/11/2024	Escamilla Law Firm PLLC		contribution (\$) description \$1,000.00 I					
	7 Contributor address; City; State; Zip Code		\$1,000.001 					
			_					
	McAllen, TX 78504		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-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 contribute	or'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#:)	Amount of In-kind contribution					
01/11/2024	Linebarger Goggan Blair & Sampson LLP		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$2,500.00					
	Continuator address, Oily, State, Elp Code		į į					
			i i					
	Austin, TX 78660		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution					
01/11/2024	Tijerina & Denzer PLLC		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$1,000.00					
	, , , , , , , , , , , , , , , , , , ,							
			į					
	McAllen, TX 78504		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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)	•						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/19 3 Filer ID (Ethics Commission Filers) FILER NAME Singleterry, Luis Manuel (The Honorable) 00069498 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 02/12/2024 Tuttle, Michael D \$500.00 i 7 Contributor address; City; State; Zip Code San Antonio, TX 78230 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) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) **Tuttle Law Firm** 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 01/25/2024 Wyatt Ranches \$2,500.001 Contributor address; City; State; Zip Code Realitos, TX 78676 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/14 Rpt: 6/19	2 FILER NAME Singleterry, Luis Manuel (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069498
4	<u> </u>	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 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/OI	Candidate/Officeholder name Office sought Office held
	Date 02/20/2024	Payee name Academy
	Amount (\$) \$343.97	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) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign giveaways
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/01/2024	Payee name Barrel House Kitchen
	Amount (\$) \$63.37	Payee address; City; State; Zip Code 1927 S Tourist Dr.
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 7/19	Singleterry, Luis Manuel (The Honorable) 00069498
4	Date	5 Payee name
	02/01/2024	Barrel House Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.68	1927 S Tourist Dr.
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	05/03/2024	COSTCO
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.77	1501 W Kelly Ave
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/25/2024	Cano, Albert (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1902 Joe Stephens Ave.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Ioi BBQ Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committe	E Legal Services The Instruction	Expense norials Expense on Guide explains		Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 3/14 Rpt: 8/19	Sin	gleterry, Luis Manu	el (The Honorab	le)				00069498		
4	Date	5 Pay	ee name								
	04/05/2024	Car	o, Albert (Mr.)								
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Co	ode					
	\$300.00	190	2 Joe Stephens Av	e.							
		We	slaco, TX 78596								
8	PURPOSE	(a) Cate	egory (See Categories lis	ted at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Cor	tributions/Donation	s Made By			느		de of Texas. Comp		
		Car	didate/Officeholde	/Political Comm	ittee		Check if Austin, Marketing for		officeholder living	expense	
							wantening ioi	טט	Q CONICSI		
9	Complete ONLY if direct	Cand	date/Officeholder nar	ne C	Office sou	ıaht			Office he	ıld	_
9	expenditure to benefit C/O		uater Office Holder Hal		7111CE 501	agrit			Office He		
	Date	Pay	ee name	<u> </u>				_			
	02/21/2024	Car	rera, Miguel (Mr.)								
	Amount (\$)	Pay	ee address; City;	State;	Zip Co	ode					
	\$2,500.00	135	Paseo del Prado								
		Ediı	nburg, TX 78539								
	PURPOSE	(a) Cate	egory (See Categories lis	ted at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		sulting Expense				=		de of Texas. Comp		
							Campaign	, TX,	officeholder living	expense	
							Campaign				
\vdash	Complete ONLY if direct	Cand	date/Officeholder nar	ne C	Office sou	<u>l</u> ught			Office he	eld	_
	expenditure to benefit C/O				50 500	y t			5oc 110	· -	
\vdash	Date	Dov	no namo								_
	02/26/2024	1 1	ee name rera, Miguel (Mr.)								
_			ee address; City;	Ctato:	Zip Co	ode					_
	Amount (\$) \$2,500.00	1 1	Paseo del Prado	State;	∠ıµ C(oue					
	φ∠,500.00	133	i aseu uei riauu								
		Ediı	nburg, TX 78539								
	PURPOSE	(a) Cate	gory (See Categories lis	ted at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Cor	sulting Expense						de of Texas. Comp		
							Campaigning		officeholder living	елрепое	
							- 26 2181.1118				
	Complete ONLY if direct	<u>I</u> Cand	date/Officeholder nar	ne C	Office sou	L ught			Office he	eld	_
	expenditure to benefit C/O		Tanana and an analysis and analysis and an ana	-		g			200 110		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction Gu			/ages	/Contract Labor		OTHER (enter	a category not liste	d above)
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1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Comm	lission Filers)
	Sch: 4/14 Rpt: 9/19		Singleterry,	Luis Manuel (Th	ie Honorable	e)			l	00069498	1	
4	Date	5	Payee name									
	03/20/2024		Carrera, Mi	guel (Mr.)								
Ļ		_			Ctata	Zin Co	ما م					
6	Amount (\$)	 ′	Payee addre	•	State,	Zip Co	ue					
	\$6,000.00		135 Paseo	del Prado								
			Edinburg, T	X 78539								
8	PURPOSE	(a)	Category (c.	ee Categories listed at th	a tan of this salas	dula)	(b)	Description				
	OF	``	Consulting		e top of this sched	uule)	()		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Consuming	Ехрепос				Check if Austin	ı, TX,	officeholder livi	ng expense	
								Campaign				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	fice sou	aht			Office	held	
ľ	expenditure to benefit C/OI		Janaraato, Om	oonolaar hama	O.	1100 000	9			Omoo	ioid	
_		_										
	Date		Payee name									
	04/18/2024		Carrera, Mi	guel (Mr.)								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$660.00		135 Paseo	del Prado								
			Edinburg, T	Y 79530								
		<u> </u>				-						
	PURPOSE OF	(a)		ee Categories listed at th	e top of this sched	dule)	(b)	Description				
	EXPENDITURE		Consulting	Expense				=		officeholder livi	mplete Schedule T.	
								Campaign	ι, ιλ,	Onicendiaei iivi	ng expense	
								Campaign				
_	Operation ONE Wife disease	<u> </u>	D =1! -1 = 4 = 10#		0,5	·c:	1 4-			045	1 - 1	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	Of	fice sou	gnt			Office	neia	
	Date		Payee name									
	02/08/2024		Charlie's Mo	eat Market								
	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	de					
	\$283.97		211 W Edin									
	Ψ200.01		ZII W Luii	burg / we								
			Elsa, TX 78	543		_						
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			ns/Donations Ma				브			mplete Schedule T.	
	LXI LINDITORL		Candidate/0	Officeholder/Polit	tical Commit	ttee		Check if Austin			ng expense	
								Cook off Don	atio	on		
	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	fice sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
l												

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 10/19	Singleterry, Luis Manuel (The Honorable) 00069498
4	Date	5 Payee name
	01/25/2024	David's Meet Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$280.00	3310E Barrera Street
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		for BBQ event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	02/26/2024	EL Real 2 Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.26	200 E Expressway 83 suite 1
	,,,,,	
		La Joya , TX 78560
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Meting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	02/26/2024	EL Real 2 Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.99	200 E Expressway 83 suite 1
		La Joya , TX 78560
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Meting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Aw nmittee Legal S	everage Expense ards/Memorials Expen ervices a struction Guide e	nse Pri Sa	_	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	s)
	Sch: 6/14 Rpt: 11/19		Singleterry, Luis	Manuel (The H	onorable)				00069498		
4	Date	5	Payee name					_			
	02/08/2024		Garza, Leticia								
6	Amount (\$)	7	Payee address;	City;	State; Z	ip Code					
	\$250.00		100 N Closner								
			Edinburg, TX 785	39							
8	PURPOSE OF	(a)	Category (See Category	ories listed at the top	of this schedule	e) (b)	Description				
	EXPENDITURE		Contributions/Do		-		=		de of Texas. Com officeholder living	plete Schedule T.	
			Candidate/Office	ioidei/Poilticai	Committee	e	for local even		omeenolder living	g expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officehold	ler name	Offic	e sought			Office h	eld	
	Date		Payee name								_
	02/25/2024		Gonzales, Migue	l (Mr.)							
	Amount (\$)		Payee address;	City;	State; Z	ip Code					
	\$2,000.00		708 W Wright	•	•						
			_								
			Pharr, TX 78577								
	PURPOSE	(a)	Category (See Categ	ories listed at the top	of this schedule	e) (b)	Description				
	OF EXPENDITURE		Salaries/Wages/0	Contract Labor					de of Texas. Com officeholder living	plete Schedule T.	
							Campaign wo		onicenoidei iivinį	g expense	
							Campaign III	••••			
	Complete ONLY if direct		Candidate/Officehold	ler name	Offic	e sought			Office h	eld	
	expenditure to benefit C/OI										
	Date		Payee name								
	03/10/2024		Gonzales, Migue	l (Mr.)							
	Amount (\$)		Payee address;	City;	State; Z	ip Code					
	\$2,600.00		708 W Wright								
			Pharr, TX 78577								
	PURPOSE	(a)	Category (See Categ	ories listed at the top	of this schedule	e) (b)	Description				
	OF EXPENDITURE		Salaries/Wages/0				Check if travel			plete Schedule T.	
	EXPENDITORE						_	ı, TX	officeholder living	g expense	
							Campaign				
	Operation ONE VIII II	L			0.5				O''' :	-1-1	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholo	ier name	Offic	e sought			Office h	eia	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)				
Credit Card Payment		The Instruction Guid	de explains how to	compl	ete this form.						
1 Total pages Schedule F1:	2 FILER NAM	≣				3	Filer ID	(Ethics Commission Filers)			
Sch: 7/14 Rpt: 12/19	Singleterry	Luis Manuel (The	e Honorable)				00069498				
4 Date	5 Payee name					_					
03/02/2024		Miguel (Mr.)									
			State: Zip	Codo							
6 Amount (\$)	ĺ		State, Zip	Code							
\$2,000.00	708 W Wri	Jur									
	Pharr , TX	78577									
8 PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description						
OF EXPENDITURE	Salaries/W	ages/Contract Lab	oor					mplete Schedule T.			
EXI ENDITORE					\Box		, officeholder livir	ng expense			
					Campaign W	OIK	(
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office s	ought			Office h	neld			
experientare to benefit ere	<u> </u>										
Date	Payee name										
05/23/2024	H-E-B Foo	d Stores									
Amount (\$)	Payee addre	ess; City;	State; Zip	Code							
\$400.00	901 Trento	n Rd									
,											
	McAllon T	V 70E04									
	McAllen, T										
PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description						
EXPENDITURE	Event Expe	ense					ide of Texas. Coi , officeholder livir	mplete Schedule T.			
					Cook off - Ma						
							g	~			
Complete ONLY if direct	Candidate/Off	iceholder name	Office s	ought			Office h	neld			
expenditure to benefit C/O		icenoidei name	Office 3	ougni			Office i	iciu			
Date	Payee name										
05/03/2024	H-E-B Foo	d Stores									
Amount (\$)	Payee addre	ss; City;	State; Zip	Code							
\$282.64	901 Trento	n Rd									
	McAllen, T	X 78504									
PURPOSE				(h)	Description						
OF	,	ee Categories listed at the Fundraising Expe		(6)	Description Check if travel	outsi	ide of Texas. Co	mplete Schedule T.			
EXPENDITURE	Solicitation	runuraising Expe	iise				, officeholder livir				
					Dinner Event						
Complete ONLY if direct	Candidate/Off	iceholder name	Office s	ought			Office h	neld			
expenditure to benefit C/O				-							
Forms provided by Tayas F	thian Ocarrei		w othics state to					Version V// 1 0 d278aha			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
Ļ	Sch: 8/14 Rpt: 13/19	Singleterry, Luis Manuel (The Honorable) 00069498	
4	Date	5 Payee name	
	03/10/2024	Kool River Media	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,400.00	821 S Valley View Rd	
		Donna , TX 78537	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Adv.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/02/2024	Martinez, Jessica (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,000.00	2104 Fulerton Ave	
		Mcallen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense Campaigning	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/12/2024	Martinez, Jessica (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2104 Fulerton Ave	
		Mcallen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense Campaign Work	
		Sampaigh Work	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	y	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 9/14 Rpt: 14/19	Singleterry, Luis Manuel (The Honorable) 00069498
4	Date	5 Payee name
	03/01/2024	Medrano, Selina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	1303 E Pine Ave
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2024	Ozuna, Merisa (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	135 Paseo del Prado
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign
		Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/26/2024	Printee Screen Print
	Amount (\$)	Payee address; City; State; Zip Code
	\$483.00	200 E Interstate 2 SteJ2
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign shirts
		Sampaign Sime
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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

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
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_							
	Sch: 10/14 Rpt: 15/19	Singleterry, Luis Manuel (The Honorable) 00069498								
4	Date	5 Payee name								
	03/20/2024	Robledo, Mike (Mr.)								
6	Amount (\$)	7 Payee address; City; State; Zip Code	_							
	\$6,000.00	914 S 15th Street								
		Suite A								
		McAllen, TX 78501								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
	OF EXPENDITURE	Consulting Expense								
		Compaign Stratogy								
		Campaign Strategy								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/OI									
F	Date	Payee name	=							
	02/27/2024	Robledo, Mike								
	Amount (\$)	Payee address; City; State; Zip Code	_							
	\$6,000.00	914 s 15th street								
Ste A										
		McAllen, TX 78501								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
OF EXPENDITURE		Consulting Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Campaign/Marketing								
		Campaignmarketing								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·								
	Date	Payee name	=							
	02/01/2024	Rodriguez, Mario (Mr.)								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$552.00	200 E Expressway 83 J2								
		Pharr, TX 78577								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Print Tees - Campaign shirts and caps								
		i inic rees . Campaign sints and caps								
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/OI									
H			_							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 11/14 Rpt: 16/19	Singleterry, Luis Manuel (The Honorable) 00069498					
4	Date	5 Payee name					
	01/10/2024	Salinas, Peter (Mr.)					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2,500.00	601 E. Can Week St					
		Edinburg, TX 78541					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Marketing					
		- marketing					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	03/06/2024	Salinas, Peter (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,000.00	601 E. Can Week St					
		Edinburg, TX 78541					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Campaign & Marketing					
	Campaign a marketing						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	02/26/2024	Sams Club					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$108.14	7601 N. 10th St					
		McAllen, TX 78504					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Water for Campaign Polls					
		water for earripaign Folio					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 FILER NAME 3 Filer ID (Ethics Commission Filers)	_							
	Sch: 12/14 Rpt: 17/19	Singleterry, Luis Manuel (The Honorable) 00069498								
4	Date	5 Payee name								
	01/02/2024	Silva, Galilea (Ms.)								
6	Amount (\$)	7 Payee address; City; State; Zip Code	_							
	\$2,000.00	2104 Fullerton Ave								
		McAllen , TX 78504								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
	OF EXPENDITURE	Salaries/Wages/Contract Labor								
	_/	Check if Austin, TX, officeholder living expense Campaigning Work								
		Campaigning work								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
ľ	expenditure to benefit C/OI									
-	Date	Payee name	=							
	06/24/2024	Singleterry, Luis M (Judge)								
	Amount (\$)	Payee address; City; State; Zip Code	_							
	\$661.03	2601 San Jose Drive								
	4001.00	2001 Gail Good Brive								
		Edinburg, TX 78541								
	PURPOSE		_							
	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
for supplies & Cook off Tournament										
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
			_							
	Date	Payee name								
	05/06/2024	Spec's Liquor								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$113.57	2700 W Expy 83 Suite 200								
McAllen, TX 78501										
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Dinner Event								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
expenditure to benefit C/OH										
			_							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 13/14 Rpt: 18/19	Singleterry, Luis Manuel (The Honorable) 00069498					
4	Date	5 Payee name					
	05/03/2024	Spec's Liquor					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$420.00	2700 W Expy 83 Suite 200					
		McAllen, TX 78501					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Solicitation/Fundraising Expense					
	LAFENDITORE	Check if Austin, TX, officeholder living expense					
		Dinner Event					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Oi						
	Date	Payee name					
	06/06/2024	State Bar Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$240.00	1414 Colorado St.					
		Austin, TX 78701					
	PURPOSE						
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE		Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		State Bar Fees					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1					
H	Date	Payee name					
	02/05/2024	University Draft House					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$181.25	100 Hwy 83					
	Ψ101.25	100 HWy 03					
AAAAN TY 70704							
		McAllen, TX 78501					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Marketing Meeting					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
_							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G			/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)		
1	Total pages Schedule F1:	2		Luio Marriel (T		ala)			3	Filer ID	(Ethics Commission Fil	ers)	
L	Sch: 14/14 Rpt: 19/19			Luis Manuel (T	ne Honorai	oie)				00069498			
4	Date	5	Payee name										
	05/03/2024		WB liquors :	WB liquors Store									
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$415.54	1401 W kelly Ave.											
			,,										
		Pharr, TX 78577											
Ļ		_											
8	PURPOSE OF	(a) 		e Categories listed at t		nedule)	(b)	Description		df.T O	olaka Oakaadula T		
	EXPENDITURE		Solicitation/I	Fundraising Exp	ense			=		officeholder living	plete Schedule T.		
								Dinner Event		omeendaer nving	у схренос		
9	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name		Office sou	aht			Office he	ald.		
ľ	expenditure to benefit C/O		zandidate/Onit	enoluei name	`	Jilice 30u	gni			Office In	au		
⊨		_											
	Date		Payee name										
L	04/20/2024		Walmart Su										
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de						
	\$127.74		1724 W Uni	versity Dr									
			Edinburg, T	X 78539									
	PURPOSE OF	(a)	(a) Category (See Categories listed at the top of this schedule) (b) Description										
EXPENDITURE			Gift/Awards/Memorials Expense					Check if travel outside of Texas. Complete Schedule T.					
										tin, TX, officeholder living expense			
	Probation Department Giveaway												
⊢	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name		Office sou	aht			Office he	əld		
	expenditure to benefit C/O		zandidate/Onit	enoluei name	`	Jilice 30u	giit			Office file	aiu.		
┝													