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) 00081742 33 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Marla NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST **SUFFIX** Cuellar CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 612 Nolana Suite 250 MAILING Amount Receipt # **ADDRESS** McAllen, TX 78504 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jose A. NAME NICKNAME LAST **SUFFIX** Cuellar **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 1501 S. Airport Dr. **ADDRESS** Lot 403 (Residence or Business) Weslaco, TX 78596 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 975-4341 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 275 Hidalgo

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GO TO PAGE 2
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Version V3.5.1.a18ea2ca

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Cuellar, Marla (The H	onorable)	14 Filer ID (00081742	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of p candidate / officeholder. consent. Candidates and			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS/OTHER THAN	N DI EDGES I DANS	
TOTALS	I .	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	SI	\$ 1,500.00
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
		\$ 19,967.17		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 301,023.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 47,273.56
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required to	companying report is to be reported by me
		The Hor	norable Marla Cuellar	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid	, this the	day
of	, 20, to ce	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	JVEK SI	3 of 33
	ILER NAN uellar, N	(Ethics Con	nmission Filers)		
l		E SUBTOTALS SCHEDULE	SUBT	OTAL AMOUNT	
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	19,967.17
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	D. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1:	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
1:	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

MONE	TARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1			
The Instr	The Instruction Guide explains how to complete this form. 1 Total page Sch: 1/1					
2 FILER NAM		3 Filer ID (Ethics Commission Filers) 00081742				
4 Date			7 Amount of Contribution (\$) \$1,500.00			
	McAllen, TX 78504					
8 Contributor's	s Principal Occupation	9 Contributor's Job Title				
10 Contributor's	s employer/law firm	11 Law firm of contributor's s	pouse (if any)			

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	Il 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: 1/29 Rpt: 5/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	01/27/2023	Academy Sports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.84	3901 W. Expressway 83
		McAllen, TX 78501
8	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 Campaign Supplies
		Campaign Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davis same
	01/27/2023	Payee name
		Academy Sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$281.45	3901 W. Expressway 83
		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.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaign Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Davies name
	Date 01/27/2023	Payee name Academy Sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.84	3901 W. Expressway 83
		McAllen, TX 78501
	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.
		Check if Austin, TX, officeholder living expense Campaign Supplies
		Campaign Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
1		

SCHEDULE F1

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

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

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	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: 2/29 Rpt: 6/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	03/31/2023	Aces Barbecue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$317.43	601 S 10th Ave
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with Constituents
9	Complete ONLY if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sought Office held H
F	Date	Payee name
	06/08/2023	Amistad Floral & Craft
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$69.53	1416 Fresno Ave.
	Ψ00.00	THEO I TOSHO / WO.
		McAllen, TX 78501
	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. Check if Austin, TX, officeholder living expense
		Prizes/Supplies for Event
		Thizes/supplies for Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
H	Date	Payee name
	01/06/2023	Balderas, Abraham
	Amount (\$)	Payee address; City; State; Zip Code 905 Comino Ave.
	\$500.00	905 Comino Ave.
		Pharr, TX 78577
	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
		Photographs Swearing In
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
L		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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 f	form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 3/29 Rpt: 7/33	Cuellar, Marla (The Honorable)		00081742	
4	Date	5 Payee name			
	01/04/2023	Barrel House Kitchen and Bar			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,500.00	192 Tourist Dr,			
		Edinburg, TX 78539			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	intion		
	OF	· · · · · · · · · · · · · · · · · · ·		de of Texas. Com	plete Schedule T.
	EXPENDITURE	Che		officeholder living	ı expense
		Venue	e Rental		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	01/09/2023	Big Lots			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$119.66	3300 W. Expressway 83			
		Unit 200			
		McAllen, TX 78501			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption		
	OF EXPENDITURE	Office Overhead/Rental Expense			plete Schedule T.
			eck if Austin, TX, e Supplies	officeholder living	g expense
		Office	Jupplies		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	-iq
	expenditure to benefit C/O	•		011100111	ord.
	Date	Davido namo			
	03/07/2023	Payee name Brand Boosters			
	Amount (\$) \$400.53	Payee address; City; State; Zip Code 301 N. McColl			
	Φ400.55	SOT IV. MICCOII			
		M. All TV 70504			
		McAllen, TX 78501			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri			
	EXPENDITURE	Advertising Expense		officeholder living	plete Schedule T.
		Signs			,
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
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SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense P S	`	ense ges/Contract Labor	Travel in Distric Travel Out of E OTHER (enter	
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 4/29 Rpt: 8/33		ırla (The Honorable	e) 			00081742	
4	Date	5 Payee name						
	01/03/2023	Caballero,						
6	Amount (\$)	7 Payee addre	•	State; 2	Zip Code	e		
	\$400.00	1822 E Mile	5 T5 N					
		Weslaco, T	X 78496					
8	PURPOSE		ee Categories listed at the t	ton of this ashadu	ا) (دار	Description		
	OF	Event Expe		top of this scriedu	lie)		outside of Texas. Co	mplete Schedule T.
	EXPENDITURE	,				ш	n, TX, officeholder livir	ng expense
						Event Expen	se	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Offi	ice sough	nt .	Office h	neld
9	expenditure to benefit C/O		cenduel name		ice sougi		Office 1	ıcıu
	Date	Payee name						
	01/29/2023	Casa de M	ariscos					
	Amount (\$)	Payee addre	-	State; 2	Zip Code	е		
	\$151.50	502 W. Pik	e Blvd.					
		Weslaco, T	X 78596					
	PURPOSE OF		ee Categories listed at the t	top of this schedu	_{ule)} (i	Description	outside of T	malete Cebedule T
	EXPENDITURE	Food/Beve	rage Expense			<u> </u>	outside of Texas. Co n, TX, officeholder livir	
						Meal with Co		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Offi	ice sough	nt	Office h	neld
	Date	Payee name						
	01/29/2023	Casa de Ma						
	Amount (\$)	Payee addre		State; 2	Zip Code	9		
	\$163.72	502 W. Pik	e RIVd.					
		Weslaco, T	X 78596					
	PURPOSE	(a) Category (S	ee Categories listed at the t	top of this schedu	ule) (i	Description		
	OF EXPENDITURE	Food/Beve	rage Expense				outside of Texas. Co n, TX, officeholder livir	
						Meal with Co		ig expense
							-	
	Complete ONLY if direct		iceholder name	Offi	ice sough	nt	Office h	neld
	expenditure to benefit C/O	1						
_								

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 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: 5/29 Rpt: 9/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	01/29/2023	Casa de Mariscos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$151.50	502 W. Pike Blvd.
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with Constituents
		med with conditionite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	01/29/2023	Casa de Mariscos
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.72	502 W. Pike Blvd.
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with Constituents
		Medi Will Sofistidents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	01/09/2023	Cheddar's
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.25	3020 W. Expressway 83
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meal with Constituents
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 6/29 Rpt: 10/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	02/09/2023	Chick Fil-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.37	1360 W University Dr
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Jury
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/18/2023	Chick Fil-A
	Amount (\$) \$88.82	
	\$88.82	1360 W University Dr
		E II II TV 70500
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	03/02/2023	City Flower Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$286.87	100 S. Conway Ave.
	Ψ200.01	100 S. Collway Ave.
		Mission, TX 78572
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Prizes for Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u> </u>

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict a category not listed al	oove)
	Credit Card F dyment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 7/29 Rpt: 11/33		Cuellar, Mar	la (The Honora	able)					00081742		
4	Date	5	Payee name									
	05/15/2023		City Flower	Shop								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$286.87		100 S. Conv	vay Ave.								
			Mission, TX	78572								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(")		e Categories listed at s/Donations M		edule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Pol		ittee		Check if Austin,	, TX,	officeholder living	g expense	
								Flowers for C	ons	stituent's Fu	ıneral	
9	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/18/2023		City of Alam	o Watermelon	Festival							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$200.00		800 E Main	St								
			Alamo, TX 7	8516								
	PURPOSE	(a)		e Categories listed at			(h)	Description				
	OF	(-,		e Categories listed at s/Donations M		edule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Po	,	ittee		Check if Austin,	, TX,	officeholder living	g expense	
								Donation				
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	03/03/2023		Copy Plus									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$34.10		4500 N 10th	St.								
			Ste 240									
			McAllen, TX	78504								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF	` '	Advertising I		and top or and con-	oud.o,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		· ·	•						officeholder living	g expense	
								Campaign Pri	inti	ng		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	Superioritation to beliefft 6/01	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consuling 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: 8/29 Rpt: 12/33	Cuellar, Marla (The Honorable) 00081742
4	Date 06/02/2023	5 Payee name Copy Plus
6	Amount (\$) \$132.92	7 Payee address; City; State; Zip Code 4500 N 10th St. Ste 240 McAllen, TX 78504
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Printing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2023	Cynthia Jean Salinas Memorial Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.00	416 W Samano St
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2023	Daisy Crafts & Silk Flower
	Amount (\$) \$139.00	Payee address; City; State; Zip Code 100 S 16th St
		McAllen, TX 78501
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/29 Rpt: 13/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	05/14/2023	Danny's Mexican Restaurant
6	Amount (\$) \$64.17	7 Payee address; City; State; Zip Code 2408 E Griffin Pkwy Mission, TX 78572
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal with Constituents
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/26/2023	Danny's Sporting Goods
	Amount (\$) \$552.06	Payee address; City; State; Zip Code 300 S. Broadway 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. Check if Austin, TX, officeholder living expense Gifts for Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/16/2023	Dick's Sporting Goods
	Amount (\$) \$589.58	Payee address; City; State; Zip Code 716 E Expressway 83
		McAllen, TX 78501
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prizes for Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/29 Rpt: 14/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	03/03/2023	Distribuidora Jazmin, L.L.C.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	2501 W Military Hwy
		Ste D4
		McAllen, TX 78503
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/02/2023	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.59	2500 E Interstate 2
	Ψ11.00	2000 2 moretate 2
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Items for Event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/23/2023	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.26	2500 E Interstate 2
		Mission, TX 78572
	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
		Items for Event
		Nome to Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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
TTHER (order a cotogony pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/29 Rpt: 15/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	01/10/2023	Garcia, Janeth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	5401 N. 10th
		McAllen, TX 78504
8	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. Check if Austin, TX, officeholder living expense
		Food for Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
	Date	Payee name
	01/10/2023	Garcia, Janeth
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	5401 N. 10th
		McAllen, TX 78504
	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. Check if Austin, TX, officeholder living expense
		Food for Event
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/07/2023	Girl Scouts Troom 3004
H	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5317 N McColl Rd
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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		Legal Services The Instruction Guide exp	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filers)
	Sch: 12/29 Rpt: 16/33	Cuellar, Ma	ırla (The Honorable)					00081742	
4	Date	5 Payee name							
	01/03/2023	H.E.B.							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
	\$40.29	1004 N. Te	xas Blvd						
		Weslaco, T	X 78595						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In D	istrict			므		de of Texas. Comp	
						Fuel	, 1,	officeholder living	expense
						1 401			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ight			Office he	eld
	expenditure to benefit C/O	H							
	Date	Payee name							
	05/10/2023	HEG Gas							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$58.46	1004 N. Te	xas Blvd						
		Weslaco, T	X 78595						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Travel In D	istrict			-		de of Texas. Comp officeholder living	
						Fuel	, 170,	omeenoider niving	САРСИЗС
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/O	-							
	Date	Payee name							
	05/04/2023	Hayes, Sel	na						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$200.00	612 W. Nol	ana Suite 250						
		McAllen, T	K 78504						
	PURPOSE OF		ee Categories listed at the top of		(b)	Description			
	EXPENDITURE		ns/Donations Made By Officeholder/Political C			ш		de of Texas. Comp officeholder living	
		Candidate/	Officeriolder/Political C	ommuee		Donation for S			ехрепае
								,	
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI	H							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/29 Rpt: 17/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	03/08/2023	Homegoods
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$319.29	700 E. Expressway 83
		McAllen, TX 78503
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
<u> </u>	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/16/2023	Homegoods
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.50	700 E. Expressway 83
		McAllen, TX 78503
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
		Cinic Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
	Date	Payee name
	02/15/2023	Homegoods
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.62	700 E. Expressway 83
		McAllen, TX 78503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Supplies
_	Operation ONE V. C. P.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 14/29 Rpt: 18/33	Cuellar, Marla (The Honorable) Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	04/18/2023	HubPhest
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 413 E. Clark
	Ψ200.00	410 E. Glank
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2023	Juan Diego Academy
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.00	5208 S Farm to Market 494
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation for Golf Tournament
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/05/2023	Juan Diego Academy
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,025.00	5208 S Farm to Market 494
	·	
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation for Gala
L		
	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
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	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: 15/29 Rpt: 19/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	03/15/2023	Logan's Roadhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$137.64	7612 N. 10th St.
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with Constituents
		med with conditionite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/26/2023	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.13	520 E. Nolana Ave.
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Interest on Loan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/27/2023	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.12	520 E. Nolana Ave.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense Interest on Bank Loan
		interest on Dank Loan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/29 Rpt: 20/33	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	•
	04/26/2023	Lone Star National Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$122.12	520 E. Nolana Ave.	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Estan repayment rembursement	el outside of Texas. Complete Schedule T.
		Interest on I	in, TX, officeholder living expense Bank Loan
		microst on i	Sam Esan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		555 116.13
_	Date	Payee name	
	04/21/2023	Lone Star National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	520 E. Nolana Ave.	
	φο.σσ	OLO LI TOMANA TVOI	
		McAllen, TX 78504	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	in, TX, officeholder living expense
		Fee	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experience to borionic Grou		
	Date	Payee name	
	03/27/2023	Lone Star National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$110.31	520 E. Nolana Ave.	
		McAllen, TX 78504	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Louis Repayment L	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Interest on I	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fet Consulting Expense Fo Contributions/ Donations Made By - Gif Candidate/Officeholder/Political Committee Let

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTIEN (enter a category not listed above)
1	Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
	Sch: 17/29 Rpt: 21/33		00081742
4	Date	5 Payee name	
	06/27/2023	Lone Star National Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$122.13	520 E. Nolana Ave.	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel of	utside of Texas. Complete Schedule T.
	LAFENDITORE		TX, officeholder living expense
		Interest on Ba	ink Loan
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/26/2023	Lone Star National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$118.18	520 E. Nolana Ave.	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	utside of Texas. Complete Schedule T.
	_/	Check if Austin, Interest on Ba	TX, officeholder living expense
		interest on be	uik Loaii
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field
	Data	D. D. C.	
	Date 06/30/2023	Payee name	
		Longhorn Steakhouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.75	7401 N. 10th St.	
		McAllen, TX 78504	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 00d/Develage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Meal with Cor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 18/29 Rpt: 22/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	04/18/2023	Los Cunados Cookoff
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1 Martinez Avenue
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/02/2023	Luby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.28	4901 N 10th St
	,	
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal with Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	<u> </u>
	Date 01/04/2023	Payee name Marce Magaly
		Mares, Magaly
	Amount (\$) \$175.00	Payee address; City; State; Zip Code 1418 Beech Ave.
	\$175.00	Ste. 118
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H

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
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 19/29 Rpt: 23/33	Cuellar, Marla (The Honorable) 00081742	
4	Date	5 Payee name	_
	04/11/2023	Mares, Magaly	
6	Amount (\$) \$95.00	7 Payee address; City; State; Zip Code 1418 Beech Ave. Ste. 118 McAllen, TX 78501	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor for Event	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/04/2023	Oliver, Pamela	
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 1923 S, Texas Blvd	
		Weslaco, TX 78596	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Photos	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	01/10/2023	Oliver, Pamela	
	Amount (\$) \$947.19	Payee address; City; State; Zip Code 1923 S. Texas Blvd.	
		Weslaco, TX 78596	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Photos	
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/29 Rpt: 24/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	06/08/2023	Our Crafty Family
6	Amount (\$) \$241.25	7 Payee address; City; State; Zip Code 921 N. 15th St. McAllen, TX 78539
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Promotional Cups for Campaign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/08/2023	Our Crafty Family
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 921 N. 15th St. McAllen, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Promotional Cups for Campaign
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2023	Our Lady of Guadalupe
	Amount (\$) \$125.00	Payee address; City; State; Zip Code 620 N Dunlap Ave
		Mission, TX 78572
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/OI	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	l 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: 21/29 Rpt: 25/33	Cuellar, Marla (The Honorable) 00081742	
4	Date	5 Payee name	
	03/12/2023	Pappadeaux	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$87.83	1610 W. Expressway 83	
		Pharr, TX 78577	
			_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Meal with Constituents	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/05/2023	Pappadeaux Pappadeaux	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$96.35		
	Φ90.33	1610 W. Expressway 83	
		Pharr, TX 78577	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Meal with Constituents	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	04/28/2023	Pappadeaux	
	Amount (\$)	Payee address; City; State; Zip Code	
	` '		
	\$349.94	1610 W. Expressway 83	
		Pharr, TX 78577	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meal with Constituents	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	┨	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)						
				Guide explains	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 22/29 Rpt: 26/33		Cuellar, Mar	la (The Honoi	rable)					00081742		
4	Date	5	Payee name									
	06/25/2023		Pappadeaux	<								
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$87.80		1610 W. Exp	oressway 83								
			Pharr, TX 78	3577								
8	PURPOSE	(a)		e Categories listed a	t the ton of this sch	edule)	(b)	Description				
	OF	``		age Expense	a the top of this sen	cuaic)		_ :	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE						Check if Austin,	, TX,	officeholder livin	g expense		
								Meal with Co	nst	ituents		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	н										
	Date		Payee name									
	04/07/2023		Printees									
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$250.00		200 E Expre	essway 83								
			Pharr, TX 78	3577								
	PURPOSE	(a)					(h)	Description				
	OF	(۳)	Event Exper	e Categories listed a	t the top of this sch	edule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							officeholder livin				
								Campaign Ts	hir	ts		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held												
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/28/2023		Ross Stores	;								
	Amount (\$)	Т	Payee addres	ss; City;	State;	; Zip Co	de					
	\$43.26		901 S. 10th									
			McAllen, TX	78501								
	PURPOSE	(a)		e Categories listed a	t the top of this ash	equic)	(b)	Description				
	OF	``	Event Exper		t the top of this son	edule)	()		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Event supplie	es			
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	H										

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:				
	Sch: 23/29 Rpt: 27/33	Cuellar, Marla (The Honorable) 00081742			
4	Date	5 Payee name	_		
	05/26/2023	Ross Stores			
6	Amount (\$)	7 Payee address; City; State; Zip Code	_		
	\$173.19	901 S. 10th			
		McAllen, TX 78501			
8	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 Event supplies			
		Event Supplies			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
ľ	expenditure to benefit C/O				
⊨	Date	Davisa nama	_		
	05/28/2023	Payee name Ross Stores			
⊢	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$194.82	901 S. 10th			
	Ψ154.02	301 3. 1001			
		Modlen TV 70E01			
L	DUDD005	McAllen, TX 78501	_		
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Event supplies			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	03/30/2023	Salazar's Burgers			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$43.51	553 W Pike Blvd			
		Weslaco, TX 78596			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Meal with Constituents			
		Medi Will Constituento			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/O				
\vdash			_		
$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}$					

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 comp	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
l	Sch: 24/29 Rpt: 28/33	Cuellar, Marla (The Honorable)		00081742	
4	Date	5 Payee name			
l	06/27/2023	Sam's Club			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$124.89	1400 E. Jackson Ave.			
l					
l		McAllen, TX 78501			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF	Office Overhead/Rental Expense		side of Texas. Com	plete Schedule T.
l	EXPENDITURE		_	X, officeholder living	expense
l			Office Supplies	i	
L					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experientare to benefit 6/61	'			
l	Date	Payee name			
	06/27/2023	Sam's Club			
Г	Amount (\$)	Payee address; City; State; Zip Code			
l	\$70.34	1400 E. Jackson Ave.			
l					
		McAllen, TX 78501			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
l	OF EXPENDITURE	Office Overhead/Rental Expense	\Box	side of Texas. Com	
l			_	X, officeholder living	expense
			Office Supplies	•	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		Office fie	au
⊨	D-4-				
l	Date 06/02/2023	Payee name Sam's Club			
L					
l	Amount (\$)	Payee address; City; State; Zip Code			
l	\$124.89	1400 E. Jackson Ave.			
l					
		McAllen, TX 78501			
l	PURPOSE OF	, ,	Description		
l	EXPENDITURE	Event Expense	ш	side of Texas. Com X, officeholder living	•
l			Supplies for Ev		Схропос
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/29 Rpt: 29/33	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	01/23/2023	Smokin Moon BBQ
6	Amount (\$) \$56.30	7 Payee address; City; State; Zip Code 1617 Polk Ave. Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Meal with Constituents
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2023	Smokin on the Rio
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O Box 1379
		Weslaco, TX 78599
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation/Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$974.24	2413 E Expressway 83
		Suite 600
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Telephone Expense
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	Tatal as a second of Education Education					
1	Total pages Schedule F1: Sch: 26/29 Rpt: 30/33	2 FILER NAME Cuellar, Marla (The Honorable) 3 Filer ID (Ethics Commission Filers 00081742				
4	Date	5 Payee name				
	02/23/2023	Target				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$124.48	2427 E. Expressway 83				
		Mission, TX 78572				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Supplies for Campaign				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	Н				
H	Date	Payee name	_			
	05/07/2023	Texas Roadhouse				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$112.19	501 E. Trenton Rd.				
	Ψ112.13	JOI L. Helion Ku.				
		Edinburg, TX 78539				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
	-	Check if Austin, TX, officeholder living expense				
		Meal with Constituents				
	0 1: 0.11.7.7.1.					
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	05/25/2023	Tom and Jerry's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$70.12	3212 Padre Blvd				
		South Padre Island, TX 78597				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Meal at Seminar				
_	Operation ONE VIII II	Out tile to 10 ff and to be led to make the control of the control				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officerologer/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 27/29 Rpt: 31/33	Cuellar, Marla (The Honorable) 00081742				
4	Date	5 Payee name				
	06/06/2023	Tower Burger				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$750.00	2622 N 10th St				
		Suite L				
		McAllen, TX 78501				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Food Donation for Constituent				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	06/11/2023	Wallbangers				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$76.65 8024 N 10th St					
		McAllen, TX 78504				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Meal with Campaign Staff					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH					
	Date	Payee name				
	03/12/2023	Walmart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.48	2410 E. Expressway 83				
		Mission, TX 78572				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Campaign Supplies				
		Campaign Supplies				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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 Cabadula F1:		lore)		
1	Total pages Schedule F1: Sch: 28/29 Rpt: 32/33	2 FILER NAME Cuellar, Marla (The Honorable) 3 Filer ID (Ethics Commission File 00081742	1515)		
4	Date	5 Payee name			
	03/02/2023	Walmart			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ا	\$141.18	2410 E. Expressway 83			
	Ψ± 12.10				
		Mission, TX 78572			
8	PURPOSE				
O	OF	(a) Category (See Categories listed at the top of this schedule) Figure 5. See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Gifts for Event			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	DH			
	Date	Payee name			
	05/08/2023	Walmart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$144.29	2410 E. Expressway 83			
		Mission, TX 78572			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Food for Jury			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	DH			
	Date	Payee name			
	05/23/2023	Wingstop			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$23.58	5850 Ruben M Torres Blvd			
		Ste E1			
		Brownsville, TX 78526			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
	LAFENDITURE	Check if Austin, TX, officeholder living expense			
		Meal at Seminar			
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing E Legal Services Salaries/ The Instruction Guide explains how to co	Wage	ges/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 29/29 Rpt: 33/33	ı	FILER NAME Cuellar, Marla (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081742
4	Date 05/30/2023		Payee name Yaqui Animal Rescue		1
6	Amount (\$) \$150.00	ı	Payee address; City; State; Zip Co 500 Venecia Dr	ode	
			Sullivan City, TX 78595		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name Office sou	ught	nt Office held
	Date 01/27/2023	ı	Payee name Ybarra's Cake Shop and Party		
_	Amount (\$)	_	Payee address; City; State; Zip Ci	ode	
	\$42.00	ı	600 W. Railroad St.	oue	-
			Weslaco, TX 78596		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Constituents
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name Office sou	ught	nt Office held