#### 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 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Luis Manuel NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Singleterry CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 100 N. Closner MAILING Receipt # Amount **ADDRESS** 2nd Floor 92nd District Court Change of Address Edinbrug, TX 78539 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Victor M. NAME NICKNAME LAST **SUFFIX** Hernandez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 22805 N. Sunflower Road **ADDRESS** (Residence or Business) Monte Alto, TX 78538 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 624-9739 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| 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** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE**

11 OFFICE

Day

11/05/2024

OFFICE HELD (if any)

District Judge District 92 Hidalgo

Year

Month

Primary

χ General

Runoff

Special

12 OFFICE SOUGHT (if known)

District Judge District 92

Other

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	3 C / OH NAME Singleterry, Luis Manuel (The Honorable)  14 Filer ID 00069498						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures r	accepted or political expenditu may have been made without i juired to report this information	the candidate's or of	ficeholder's kr	nowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDR	ESS				
	SPECIFIC						
		COMMITTEE CAMP	AIGN TREASURER NAME				
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS			NTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELEC		<b>\$</b>	0.00	
		ICAL CONTRIBUT	IONS  OR GUARANTEES OF LOAN:	6)	\$	2,500.00	
EXPENDITURE TOTALS	\$	0.00					
1017120	\$	21,233.28					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	155,765.12	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT							
		tr	swear, or affirm, under penalty ue and correct and includes a nder Title 15, Election Code.	y of perjury, that the all information require	accompanyini d to be report	g report is ed by me	
			The Honorab	le Luis Manuel Sin	aleterry		
		_		Candidate or Office			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid		, this the		day	
			ny hand and seal of office.				
Signature of offi	cer administering oath	Printed name of	f officer administering oath	Title of offi	cer administe	ring oath	

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

					3 of 13
<b>18</b> FIL		ME y, Luis Manuel (The Honorable)	<b>19</b> Filer ID 00069498	(Ethics Co	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		\$			
5.	X	\$	21,233.28		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
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 IT TO FILER	RETURNED	\$	

MONET	sc	CHEDULE A(J)1		
The Instru	action Guide explains how to complete this	form.	1 Total pages S Sch: 1/1 Rpt	
2 FILER NAME Singleterry,	Luis Manuel (The Honorable)		3 Filer ID (Eth 00069498	nics Commission Filers)
4 Date 07/18/2024	5 Full name of contributor  ut-of-state PAC (ID#	7 Amount of Co	\$2,500.00 \$2,500.00	
	Mcallen, TX 78504			
8 Contributor's	Principal Occupation	9 Contributor's Job Title		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	

### 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 Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal marian Calcadida F1.	
1 Total pages Schedule F1: Sch: 1/9 Rpt: 5/13	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Singleterry, Luis Manuel (The Honorable) 00069498
4 Date	5 Payee name
10/25/2024	Hidalgo County Bar Association
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 323 W. Cano St. Edinburg, TX 78539
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	HC Young Lawyer Association
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/20/2024	Carrera, Miguel (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	135 Paseo del Prado
φ3,300.00	133 Faseo del Flado
	Edinburg, TX 78539
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/25/2024	Carrera, Miguel (Mr.)
Amount (\$)	
\$2,500.00	135 Paseo del Prado
	Edinburg, TX 78539
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-i

### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	Committe			explains how to co	-	ete this form.		OI	HER (enter a	a catego	ory not listed above)	
1	Total pages Schedule F1:	2 FILE	ER NAME					3	Fil	er ID	(Eth	nics Commission Fil	ers)
	Sch: 2/9 Rpt: 6/13	Sin	gleterry, Luis M	anuel (The I	Honorable)				00	069498			
4	Date	<b>5</b> Pay	ee name										
	10/18/2024	Dar	ren, Guzman (	Mr.)									
6	Amount (\$)	<b>7</b> Pay	ee address; (	City;	State; Zip Co	ode							
	\$2,500.00	330	7 Prestwick St										
		Edi	nburg, TX 7854	2									
8	PURPOSE	(a) Cate	egory (See Categori	es listed at the to	p of this schedule)	(b)	Description						
	OF EXPENDITURE	Sal	aries/Wages/Co	ntract Labo	r		Check if travel of						
							GOTV - 2 wee			cenolaer livin	g exper	nse	
							0011 2 WC	C1					
9	Complete ONLY if direct	Cand	idate/Officeholder	name	Office sou	ıaht				Office h	eld		
•	expenditure to benefit C/O				000	.g				000			
	Date	Pav	ee name										
	12/30/2024	•	uble Tree Hotel										
	Amount (\$)	Pay	ee address; (	City;	State; Zip Co	ode							
	\$3,411.63	-	0 S 2nd S	•									
	•												
		McA	Allen, TX 78503										
	PURPOSE	(a) Cate	egory (See Categori	es listed at the to	n of this schedule)	(b)	Description						
	OF EXPENDITURE		ent Expense		,		Check if travel of						
	LAI LINDITORE						Check if Austin,			ceholder livin	g exper	nse	
							Swearing in E	=ve	#11L				
	Complete ONLY if direct	Cand	idate/Officeholder	name	Office sou	ıaht				Office h	eld		
	expenditure to benefit C/O				000	-g				000	0.0		
	Date	Pav	ee name										
	10/18/2024	-	zman, Kristophe	er (Mr.)									
	Amount (\$)	Pay	ee address; (	City;	State; Zip Co	ode							
	\$2,500.00		8 N 16th Street		, ,								
		McA	Allen, TX 78504										
	PURPOSE	(a) Cate	egory (See Categori	es listed at the to	n of this schedule)	(b)	Description						
	OF EXPENDITURE		aries/Wages/Co			`´	Check if travel of	outsi	ide o	f Texas. Con	nplete S	Schedule T.	
	EXPENDITURE		-				Check if Austin,			ceholder livin	g exper	nse	
							GOTV - 2 wee	eks	S				
	Complete ONLY if direct	Cond	idata/Officabalda	nama	Office	lapt				Office	old		
	Complete ONLY if direct expenditure to benefit C/Ol		idate/Officeholde	паше	Office sou	uynt				Office h	eiu		
_													

### 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: 3/9 Rpt: 7/13	2 FILER NAME Singleterry, Luis Manuel (The Honorable) 3 Filer ID 00069498	(Ethics Commission Filers)
4	Date 11/22/2024	5 Payee name H-E-B Food Stores	
6	Amount (\$) \$32.92		
8	PURPOSE OF EXPENDITURE	McAllen, TX 78504  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description  Check if travel outside of Texas. Comparison of the Compar	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office	held
	Date 11/22/2024	Payee name H-E-B Food Stores	
	Amount (\$) \$23.36		
	PURPOSE OF EXPENDITURE	McAllen, TX 78504  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Comparison of Check if Austin, TX, officeholder live Thanksgiving event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office OH	held
	Date 07/19/2024	Payee name Hernandez, Victor	
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 100 N Closner	
		Edinburg, TX 78539	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Co	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office OH	held

### SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awar e Legal Se <b>The Ins</b>	rerage Expense ds/Memorials Expense rvices struction Guide exp	Printin Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)	
1	Total pages Schedule F1:							ı	Filer ID	(Ethics Commission Filers)
L	Sch: 4/9 Rpt: 8/13	Sing	gleterry, Luis M	lanuel (The Hor	norable)			L	00069498	
4	Date	5 Paye	ee name							
L	12/26/2024	Mar	tinez, Jessica	(Ms.)						
6	Amount (\$)	<b>7</b> Paye	ee address;	City;	State; Zip	Code				
	\$750.00	210	4 Fulerton Ave	!						
L		Мса	allen, TX 78504	1						
8	PURPOSE	(a) Cate	egory (See Catego	ries listed at the top of t	this schedule)	(b)	Description			
	OF EXPENDITURE	Sala	aries/Wages/C	ontract Labor					le of Texas. Comp officeholder living	
							GOTV/Event			слрспас
									9	
9	Complete ONLY if direct	<u> </u>	date/Officeholde	er name	Office s	ought			Office he	ld
	expenditure to benefit C/O					•				
	Date	Paye	ee name							
	10/21/2024	Mar	tinez, Roland (	(Mr.)						
	Amount (\$)	Paye	ee address;	City;	State; Zip	Code				
	\$100.00	112	Cano							
		Edir	nburg, TX 7853	39						
	PURPOSE	(a) Cate	egory (See Catego	ries listed at the top of t	this schedule)	(b)	Description			
	OF EXPENDITURE	Con	tributions/Don	ations Made By			<b></b>		de of Texas. Comp	
		Can	ididate/Officeh	older/Political C	ommittee		Check if Austin		officeholder living	expense
							roou riale D	UHA	uiOI I	
$\vdash$	Complete ONLY if direct	Candi	date/Officeholde	er name	Office s	ouaht			Office he	ld
	expenditure to benefit C/O		Jconoid		200	9'''			230 110	-
_	Date	Dav."	ee name							
	08/20/2024	1	nster Printing							
	Amount (\$)			City;	State; Zip	Code				
	\$389.70		13 Bail Bond [		J.410, 21p	2040				
	4000110									
		Edir	nburg, TX 7854	12						
	PURPOSE			ries listed at the top of t	this schedule)	(b)	Description			
	OF EXPENDITURE		ertising Expen		5 3054416)	`	Check if travel		de of Texas. Comp	
	LAFENDITURE		- •				_		officeholder living	expense
							92nd DC Tun	ndie	ers	
	Complete ONLY if direct	Candi	date/Officeholde	ar name	Office s	ought			Office he	Id
	expenditure to benefit C/O		date/Onicendiat	л паше	Office S	ougnt			Office file	iu

### 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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 9/13	Singleterry, Luis Manuel (The Honorable) 00069498
4	Date	5 Payee name
	10/17/2024	Monster Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$389.70	12513 Bail Bond Dr
		Edinburg, TX 78542
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
		92nd DC tumblers multicolor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/09/2024	Salinas, Peter (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	601 E. Can Week St
	+=,000.00	002 <u>—</u> 1. 000. 000
		Ediphura TV 705 41
		Edinburg, TX 78541
	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
		GOTV/Pictures/Social Media
		oo i vii ista oo oo aa meda
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/09/2024	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.19	7601 N. 10th St
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Donation to Christmas Event
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	e /Contract Labor	OTHER (enter a category not listed above)					
	orean out a tyment		The Instruction Guide explains	how to cor	nple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 6/9 Rpt: 10/13	Singleterry	, Luis Manuel (The Honoral	ble)				00069498		
4 [	Date	5 Payee name	)			•				
(	07/24/2024		, Luis M (Judge)							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	e; Zip Coo	de					
	\$300.00	2601 San 3	•	, <u>-</u> .p -						
	4000.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		Edinburg, 1	TV 705 41							
<u> </u>										
8	PURPOSE OF		See Categories listed at the top of this sci	hedule)	(b)	Description				
	EXPENDITURE	Loan Repa	yment/Reimbursement			<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
						Albert Cano -			, expense	
9 (	Complete ONLY if direct	Candidate/Off	ficeholder name	Office souç	thr			Office h	əld	
	expenditure to benefit C/OI		noonolaer hame	omoc cou	9			Omoo n		
H,	D-1-									
l	Date	Payee name								
<u> </u>	07/26/2024		, Luis M (Judge)							
/	Amount (\$)	Payee addre	•	e; Zip Coo	de					
	\$189.13	2601 San 3	Jose Drive							
		Edinburg, 7	ΓX 78541							
	PURPOSE	(a) Category (S	See Categories listed at the top of this sci	hedule)	(b)	Description				
	OF EXPENDITURE		yment/Reimbursement			<b>=</b>			plete Schedule T.	
						HC Probation		officeholder living		
						nc Flubation	10	officience L	vii ii lei	
<del>                                      </del>	Complete ONLY if direct	Candidata/Off	ficeholder name	Office soug	nh+			Office h	ald	
	expenditure to benefit C/OI		ncenoider name	Onice Sout	JIII			Office fi	eiu	
⊨										
l	Date	Payee name								
(	07/26/2024	Singleterry	, Luis M (Judge)							
/	Amount (\$)	Payee addre	ess; City; State	e; Zip Coo	de					
	\$360.00	2601 San 3	Jose Drive							
		Edinburg, 7	ΓX 78541							
	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE	Loan Repa	yment/Reimbursement			ш			plete Schedule T.	
	EXI ENDITORE							officeholder living	g expense	
						Roel Solis Sig	gns	s/Printing		
<u> </u>										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office souç	ght			Office h	eia	
<u> </u>		-								

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a constitute E4.	
1	Total pages Schedule F1: Sch: 7/9 Rpt: 11/13	2 FILER NAME Singleterry, Luis Manuel (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069498
4	Date	5 Payee name
-		- Lyss Hame
	07/26/2024	Singleterry, Luis M (Judge)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2601 San Jose Drive
		Ediahura TV 70541
		Edinburg, TX 78541
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Albert Cano - Event Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	11/22/2024	Spec's Liquor
	Amount (\$)	Payee address; City; State; Zip Code
	\$322.22	2700 W Expy 83 Suite 200
	**	
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Thanksgiving event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Data	Daving marks
	Date	Payee name
L	12/18/2024	Spec's Liquor
	Amount (\$)	Payee address; City; State; Zip Code
	\$305.09	2700 W Expy 83 Suite 200
		McAllen, TX 78501
		<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	<del></del>	Check if Austin, TX, officeholder living expense
		Christmas Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Exp Legal Services  The Instruction Guide	Salaries	s/Wage	es/Contract Labor		Travel Out of Dis	strict category not listed above	)
┝	Total pages Schedule F1:	2	EII ED NAME		•			3	Filor ID	(Ethics Commission	Filore)
ľ	Sch: 8/9 Rpt: 12/13	2		= Luis Manuel (The	Honorable)			*	Filer ID 00069498	(Ethics Commission	riieis)
4	Date	5	Payee name					_			
ľ	10/18/2024		Texas Natio								
L											
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip (	Code					
	\$1.00		4908 South	Jackson Road							
			Edinburg, T	X 78539							
Ļ	DUDDOGE	(-)		7		10.	<b>.</b>				
8	PURPOSE OF	(a)	•	ee Categories listed at the t	top of this schedule)	(a)	) Description				
	EXPENDITURE		Fees				=			plete Schedule T.	
							ш		, officeholder living	j expense	
							Temp Check				
9	Complete ONLY if direct		Candidate/Off	ceholder name	Office so	ought	t		Office he	eld	
	expenditure to benefit C/OI	1									
F	Date		Payee name								
	10/18/2024		Texas Natio	nal Rank							
L											
	Amount (\$)		Payee addre	ss; City;	State; Zip (	Code					
	\$1.00		4908 South	Jackson Road							
			Edinburg, T	X 78539							
┝	DUDDOOF	(-)				10.	·				
	PURPOSE OF	(a)		ee Categories listed at the t	top of this schedule)	(6)	Description	oto	ide of Toyloo Com	volete Cebedule T	
	EXPENDITURE		Fees				<u> </u>		de of Texas. Com , officeholder living	plete Schedule T.	
							Temp check	, 170	, omeendaer nving	у схропос	
							remp check				
L						<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ceholder name	Office so	ought	t		Office h	eld	
	experioritine to benefit C/O										
Г	Date		Payee name								
	10/18/2024		Texas Natio	onal Bank							
	Amount (\$)		Payee addre	ss; City;	State; Zip (	aho <sup>2</sup>					
	` '		•	Jackson Road	State, Zip C	Joue					
	\$1.00		4908 Souli	Jackson Roau							
			Edinburg, T	X 78539							
Г	PURPOSE	(a)	Category (s	ee Categories listed at the t	top of this schedule)	(b)	) Description				
	OF		Fees	oo oalogonoo noloa al ano l	iop of this concusto,	` '		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		. 555				Check if Austin	ı, TX	, officeholder living	g expense	
ĺ							Temp Check				
H	Complete ONLY if direct		Candidate/Off	ceholder name	Office so	uaht	 t		Office he	eld	
	expenditure to benefit C/OI				S55 50	- ~g, 11	-		211100 111	<del></del>	
$\vdash$											
1											

#### 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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee I	Giff/Awards/Memorials Exp Legal Services  The Instruction Guide	Salaries/V	Vage	s/Contract Labor		OTHER (enter a	a category not listed above)				
_	T	_						_	E1 15	(Elliss Ossasiasias Ellass)				
1	Total pages Schedule F1:	2							Filer ID	(Ethics Commission Filers)				
	Sch: 9/9 Rpt: 13/13		Singleterry,	Luis Manuel (The	Honorable)				00069498					
4	Date	5	Payee name											
	12/03/2024		The Old Cat	tle Baron										
_		<u> </u>			Ot-t-: 7'- O-									
6	Amount (\$)	7	Payee addres		State; Zip Co	oue								
	\$98.73		3418 N Clos	sner										
			Edinburg, TX	X 78541										
_	DUDDOCE	(-)				(1-)								
8	PURPOSE OF	(a)		e Categories listed at the to	op of this schedule)	(D)	Description							
	EXPENDITURE		Food/Bevera	age Expense					officeholder livin	nplete Schedule T.				
							Christmas Lu			g expense				
							Cilistilias Lu	IICI	leon					
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ıght			Office h	eld				
	expenditure to benefit C/OI	4												
H	Date		Payee name											
				Of Mooto										
	12/20/2024		Vera's King											
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode								
	\$142.61		2941 N Texa	as Blvd										
			Weslaco, TX	/ 79500										
	PURPOSE OF	(a)	Category (Se	e Categories listed at the to	op of this schedule)	(b)	Description							
	EXPENDITURE		Continuations/Donations Wade By					Check if travel outside of Texas. Complete Schedule T.						
			Candidate/C	andidate/Officeholder/Political Committee				Check if Austin, TX, officeholder living expense						
				Christn				hristmas Luncheon Food Donation						
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ıght			Office h	eld				
	expenditure to benefit C/OI	4												