#### 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 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. John L. NAME Date Received **ELECTRONICALLY FILED** 07/05/2024 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 Amount Receipt # **ADDRESS** Change of Address Rancho Viejo, TX 78575 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 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 Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 07/05/2024 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 Place 445th District 445th

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Shergold, John L. (M	<b>14</b> Filer ID (I 00054938	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	he candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THAN	I PLEDGES, LOANS,						
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	CTRONICALLY)	\$ 0.00					
		<b>ICAL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	<b>\$</b> 7,518.31					
EXPENDITURE TOTALS	3. TOTAL UNITEM	5)	\$ 0.00						
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 10,197.08					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 0.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00					
<b>17</b> AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		Mr. J	John L. Shergold						
		Signature of	Candidate or Officeholo	der					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
of	, 20, to co	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

			C	OVER SH	<b>EET PG 3</b> 3 of 13
l	ER NAM	John L. (Mr.)	<b>19</b> Filer ID 00054938	(Ethics Comr	nission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,518.31
2.		\$			
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	10,197.08
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.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	ONS		SCHEDULE /	A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1 Sch: 1/5 Rpt: 4/13	:	
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			1	Filer ID (Ethics Commission 00054938	on Filers)	
4	Date 03/05/2024	<ul><li>5 Full name of contributor Alfaro, Dan</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00	
		Mission, TX 78574						
8		Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10	Contributor's e Dan Alfaro L	employer/law firm .aw Office	11 Law firm of contributor's sp	oouse	e (if any)			
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	)		Amount of Contribution (\$)			
	03/13/2024	Garcia, David Lamar  Contributor address; City;  Harlingen, TX 78551				\$100.00		
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Business Ov			Business Owner				
		employer/law firm		Law firm of contributor's sp	oouse	e (if anv)		
	Business Ov					( )/		
	If contributor is	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	03/04/2024	Gomez, Rene  Contributor address; City;  Brownsville, TX 78520				\$100.00		
_	Contributor's I	Principal Occupation		Contributor's Job Title				
	Attorney	тпстрат Оссирацоп		Attorney				
_		employer/law firm	oouse	e (if anv)				
Contributor's employer/law firm  Law firm of contributor's spouse (if any)  Rene Gomez Law offices								
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>				

	MONET	ARY POLITICAL	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/13
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00054938
4	Date 03/13/2024	<ul><li>5 Full name of contributor Lalusin, Edna</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		Edinburg, TX 78539				
8		Principal Occupation		9 Contributor's Job Title		
	Nurse			Nurse		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12		s a child, law firm of parent(s) (i	family			
12	. II CONTINUATOR II	s a cilliu, iaw iiiiii oi pareili(s) (i	iany)			
	Date	Full name of contributor	Τ	Amount of Contribution (\$)		
	03/04/2024	Reed, John Contributor address; City;		\$350.00		
		Rancho Viejo, TX 78575				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Banker			Banker		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Banker					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	03/04/2024	Roman, Vidal	_			\$100.00
		Contributor address; City; Elsa , TX 78543				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Administrato			Administrator		
		employer/law firm	Law firm of contributor's sp	oous	e (if any)	
	City of Missi					
	If contributor is	s a child, law firm of parent(s) (i	f any)	l		

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/13
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00054938
4	Date 02/26/2024	<ul><li>5 Full name of contributor Shergold, John</li><li>6 Contributor address; City;</li></ul>		7	Amount of Contribution (\$) \$1,000.00	
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e	employer/law firm ergold LLP	11 Law firm of contributor's sp	oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	)		Amount of Contribution (\$)	
	03/01/2024	Shergold, John Contributor address; City;			\$2,500.00	
		Rancho Viejo, TX 78575				
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm		Attorney	2011	on (if any)
	Hodge & Sh			Law firm of contributor's sp	Jous	se (II arry)
_		s a child, law firm of parent(s) (if	anv)			
	commodes	o a oa, .a.v o. pa. o(o) (	,			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	03/07/2024	Shergold, John	<u> </u>			\$1,000.00
		Contributor address; City; Rancho Viejo, TX 78575				
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	Thiopai Occupation		Attorney		
		employer/law firm	oous	se (if any)		
	Hodge & Sh					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/13
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00054938
4	Date 03/07/2024	<ul><li>5 Full name of contributor Shergold, John</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$175.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e	employer/law firm ergold LLP		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)	I.		
	Date	Full name of contributor	)	T	Amount of Contribution (\$)	
	03/11/2024	Shergold, John Contributor address; City;		\$98.31		
		Rancho Viejo, TX 78575	5			
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hodge & Sh					
	If contributor is	s a child, law firm of parent(s) (if	any)			
=	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	04/18/2024	Shergold, John	_			\$165.00
		Contributor address; City; Rancho Viejo, TX 78575				
	Contributor's I	Principal Occupation	<u> </u>	Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm	oous	se (if any)		
	Hodge & Sh	ergold LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/13
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00054938
4	Date 03/19/2024	<ul><li>5 Full name of contributor Shergold, John</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$280.00
		Rancho Viejo, TX 78575	j			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Hodge & Sh	employer/law firm ergold LLP	11 Law firm of contributor's sp	ous	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 (\$)
	03/25/2024	Shergold, John  Contributor address; City;		\$1,000.00		
		Rancho Viejo, TX 78575	;			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Hodge & Sh					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/04/2024	Shields, Brad				\$100.00
		Contributor address; City; S Harlingen , TX 78550				
	Contributor's I	rincipal Occupation		Contributor's Job Title		
	Attorney		Attorney			
	Contributor's	employer/law firm	ous	se (if any)		
	Attorney					
	If contributor is	s a child, law firm of parent(s) (if	any)			

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Mem Legal Services	orials Expens	е	Printing E Salaries/\		e /Contract Labor		Travel Out of D OTHER (enter a		not listed above)
	Credit Card Payment			The Instruction	on Guide ex	plains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics	Commission Filers)
	Sch: 1/4 Rpt: 9/13		Shergold, Jo	hn L. (Mr.)							00054938		
4	Date	5	Payee name										
	07/05/2024		Democrats of	of Southern	Cameror	n Coun	ıty						
6	Amount (\$)	7	Payee addres	s; City;		State;	Zip Co	ode					
	\$100.00		4915 Lakew	ay Dr									
			Brownsville,	TX 78520									
8	PURPOSE	(a	Category (Se	e Categories liste	ed at the top o	f this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising						ш		de of Texas. Cor		
									_	n, TX,	officeholder livin	g expense	
									Advertising				
_	Operation ONLY & Street		0	-11			· · · · · · · · · · · · · · · · · · ·				O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder nam	ie	0	office sou	ignt			Office h	ela	
	Date		Payee name										
	02/26/2024		Diaz, Berna	rdo									
	Amount (\$)		Payee addres	s; City;		State;	Zip Co	ode					
	\$467.00		2312 S. Tou	rist Dr.									
			Edinburg, T	X 78539									
	PURPOSE	(a	Category (Se	e Categories liste	ed at the top o	f this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising						<b>=</b>		de of Texas. Cor		
									<b>—</b>	n, TX,	officeholder livin	g expense	
									Advertising				
	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		0 11 1 10 11					<u> </u>			055		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder nam	ie	O	office sou	ignt			Office h	eia	
	Date		Payee name										
	02/26/2024		Diaz, Berna	do									
	Amount (\$)		Payee addres	s; City;		State;	Zip Co	ode					
	\$3,041.83		2312 S. Tou	rist Dr.									
			Edinburg, T	X 78539									
	PURPOSE	(a	Category (Se	e Categories liste	ed at the top o	f this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising						브		de of Texas. Cor		
									<b>—</b>	ı, TX,	officeholder livin	g expense	
									Advertising				
	0 1: 0		0 11 1 1 2 2 2 2 2 2					Ļ			·		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder nam	ie	0	office sou	ıght			Office h	eld	
		•											

## 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 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)

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 2/4 Rpt: 10/13	2 FILER NAME Shergold, John L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00054938
4	Date 02/28/2024	5 Payee name Fiesta Graphics		<u>'</u>
6	Amount (\$) \$108.25	7 Payee address; City; State; Zip Co 205 Paredes Line Rd. Brownsville, TX 78521	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Wires for Campaign Signs
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ight	Office held
	Date 03/04/2024	Payee name PAGA		
	Amount (\$) \$150.00	Payee address; City; State; Zip Co 4660 Osborne Ave Brownsville, TX 78520	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date 03/01/2024	Payee name Pena, Irma		
	Amount (\$) \$420.00	Payee address; City; State; Zip Co 2778 Pompeii St.	ode	
		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-Signs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	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

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)

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 11/13		Shergold, John L. (Mr.)		00054938
4	Date	5	Payee name		·
	03/07/2024		Pena, Irma		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$800.00		2778 Pompeii St.		
			Brownsville, TX 78521		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense Contract Labor-Block walk
					Contract Labor-Block walk
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/O		Sandidate/Officerolder Harne Office 300	agrit	. Office Held
_	Date	Г	Davida nama		
	03/01/2024		Payee name Pena, Lisandro		
		┝	·	240	
	Amount (\$)			oue	
	\$1,350.00		2778 Pompeii St.		
			- W		
			Brownsville, TX 78521		
	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
					Contract Labor-Signs
					·
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	03/07/2024		Pena, Lisandro		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1,400.00		2778 Pompeii St.		
			·		
			Brownsville, TX 78521		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		-		Check if Austin, TX, officeholder living expense
					Contract Labor-Signs
	0 1: 0.11.7.7.1	Ļ		L.	0" 111
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ught	Office held

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Ser				/ages	/Contract Labor	Travel Out of District OTHER (enter a category not listed above)				
L		_			truction Guid	de explains	now to co	mple	ete this form.	_				
1	Total pages Schedule F1:	2								3	Filer ID		(Ethics Commission Filers)	
	Sch: 4/4 Rpt: 12/13		Shergold, J	ohn L.	(Mr.)						0005493	8		
4	Date	5	Payee name											
	03/26/2024		Pena, Lisar	ndro										
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de						
	\$980.00		2778 Pomp	eii St.										
			Brownsville	, TX 78	3521									
8	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wa				ĺ		Check if travel					
	LAFLINDITORE								Check if Austin					
									Contract Lab	or-S	Sign Rem	oval		
9	Complete ONLY if direct		Candidate/Offi	ceholde	r name		Office sou	ght		_	Office	held	b	
	expenditure to benefit C/OI	H 												
	Date		Payee name											
	03/14/2024		Pena, Rube	en										
	Amount (\$)	Г	Payee addre	ss;	City;	State	; Zip Co	de						
	\$400.00		222 W. Har	rison A	ve.									
			Harlingen, 7	ΓX 785	50									
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Advertising						Check if travel					
									Check if Austin				xpense	
									Electronic Sig	yn /	avertisin	g		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholde	er name	(	Office sou	ght			Office	helo	d	
	Date		Payee name											
L	03/01/2024		Valley Morr	ning Sta	ar			_						
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de						
	\$980.00		1906 E. Tyl	er Ave.										
			Harlingen ,	TX 785	550									
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Advertising						Check if travel					
									Check if Austin				xpense	
									Newspaper C	an	npaign AD	)		
	0 1. 0	L	- III - 1	1. 1.1			o.u.							
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolde	er name	(	Office sou	ght			Office	nelo		
	Superiorde to belieff 0/01													
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		FORM C/OH - FR							
	The Instruction Guide explains how to complete this form.  ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 13 of 13							
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)							
	Shergold, John L. (Mr.)	00054938							
3	SIGNATURE	1							
	I do not expect any further political contributions or political expenditures in connection with my cand as a final report terminates my campaign treasurer appointment. I also understand that I may not accampaign expenditures without a campaign treasurer appointment on file.								
	Mr. Joh	ın L. Shergold							
		andidate / Officeholder							
		and date / Officeriolds							
4	FILER WHO IS NOT AN OFFICEHOLDER  ** Complete A & B below only if you are not an officeholder **								
	Complete A & B below only if you are not all officerolder								
	A CAMPAIGN FUNDS								
	Check only one:								
	X   I do not have unexpended contributions or unexpended interest or income earned from polit	tical contributions.							
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.								
	B ASSETS								
	Check only one:								
	X I do not retain assets purchased with political contributions or interest or other income from	political contributions.							
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	al contributions to personal use. I also							
	Mr. Joh	n L. Shergold							
	Signatur	re of Candidate							
5	OFFICEHOLDER								
	** Complete this section only if you are an officeholder **								
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets printerest or other income from political contributions.	e last required report as an officeholder, I							
	Signatur	e of Officeholder							