CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:				0==:0=::	105 0NII V
_	00054938	ics Commission i ners)	22				OFFICE U	SE ONLY
3	CANDIDATE /	MS / MRS / MR	FIRST			MI	ELECTRONICA	IIV EII ED
Ŭ	OFFICEHOLDER	Mr.	John L.			1411	08/05/2024	LLY FILED
	NAME	NICKNAME	LAST			SUFFIX		
		Roca	Shergold			301117		
4	ORIGINAL	January 15	Runoff		Other (sp	pecify)	Date Hand-delivered or	Date Postmarked
	REPORT TYPE	July 15	Exceeded modified	ш	(-	,,	Receipt #	Amount
		30th day before election	15th day after camp					
		브	appointment (office	holder only)			Date Processed	
_		8th day before election	Final Report (Attacl			.,		
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH		ay 2024	Year	Date Imaged	
6	EXPLANATION OF C	12/11/2023		01/16/2	2024			
0		and difference that was refle	active on hank stateme	nt on Tanuary 1	16 202/	1		
		1 and corrected Schedule		in on January .	10, 2024	.		
7	AFFIDAVIT		Low	oor or offirm u	ındar na	nolty of porium	, that this sarrasted	roport in true
				ear, or anim, u correct.	maer pe	naity of perjury	, that this corrected	report is true
			Che	ck the hov nevt	t to any	and all annlical	ble statements:	
			Clie	CK the box hext	t to arry	and an applica	bie statements.	
			X				affirm that the origin	
							an intent to mislead ned in the report.	or to
			X				that I am filing this	
				that the repor	er than ti t as orig	ne 14th busine jinally filed is in	ss day after the date accurate or incomp	e i learned lete. I
				swear, or affir	rm, that	any error or on	nission in the report	as originally
				filed was mad	ie in got	ט ומונוו.		
					1	Mr. John L. S	hergold	
				(Signatur	e of Candidate	e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE						
	Sworn to and subsc	ribed before me, by the sai	d			, this th	he	day
	of	, 20, to cer	tity which, witness my	nand and seal (of office.	•		
	Signature of office	er administering oath	Printed name of of	ficer administe	ring oath		Title of officer admin	istering oath
	- 9				J			3

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. John L. NAME Date Received **ELECTRONICALLY FILED** 08/05/2024 NICKNAME LAST **SUFFIX** Roca Shergold CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE 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 ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 lx| 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** 12/11/2023 01/16/2024 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 Cameron District Judge District 445

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 22

Shergold, John L. (Mr.) 14 Filer ID 00054938			Ethics Commission Filers)
candidate / officeholder	he candidate's or office	holder's knowledge or	
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL			
	COMMITTEE ADDRESS		
SPECIFIC			
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
OR GUARANTE			\$ 0.00
1		5)	\$ 6,644.84
3. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES		\$ 0.00
4. TOTAL POLIT	ICAL EXPENDITURES		\$ 20,035.56
		AST DAY OF THE	\$ 2,821.69
		OF THE LAST DAY	\$ 15,000.00
	Mr. S	John L. Shergold	
	Signature of	Candidate or Officeholo	der
TARY STAMP / SEAL AE	OVE		
		, this the	day
, 20, to c	ertify which, witness my hand and seal of office.		
cer administering oath	Printed name of officer administering oath	Title of officer	administering oath
	This box is for notice of candidate / officeholder. consent. Candidates an COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL UNITEM OR GUARANTE 2. TOTAL POLITI (OTHER THAN) 3. TOTAL UNITEM 4. TOTAL POLITIC REPORTING PE 6. TOTAL PRINCIPORT THE REPORTING PE 6. TOTAL PRINCIPORT THE REPORTION OF THE REPORTION OF THE REPORT THE REPORTION OF THE REPORT	This box is for notice of political contributions accepted or political expenditures may have been made without to consent. Candidates and officeholders are required to report this information consent. Candidates and officeholders are required to report this information consent. Candidates and officeholders are required to report this information consent. Candidates and officeholders are required to report this information consent. Candidates and officeholders are required to report this information consent consents. Candidates and consents are required to report this information consents are required to report this information consents. Candidates and consents are required to report this information consents are required to report this information consents. Candidates and consents are required to report the consents and consents are required to report the consents are required to report this information consents. Total united consents are required to report this information consents. COMMITTEE NAME COMMITTEE NAME COMMITTEE ADDRESS COMMIT	D0054938 This box is for notice of political contributions accepted or political expenditures made by political candidate / officeholder. These expenditures may have been made without the candidates or office consent. Candidates and officeholders are required to report this information only if they receive no COMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required to under Title 15, Election Code. Mr. John L. Shergold Signature of Candidate or Officehold Signature of Candidate or Officehold Signature of Candidate or Officehold TARY STAMP / SEAL ABOVE The deform me, by the said

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					4 of 22	
	18 FILER NAME Shergold, John L. (Mr.) 19 Filer ID (Ethics Commission Filers) 00054938					
		E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT	
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	4,575.00	
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,069.84	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	15,000.00	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	17,352.98	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,682.58	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$			
				•		

	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: 5/22
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00054938
4	Date 01/11/2024			7	Amount of Contribution (\$) \$500.00	
		La Blanca, TX 78558				
8		Principal Occupation		9 Contributor's Job Title		
	Public Work			Employee		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! 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 (\$)
	01/15/2024	Courtney, Rosemary Contributor address; City;	State; Zip Code			\$125.00
		Harlingen, TX 78550		I 0 17 1 1 1 77		
	Contributor's Principal Occupation Contributor's Job Title					
	Retired Retired			20116	co (if any)	
	Contributor's employer/law firm Retired Law firm of contributor's sport				Jou	se (ii diiy)
		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/15/2024 Cruz, Maria C. Contributor address; City; State; Zip Code Harlingen, TX 78550			\$200.00		
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Education			Administrator		
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)	
San Benito CISD						
	If contributor is	s a child, law firm of parent(s) (i	f 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: 6/22
2	FILER NAME Shergold, Jo	ohn L. (Mr.)			1	Filer ID (Ethics Commission Filers) 00054938
4	Date 01/11/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$1,000.00	
		Brownsville, TX 78521				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of Joseph Grah	employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)
12	•	s a child, law firm of parent(s) (if	· anu)			
12	. II CONTINUATOR II	s a criliu, iaw iiiiii oi parerii(s) (ii	arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ,	Amount of Contribution (\$)
	12/29/2023 Hernandez, Jose R. Contributor address; City; State; Zip Code				\$250.00	
		Harlingen, TX 78550				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney					
	Contributor's employer/law firm Law firm of contributor's sp			oouse	e (if any)	
Law Office of Jose R. Hernandez						
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)
	12/28/2023	Moore, Michael				\$500.00
		Contributor address; City; Port St. Lucie, FL 34985				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Business Ov			Business Owner		
	Contributor's employer/law firm Law firm of contributor's sp			oouse	e (if any)	
	Self Employed					
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to comp	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 7/22	
FILER NAME Shergold, Jo			3 Filer ID (Ethics Commission Filers) 00054938
Date 01/12/2024	Quezada, Juanita L.	7 Amount of Contribution (\$) \$500.00	
	Brownsville, TX 78526		
Contributor's F	Principal Occupation	9 Contributor's Job Title	;
Pharmacist		Pharmacist	
		11 Law firm of contributo	r's spouse (if any)
ii contributor i	s a child, law lifth of parent(s) (if any)		
Date	Full name of contributor	ate PAC (ID#·	Amount of Contribution (\$)
01/12/2024	<u> </u>		\$1,500.00
		e	
	Brownsville, TX 78520		
Contributor's F	Principal Occupation	Contributor's Job Title	;
Attorney		Attorney	
		Law firm of contributo	r's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
•	The Instruction of the Instructi	The Instruction Guide explains how to comp FILER NAME Shergold, John L. (Mr.) Date 01/12/2024 5 Full name of contributor out-of-state Out-of-state	Shergold, John L. (Mr.) Date 01/12/2024 S Full name of contributor

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/22 3 Filer ID (Ethics Commission Filers) FILER NAME Shergold, John L. (Mr.) 00054938 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/05/2024 Ahumada, Pat \$550.00 Posts for Campaign Signs 7 Contributor address; City; State; Zip Code Brownsville, TX 78521 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) Retired 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 01/05/2024 Elias, Frances \$1,519.84 | Campaign Shirts, stickers, Contributor address; City; State; Zip Code Signs Brownsville, TX 78526 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) X-Ray Technician X-Ray Technician Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Solara Specialty Hospitals If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS (J	UDICIAL)			SCHEDULE E(J)	
	The Instruction	n Guide explains how to complete this t	form.	1	iges Schedule E(J): 4 Rpt: 9/22	
2	FILER NAME Shergold, John I	(Mr.)		3 Filer ID 000549	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS		l .	\$	
5	Date of loan 12/15/2023	7 Name of lender out-of-state PA Shergold, John	AC (ID#:)	9 Loan Amount (\$) \$5,000.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	Rancho Viejo, TX 78575			11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title		•	
	Attorney		Attorney			
14	Lender's Employer Hodge & Shergo		15 Law Firm of lender's spous	se (if any)		
16		w firm of parent(s) (if any)				
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)			
19	GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)		
	X not applicable	21 Guarantor address; City; State;	Zip Code			
	Guarantor's Princip		24 Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27	If guarantor is child	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this t	form.		ges Schedule E(J): 4 Rpt: 10/22
2	FILER NAME Shergold, John I	(Mr.)		3 Filer ID 000549	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 12/15/2023	7 Name of lender out-of-state PA Shergold, John	AC (ID#:)	9 Loan Amount (\$) \$5,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Rancho Viejo, TX 78575			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		•
	Attorney		Attorney		
14	Lender's Employer Hodge & Shergo		15 Law Firm of lender's spous	se (if any)	
16		w firm of parent(s) (if any)			
10	ii leliuel is ciliiu, ia	w iiiii oi pareni(s) (ii aiiy)			
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guara		
	X not applicable	21 Guarantor address; City; State;	Zip Code		
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	UDICIAL)				SCHEDULE E(J)	
	The Instruction	on Guide explains how to c	omplete this f	orm.	1	ages Schedule E(J): /4 Rpt: 11/22	
2	FILER NAME Shergold, John I	L. (Mr.)			3 Filer ID 000549	,	
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	
5	Date of loan 01/08/2024	7 Name of lender Shergold, John	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$1,021.81	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
	No	Rancho Viejo, TX 78575				11 Maturity Date	
12	Lender's Principal	Occupation		13 Lender's Job Title		•	
	Attorney			Attorney			
14	Lender's Employe Hodge & Shergo			15 Law Firm of lender's spou	se (if any)		
16	If lender is child, la	w firm of parent(s) (if any)		•			
17	17 Description of Collateral X None			18 Check if personal funds w	ere deposite	d into political account (See Instructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
	X not applicable	21 Guarantor address; City;	State;	Zip Code			
23	Guarantor's Princi	pal Occupation		24 Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm		26 Law Firm of guarantor's spouse (if any)			
27	If guarantor is child	d, law firm of parent(s) (if any)					

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this t	form.		ges Schedule E(J): 4 Rpt: 12/22
2	FILER NAME Shergold, John I	(Mr.)		3 Filer ID 000549	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		1	\$
5	Date of loan 01/03/2024	7 Name of lender out-of-state PA Shergold, John	AC (ID#:)	9 Loan Amount (\$) \$3,978.19
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Rancho Viejo, TX 78575			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		
	Attorney		Attorney		
14	Lender's Employer Hodge & Shergo		15 Law Firm of lender's spous	se (if any)	
16		w firm of parent(s) (if any)			
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)	
	X not applicable	21 Guarantor address; City; State;	Zip Code		
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

SCHEDULE F1

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

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

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	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: 1/6 Rpt: 13/22	Shergold, John L. (Mr.) 00054938
4	Date	5 Payee name
	12/20/2023	Ahlgren, Greg
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	2800 Post Oak Blvd., Suite 5600
		Houston, TX 77056
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Campaign Consulting
		Tontion Campaign Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/18/2023	American Headshots
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1805 Ruben Torres Blvd., Suite A9
		Brownsville, TX 78526
	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
		Photos for Campaign Advertising Signs
		Thouse for earnpaign / lavortioning engine
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Daves name
	01/06/2024	Payee name Diaz, Bernardo
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	2312 S. Tourist Dr.
		Ediahum TV 70500
		Edinburg, TX 78539
	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 Advertising Push Cards
		Sampaign Avoluting 1 don Salds
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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/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: 2/6 Rpt: 14/22	Shergold, John L. (Mr.) 00054938
4	Date	5 Payee name
	12/16/2023	Digital Printing & Advertising
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2900 Central Blvd., Ste. B
		Brownsville , TX 78520
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 Political Advertising Signs
		1 Shada / Averasing Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/21/2023	Digital Printing & Advertising
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3,066.84	2900 Central Blvd., Ste. B
		Brownsville , TX 78520
	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
		Political Campaign Signs
		Tomasa Gampaigh Orgino
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/27/2023	Digital Printing & Advertising
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.94	2900 Central Blvd., Ste. B
		Brownsville , TX 78520
	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
		Political Campaign Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/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: 3/6 Rpt: 15/22	Shergold, John L. (Mr.) 00054938
4	Date	5 Payee name
	01/03/2024	Garcia, Ramon
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 214 E. Hurst
_		Harlingen, TX 78550
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 Organization of Campaign Meet & Greet
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2024	Jokl, Karina
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 1180 Robinhood Dr. Brownsville, TX 78520
	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 Campaign Advertising AD
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2024	Mares, San Juanita
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 10529 W. Clark Rd.
		La Feria, TX 78559
	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 Organization of Campaign Meet & Greet
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

	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: 4/6 Rpt: 16/22	Shergold, John L. (Mr.) 00054938
4	Date	5 Payee name
	01/05/2024	McHale, Jerry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 5705
		Brownsville, TX 78523
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Compaign Advertising AD
		Campaign Advertising AD
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	12/22/2023	Montoya, Juan
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1501 Old Port Isabel Rd., #18
		Brownsville, TX 78521
	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 Advertising AD
		Campaigh Advertising AD
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	12/28/2023	New Edge Marketing
	Amount (\$)	Payee address; City; State; Zip Code 2100 Old Port Isabel Rd.
	\$1,867.31	ZIOO OIU FUIT ISANCI RU.
		Drouger ille TV 70520
		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Campaign Advertising Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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			Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter	a category not listed	above)
		_		The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 5/6 Rpt: 17/22		Shergold, Jo	hn L. (Mr.)						00054938		
4	Date	5	Payee name									
	01/03/2024		New Edge M	1arketing								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$1,596.69		2100 Old Pc	ort Isabel Rd.		•						
			Brownsville,	TX 78520								
Ļ	DUDDOCE	(0)				1	(h)					
8	PURPOSE OF			e Categories listed at	the top of this sch	edule)	(D)	Description Check if travel of	nutsii	de of Teyas, Co	mplete Schedule T.	
	EXPENDITURE		Advertising I	=xpense				=		officeholder livir		
								Political Cam	pai	gn Advertis	sing Signs	
9	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OF	Н										
Т	Date		Payee name									
	01/11/2024		New Edge M	1arketing								
	Amount (\$)		Payee addres	s; City;	State:	Zip Co	de					
	\$606.20		2100 Old Pc	ort Isabel Rd.		•						
			Brownsville,	TX 78520								
	PURPOSE	(2)					(h)	Description				
	OF		Advertising I	e Categories listed at	the top of this sch	edule)	(6)	Description Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Auvertising	Expense				<u></u>		officeholder livir		
								Political Cam	pai	gn Advertis	sing Signs	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	01/12/2024		Pena, Irma									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de					
	\$720.00		2778 Pompe	eii St.								
			Brownsville,	TX 78521								
	PURPOSE	_		e Categories listed at	the top of this cab	adula)	(b)	Description				
	OF	(,		ges/Contract L		edule)	()		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		00000, 110.	900,00				Check if Austin,	TX,	officeholder livir	ng expense	
								Contract Labo	or-F	Phone Ban	k	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	neld	
L	expenditure to benefit C/OH											
									_			

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

Event Expense Loan Repayment Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expens Legal Services Salaries/Wages

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers))
	Sch: 6/6 Rpt: 18/22	Shergold, John L. (Mr.)		00054938	
4	Date	5 Payee name			
	12/29/2023	Pena, Lisandro			
6	Amount (\$) \$425.00	7 Payee address; City; State; Zip Code 2778 Pompeii St.	9		
		Brownsville, TX 78521			
8	PURPOSE OF	, , ,	Description		
	EXPENDITURE	Salaries/Wages/Contract Labor		el outside of Texas. Complete Schedule T.	
			_	in, TX, officeholder living expense	
			Contract La	bor-Sign Placements	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held	
Г	Date	Payee name			
	01/05/2024	Pena, Lisandro			
Н	Amount (\$)	Payee address; City; State; Zip Code			
	\$740.00	2778 Pompeii St.	,		
	Φ140.00	2776 Pompen St.			
		Brownsville, TX 78521			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor	ш	el outside of Texas. Complete Schedule T.	
			_	tin, TX, officeholder living expense	
			Contract La	bor-Sign Placements	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	nt	Office held	
	Date	Payee name			
	01/12/2024	Pena, Lisandro			
	Amount (\$)		=		
	\$680.00	2778 Pompeii St.			
		Brownsville, TX 78521			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor	ш	el outside of Texas. Complete Schedule T.	
	EXPENDITORE			tin, TX, officeholder living expense	
			Contract La	bor-Sign Placements	
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
	expenditure to benefit C/OI	H			
Н					
1					
L					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Print Sala		ense ges/Contract Labor			District ut of District (enter a category not listed above)		
1	Total pages Schedule G: Sch: 1/3 Rpt: 19/22	2	FILER NAM Shergold, 3	E John L. (Mr.)				3	Filer ID	•)
4	Date	5	Payee name	<u> </u>				<u> </u>			
	12/11/2023			County Democratic P	arty Office						
6	Amount (\$)	7	Payee addre	ess; City;	State; Zip	o Cod	е				
	\$1,500.00		1411 N. St	uart Place Rd. Ste. C							
	Reimbursement from political contributions intended		Harlingen ,	TX 78552							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)) (b) Description	Cl	neck if trav	rel outside of Texas. Complete Schedul	e T.
	OF EXPENDITURE		Filing Fee					CI	neck if Aus	stin, TX, officeholder living expense	
	EXPENDITORE					F	Filing Fee				
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Office	eholder name			Office sought			Office held	
	Date		Payee name								
	12/28/2023		Home Dep								
	Amount (\$)	\vdash	Payee address; City; State; Zip Code								
\$224.73 605 W. Morrison Rd.											
	Reimbursement from										
	political contributions intended		Brownsville	e, TX 78520							
	PURPOSE		Category (S	See Categories listed at the top	of this schedule))	Description	CI	neck if trav	vel outside of Texas. Complete Schedul	e T.
OF EXPENDITURE			Advertising	Expense	se			Cl	Check if Austin, TX, officeholder living expense		
						5	Sign/Fence Post	t Ma	terial		
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Office	eholder name			Office sought			Office held	
	Date		Payee name	<u>,</u>							
	12/28/2023		Home Dep								
_	Amount (\$)	┢	Payee addre		State; Zip	n Cod					
	\$88.07		605 W. Mo	, ,,	Otato, Zip	, O00	C				
			000 11.1110	moon ra.							
	Reimbursement from political contributions intended		Brownsville	e, TX 78520							
	PURPOSE		Category (S	See Categories listed at the top	of this schedule))	Description	_		vel outside of Texas. Complete Schedul	e T.
	OF EXPENDITURE		Advertising	Expense			L	_		stin, TX, officeholder living expense	
						5	Sign/Fence Post	t Ma	terial		
L		L									
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Office	eholder name			Office sought			Office held	
Т											

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

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V		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 G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/3 Rpt: 20/22	Shergold, J	ohn L. (Mr.)				000549	38	
4	Date	5 Payee name							
	12/29/2023	McCoy's							
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$220.40	1701 Indus	trial Way						
	Reimbursement from								
	political contributions intended	San Benito	, TX 78586						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austir	n, TX, officeholder living expense	
	EXPENDITURE				Sign/Fence Post	Mat	terial		
9		L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee name							
	12/30/2023	McCoy's							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
\$220.40 1701 Industrial Way									
	Reimbursement from political contributions intended	San Benito	TY 79596						
			, TX 78586		.				
	PURPOSE OF	l	ee Categories listed at the top of this sch	edule)	Description			outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
	EXPENDITURE	Advertising	Expense		L C: / D t	_		ii, 17, onicendider living expense	
					Sign/Fence Post	. IVIai	teriai		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Dayloo nomo							
	01/04/2024	Payee name McCoy's							
	Amount (\$)	Payee addre	•	Zip Co	ode				
	\$220.40	1701 Indus	trial Way						
	Reimbursement from political contributions								
	intended	San Benito	, TX 78586						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	_		outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austir	n, TX, officeholder living expense	
Sign/Fence Post Material									
		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
L	5,511								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 21/22 Shergold, John L. (Mr.) 00054938 Date Payee name 01/05/2024 McCoy's 6 Amount (\$) Payee address; City; State; Zip Code \$208.58 1701 Industrial Way Reimbursement from political contributions intended San Benito, TX 78586 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Sign/Fence Post Material Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	OUTSTAN	IDING LOANS	SCHEDULE L					
	The Instruction	on Guide explains how to complete this form.	1	Total pages Schedule L: Sch: 1/1 Rpt: 22/22				
2	FILER NAME Shergold, John	L. (Mr.)	3	Filer ID (Ethics Commission Filers) 00054938				
LENDER INFORMATION		4 Name of lender Shergold, John 5 Lender address; City; State; Zip Code						
		Rancho Viejo, TX 78575						
	GUARANTOR INFORMATION	6 Name of guarantor						
	X not applicable	7 Guarantor address; City; State; Zip Code						
	LENDER INFORMATION	Name of lender Shergold, John Lender address; City; State; Zip Code						
		Rancho Viejo, TX 78575						
	GUARANTOR INFORMATION	Name of guarantor						
	X not applicable	Guarantor address; City; State; Zip Code						
	LENDER INFORMATION	Name of lender Shergold, John						
		Lender address; City; State; Zip Code						
	GUARANTOR INFORMATION	Rancho Viejo, TX 78575 Name of guarantor						
	X not applicable	Guarantor address; City; State; Zip Code						