### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comm 00087960	· ·	2 Total pages f	iled: 30
3 CANDIDATE /	MS / MRS / MR	FIRST	-	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Ms.	Rosa M.				
NAME					Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/12/2024	
	Rosie	Cuellar				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY:	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	718 Rubio Rd.		,			
MAILING ADDRESS					Receipt #	Amount
	PO Box 451801					
Change of Address	Laredo, TX 78045				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Aida J.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Martinez		0011.00		
6 CAMPAIGN	STREET ADDRESS (NC		ΔΡ	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	418 Northstar	FO BOX FLEASE),		1730HL#, CH1,	51	ATE, ZIF CODE
ADDRESS	410 NOTUIStal					
(Residence or Business)						
	Laredo, TX 78045					
7 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
TREASURER		HOME NOMBER	EXTENSION			
PHONE	(956) 898-4031					
8 REPORT						
8 REPORT TYPE	X January 15	30th day befor		Runoff	<b>1</b> 15th day after ca	ampaign treasurer
					appointment (off	
	July 15	8th day before	election	Exceeded modified	Final Report (Att	ach C/OH-FR)
				reporting limit	_	
9 PERIOD	Month Day Ye	ear		Month Day	Year	
COVERED	09/08/2023	Т	HROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE	≣		ELECTION TYPE		
	Month Day Ye	ear XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
				12 OFFICE SOUGHT	(if known)	
11 OFFICE	OFFICE HELD (if any)			State Representa		
		GO <sup>·</sup>	TO PAGE 2			
L Forms provided by Te	exas Ethics Commission	WWW.R	thics.state.tx.u	IS	Ver	sion V3.5.1.0bfcfb67

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH **COVER SHEET PG 2**

2 of 3	30
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13 C / OH NAME	Cuellar, Rosa M. (Ms	.)	14 Filer ID (I 00087960	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a l officeholders are required to report this information	the candidate's or office	holder's knowledge or	
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 THA	N PLEDGES, LOANS,		
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE	CTRONICALLY)	<b>\$</b> 0.00	
	(OTHER THAN F	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 35,324.71	
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		<b>\$</b> 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 14,845.34	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 38,010.31	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 25,000.00	
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Ms.	Rosa M. Cuellar		
		Signature of	Candidate or Officehold	der	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
of	, 20, to ce	rtify which, witness my hand and seal of office.			
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath	
Cormo providad by Tay	van Ethina Commingian	www.ethics.state.tv.us		Version V2 5 1 Obfefb67	

SUBTOTALS	S - C/OH	C	FORM ( OVER SHEET	
18 FILER NAME Cuellar, Rosa M. (M	s.)	<b>19</b> Filer ID 00087960	(Ethics Commissio	n Filers)
20 SCHEDULE SUBTOTA NAME OF SCHEDULE			SUBTOTAL A	MOUNT
1. X SCHEDU	LE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	27,900.00
2. X SCHEDU	LE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7,424.71
3. SCHEDU	LE B: PLEDGED CONTRIBUTIONS		\$	
4. X SCHEDU	LE E: LOANS		\$	25,000.00
5. X SCHEDU	LE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	14,731.75
6. SCHEDU	LE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDU	LE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	
8. SCHEDU	LE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X SCHEDU	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			
10. SCHEDU	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11. SCHEDU	LE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	
12. SCHEDU TO FILER	LE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	S RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/7 Rpt: 4/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cuellar, Rosa M. (Ms.) 00087960 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/14/2023 Avila, Sara \$100.00 6 Contributor address; City; State; Zip Code Laredo, TX 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2023 \$100.00 Brianna, Castillo Contributor address; City; State; Zip Code Laredo, TX 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Webb Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/02/2023 \$100.00 Cantu, Rene Contributor address; City; State; Zip Code Laredo, TX 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/16/2023 \$500.00 Cavazos, Anna L. Contributor address; City; State; Zip Code Laredo, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/24/2023 \$1,000.00 Earl, David L. Contributor address; City; State; Zip Code San Antonio, TX 78056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Earl & Associates

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/30	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Cuellar, Ros					00087960	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/13/2023	F & A Express LLC					\$2,000.00
		6 Contributor address; City; St	tate; Zip Code				
		Laredo, TX 78045					
8	Principal occu	upation / Job title (See Instructions	3)	9 Employer (See Instructions	;)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/15/2023	Fiesta Primary Home Car	e LLC				\$100.00
		Contributor address; City; St	tate; Zip Code				
		Larada TV 70041					
	Dringinal occu	Laredo, TX 78041 upation / Job title (See Instructions	<u></u>	Employer (See Instructions			
	Pincipai occu	pation / Job title (See instructions	<i>;</i> )		)		
	Date	Full name of contributor	out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	11/20/2023	Garcia, Ernesto		/			\$100.00
	11/20/2020	Contributor address; City; St	tata: 7in Code				Ψ±00.00
		Laredo, TX 78045					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/14/2023	Garzza, Eduardo					\$2,500.00
		Contributor address; City; St	tate; Zip Code				
		Laredo, TX 78041					
	Principal occu	upation / Job title (See Instructions	 s)	Employer (See Instructions	L		
	Brokerage		,	Self-employed	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/07/2023	Gateway Core Equity, LTI					\$2,500.00
		Contributor address; City; St	tate; Zip Code				
		Laredo, TX 78045		<u> </u>	Ļ		
	Principal occu	upation / Job title (See Instructions	ا (ز	Employer (See Instructions	;)		
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/7 Rpt: 6/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 00087960 Cuellar, Rosa M. (Ms.) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/14/2023 Gonzalez, Jorge \$500.00 6 Contributor address; City; State; Zip Code Laredo, TX 78041 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/13/2023 Gonzalez, Ray \$500.00 Contributor address; City; State; Zip Code Laredo, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/10/2023 Haynes, Robert \$200.00 Contributor address; City; State; Zip Code Laredo, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/13/2023 \$400.00 Higle, Amanda Contributor address; City; State; Zip Code Laredo, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/06/2023 \$1,000.00 Hurtado, Benito Contributor address; City; State; Zip Code Laredo, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business** Self-employed

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cuellar, Rosa M. (Ms.) 00087960 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/14/2023 Ibarra, Ramon \$500.00 6 Contributor address; City; State; Zip Code Laredo, TX 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/15/2023 Law Offices of Juan F. Hernandez, P.C. \$2,000.00 Contributor address; City; State; Zip Code Laredo, TX 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/26/2023 Marten, Charles \$500.00 Contributor address; City; State; Zip Code Laredo, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business** Self-employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/11/2023 \$400.00 Marten, Charles Contributor address; City; State; Zip Code Laredo, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Self-employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/01/2023 Martin, Albert \$1,500.00 Contributor address; City; State; Zip Code Laredo, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rancher Self-employed

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/30	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Cuellar, Ros				00087960	···· ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/30/2023	Martinez, Frank	,			\$3,000.00
		6 Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
	I		,			
		Laredo, TX 78043	,			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
_	Construction	ıļ	Self-employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/13/2023	Narvaez, Alma	,			\$500.00
	I	Contributor address; City; State; Zip Code				
	I		,			
	I		ļ			
	I	Laredo, TX 78041	ł			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b>-</b> s)		
		ļ	I			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/13/2023	Palacios, Rey				\$100.00
	I	Contributor address; City; State; Zip Code		·		
	I		,			
	I		ł			
	I	Laredo, TX 78041	ł			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Restaurant	ļ	Self-employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/07/2023	Pinnacle Mines Investment LLC				\$2,500.00
	I	Contributor address; City; State; Zip Code		-		
	I		ł			
	I		ļ			
	I	Laredo, TX 78045	ł			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b>-</b> s)		
		ļ	I			
<u> </u>	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/16/2023	Rangel, Federico				\$400.00
	I	Contributor address; City; State; Zip Code		·		
	I		ł			
	I		ł			
	I	Austin, TX 78725	ł			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
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1						

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 6/7 Rpt: 9/30	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Cuellar, Ros	sa M. (Ms.)				00087960	
4	Date		out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/13/2023	Santillan, Vir					\$100.00
		6 Contributor address; City; State;	, Zip Code		1		
		Laredo, TX 78041					
8		pation / Job title (See Instructions)	ę	9 Employer (See Instructions	5)		
	Notary			Self-employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/03/2023	Setliff, Michael					\$500.00
		Contributor address; City; State;			1		
		Laredo, TX 78045					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/29/2023	Slaughter , David					\$500.00
		Contributor address; City; State;	, Zip Code		1		
		Laredo, TX 78045					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/15/2023	TMR Enterprises LLC					\$400.00
		Contributor address; City; State;	, Zip Code		1		
		Laredo, TX 78045					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/07/2023	Valenzuela , Monica					\$1,000.00
		Contributor address; City; State;	, Zip Code				
		Laredo, TX 78040					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Bondspersor	۱		Self-employed			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 10/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Cuellar, Rosa M. (Ms.) 00087960 Date 4 **5** Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/09/2023 Vaquillas Cattle Company Ltd \$1,000.00 6 Contributor address; City; State; Zip Code Mirando City, TX 78369 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2023 \$100.00 Villafranca, Victor Luis Contributor address; City; State; Zip Code Laredo, TX 78040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/15/2023 Villareal, Martha \$300.00 Contributor address; City; State; Zip Code Laredo, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/04/2023 \$500.00 Windle, Daniel Contributor address; City; State; Zip Code Laredo, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/13/2023 \$500.00 Zuniga, Jose Contributor address; City; State; Zip Code Laredo, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions)

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/4 Rpt: 11/30			
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
Cuellar, Ros	sa M. (Ms.)	00087960			
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution		
10/24/2023	Garcia, Maribel		contribution (\$) description \$375.00 I Signs		
	7 Contributor address; City; State; Zip Code				
	Laredo, TX 78045		Check if travel outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
Consultant		Self-employed			
12 Contributor's	principal occupation (FOR JUDICIAL)	<b>13</b> Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of In-kind contribution		
11/16/2023	Garcia, Maribel	/	contribution (\$) description		
	Contributor address; City; State; Zip Code		\$3,000.00 I Event		
	Laredo, TX 78045		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Consultant		Self-Employed			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Data	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution		
Date 12/19/2023		) iere	contribution (\$) description		
12/19/2023	Texans for Henry Cuellar Congressional Campa	ign	\$750.00 Consulting Services		
	Contributor address; City; State; Zip Code				
	Laredo, TX 78043				
Dringing acc	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Principal occi		Employer (FOR NON			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/4 Rpt: 12/30				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Cuellar, Ros		00087960				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 12/01/2023	<ul> <li>6 Full name of contributor out-of-state PAC (ID#: Texans for Henry Cuellar Congressional Campa</li> <li>7 Contributor address; City; State; Zip Code</li> </ul>	<ul> <li>8 Amount of 9 In-kind contribution contribution (\$) description</li> <li>\$750.00 Consulting Services</li> </ul>				
	Laredo, TX 78043		Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Texans for Henry Cuellar Congressional Campa Contributor address; City; State; Zip Code	) ign	Amount of In-kind contribution contribution (\$) description \$601.87 I Push Cards			
	Laredo, TX 78043		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	tle (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date       Full name of contributor       out-of-state PAC (ID#:)         12/31/2023       Texans for Henry Cuellar Congressional Campaign         Contributor address; City; State; Zip Code			Amount of In-kind contribution contribution (\$) description \$100.00   Office Expense			
	Laredo, TX 78043		I Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR						
Contributor's principal occupation (FOR JUDICIAL) Contribu			ontributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

			1 Total pages Schedule A2:				
The Instru	ction Guide explains how to complete this f	Sch: 3/4 Rpt: 13/30					
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
Cuellar, Ros	sa M. (Ms.)		00087960				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution contribution (\$) description					
11/16/2023	Texans for Henry Cuellar Congressional Campa	ign	contribution (\$) description \$72.37 I Texting Program				
	7 Contributor address; City; State; Zip Code						
	Laredo, TX 78043		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	· · · · · · · · · · · · · · · · · · ·				
			,				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution				
11/09/2023	Texans for Henry Cuellar Congressional Campa	ign	contribution (\$) description				
	Contributor address; City; State; Zip Code		\$500.00 I Data Purchase I				
			l I				
Driveired	Laredo, TX 78043		Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor C							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of In-kind contribution				
11/29/2023	Texans for Henry Cuellar Congressional Campa	ign	contribution (\$) description				
	Contributor address; City; State; Zip Code		\$525.47 I Text Program I				
	Laredo, TX 78043		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributors							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
Contributor 5							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 4/4 Rpt: 14/30				
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Cuellar, Ros	sa M. (Ms.)		00087960				
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5	Date 11/16/2023	<ul> <li>Full name of contributor out-of-state PAC (ID#: Texans for Henry Cuellar Congressional Campai</li> <li>Contributor address; City; State; Zip Code</li> <li>Laredo, TX 78043</li> </ul>	) ign	8	Amount of contribution (\$) \$750.00   Consulting Services			
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	· · · · · · · · · · · · · · · · · · ·			
12	Contributor's	principal occupation (FOR JUDICIAL)	<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)					
14	Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)			
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 15/30
2 FILER NAME Cuellar, Rosa M. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087960
<sup>4</sup> TOTAL OF UNITEMIZED LOANS	\$
5 Date of loan     7 Name of lender     out-of-state PAC (ID#:       09/08/2023     Cuellar , Rosie	) <b>9</b> Loan Amount (\$) \$25,000.00
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code	10 Interest Rate
No Laredo, TX 78045	<b>11</b> Maturity Date
12 Principal occupation / Job title (See Instructions)       13 Employer (See Law Offices of Law Offi	nstructions) of Juan Hernandez
14 Description of Collateral     15 Check if person       X None     X	nal funds were deposited into political account (See Instructions)
16 GUARANTOR 17 Name of guarantor INFORMATION	<b>19</b> Amount Guaranteed (\$)
X not applicable <b>18</b> Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (See	e Instructions)

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ittee Legal Services The Instruction Guide		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 1/13 Rpt: 16/30		uellar, Rosa M. (Ms.)					00087960				
4	Date 11/13/2023		Payee name 7/Eleven									
6	Amount (\$)											
	\$75.00	\$75.00 7615 McPherson Rd Laredo, TX 78041										
8	PURPOSE	<b>(a)</b> C	ategory (See Categories listed at the to	op of this sch	edule)	(b) Description						
	OF EXPENDITURE	Transportation Equipment & Related Expense Gas										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held				
	Date	Р	ayee name									
	11/20/2023	A	ct Blue									
	Amount (\$)	Р	ayee address; City;	State;	; Zip Co	le						
	\$1.00		66 Summer St omerville, MA 02144									
	PURPOSE OF EXPENDITURE							side of Texas. Complete Schedule T. K, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office held				
-	Date	Р	ayee name									
	11/20/2023		ct Blue									
	Amount (\$) \$1.00		Payee address; City; State; Zip Code 366 Summer St									
Somerville, MA 02144												
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Website												
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ttee Legal Services The Instruction Guide expla	ement Solicitation/Fundraising Expense ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above) m.									
1	Total pages Schedule F1:	LER NAME		<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 2/13 Rpt: 17/30	Cuellar, Rosa M. (Ms.) 00087960										
4	Date	Payee name										
	11/13/2023	Evetts BBQ										
6	Amount (\$) \$76.31	7       Payee address;       City;       State;       Zip Code         \$76.31       301 E. Main St         Uvalde, TX 78801										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Image: Check if Austin, TX, officeholder living exp Lunch       Check if Austin, TX, officeholder living exp												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought	Office held								
	Date	ayee name										
	12/04/2023	Exxon Kwik										
Amount (\$) Payee address; City; State; Zip Code \$54.63 7045 N IH 35 Laredo, TX 78041												
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of thi ransportation Equipment & Relate xpense	ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office held									
	Date	ayee name										
	12/04/2023	alcon Bank										
Amount (\$)Payee address;City;State;Zip Code\$10.006625 San Dario Ave												
		aredo, TX 78041										
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cashier Check Fee												
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction C	ls Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME	1				3	Filer ID	(Ethics Commission Filers)			
	Sch: 3/13 Rpt: 18/30		Cuellar, Rosa M. (Ms.) 00087960										
4	Date	5	Payee name										
	10/07/2023		GO DADDY										
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$32.29       2155 L. GoDaddy Way         Tempe, AZ 85284												
8	PURPOSE OF EXPENDITURE	(a)	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Website</li> </ul>										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Office sou	Jht		Office he	eld			
	Date		Payee name										
	11/06/2023		GO DADDY	/									
	Amount (\$) \$10.13	Payee address; City; State; Zip Code \$10.13 2155 L. GoDaddy Way Tempe, AZ 85284											
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete St</li> <li>Check if Austin, TX, officeholder living expensive</li> <li>Website</li> </ul> </li> </ul>											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H							Office he	eld			
	Date		Payee name										
	11/10/2023		GO DADD	/									
Amount (\$)     Payee address;     City;     State;     Zip Code       \$127.79     2155 L. GoDaddy Way													
			Tempe, AZ	85284									
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Website													
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Dffice sou	ıht		Office he	eld			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)			
	Sch: 4/13 Rpt: 19/30		Cuellar, Rosa M. (Ms.) 00087960										
4	Date	5	Payee name										
	12/05/2023		GO DADDY										
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$10.13												
			Tempe, AZ	85284									
8	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b) Description						
	OF		Advertising			ouuloj		outsi	ide of Texas. Corr	nplete Schedule T.			
	EXPENDITURE			•				ı, ТХ,	, officeholder living	g expense			
							Website						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ïceholder name	C	Office sou	yht		Office h	eld			
	Date		Payee name	•									
11/29/2023 JR Noticias													
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de						
	\$500.00												
			Laredo, TX	78046									
	PURPOSE	(2)					(b) Decemination						
	OF	(a)	Advertising	See Categories listed at	the top of this sche	edule)	(b) Description	outsi	ide of Texas. Corr	nplete Schedule T.			
	EXPENDITURE		Auventising	Expense			Check if Austin						
							Digital						
	Complete ONLY if direct		Candidate/Of	iceholder name	C	Office sou	ht Office held						
	expenditure to benefit C/OF	Н											
	Date		Payee name	)									
	12/07/2023		Jamz Prod	uction									
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de						
	\$400.00		1105 W. H	ouston St									
			Carrizo Sp	rings, TX 78834									
	PURPOSE OF	(a)		See Categories listed at	the top of this sch	edule)	(b) Description						
	EXPENDITURE		Advertising	Expense						nplete Schedule T.			
							Video	ι, ΙΧ,	, officeholder living	y expense			
							VILLEU						
	Complete ONLY if direct		Candidate/Of	iceholder name	ſ	Office sou	ıht		Office h	eld			
	expenditure to benefit C/Oł				C		····		Office II				

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Pinting Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)		
	Sch: 5/13 Rpt: 20/30			osa M. (Ms.)						00087960			
4	Date	5	Payee name										
	11/30/2023		LRD of Texas Media										
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$250.00	\$250.00 817 E. Del Mar STE 210 A											
			Laredo, TX 78041										
8	PURPOSE	(a)		See Categories listed at	4h - 4	- dul-)	(b)	Description					
Ũ	OF	(~)	Advertising		the top of this sch	edule)	()		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		, iai o i i o i i o				į	Check if Austin,	, TX,	officeholder living	expense		
								Digital					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name	)									
11/22/2023 La Muzika Studios													
Amount (\$) Payee address; City; State; Zip Code													
	\$350.00		1812 Com	merce Dr									
			Laredo, TX	78041									
	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b)	Description					
			Advertising			cuuc)		·	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE			•					, TX,	officeholder living	expense		
								VIdeos					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought DH								Office he	eld		
		_											
	Date 09/28/2023		Payee name Laredo Spo										
			-										
	Amount (\$)		Payee addre		State;	; Zip Co	de						
	\$285.00		603 Flores	Ave #4									
			Laredo, TX	78040									
	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Printing Ex	pense						de of Texas. Com	•		
	-							Check if Austin, T-shirts	, TX,	officeholder living	expense		
								1 311113					
	Complete ONLY if direct	<u>ر</u>	Candidate/Off	ficeholder name	C	Office sou	nht			Office he	eld		
	expenditure to benefit C/OI			isonoidei name	, c	2000 300	gin						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	C F S	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 6/13 Rpt: 21/30		Cuellar, Rosa M. (Ms.)					00087960	
4	Date	5	Payee name						
	10/10/2023		Laredo Stitch Creations Embroider	у					
6	Amount (\$)	7	Payee address; City; S	state;	Zip Coo	le			
	\$175.90		5517 McPherson Rd Ste 3						
			Laredo, TX 78041						
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedı	lule)	(b) Description			
	OF EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T.	
	_/						ι, TΧ,	, officeholder living expense	
						Caps, Shirts			
9	Complete ONLY if direct		andidate/Officeholder name	0#	fice souc	ubt		Office held	
9	expenditure to benefit C/Oł			Oli	nce soug	hit		Once neid	
_	Date		Payee name						
	10/16/2023		Laredo Stitch Creations Embroider	v					
				-	Zin Cor				
	Amount (\$)			state;	Zip Coo	ie			
	\$175.91		5517 McPherson Rd Ste 3						
			Laredo, TX 78041						
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedı	lule)	(b) Description			
	OF EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T.	
							I, TX,	, officeholder living expense	
						Caps			
_	Complete ONLY if direct		andidate/Officeholder name	Off	fice souc	lht		Office held	
	expenditure to benefit C/Oł			Oli	nce soug	hit		Once held	
-	Date		Payee name						
	12/04/2023		Los Altenos Taqueria						
	Amount (\$)		Payee address; City; S	state:	Zip Coo	le			
	\$81.77		120 S. Dak St	,					
			Pearsall, TX 78061						
	PURPOSE	(a)	Category (See Categories listed at the top of th	is sched	lule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.	
	_/						ι, TΧ,	, officeholder living expense	
						Lunch			
	Complete ONIL V if direct	Ľ	andidata/Officeholder pame	<u> </u>	fice court	bt		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	n n		Office field	
_									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Ex Printing E Salaries/W	pense /ages/Contract Lal	ense bor		Travel in District Travel Out of Dist	uipment & Related Expense
		-	The Instruction Guid	e explains	now to co	mplete this for				(=), ( ) = ( )
1	Total pages Schedule F1: Sch: 7/13 Rpt: 22/30		FILER NAME Cuellar, Rosa M. (Ms.)				(		Filer ID 00087960	(Ethics Commission Filers)
4	Date	5	Payee name							
	12/11/2023		Miguelitos Mexican Restaura	nt						
6	Amount (\$) \$61.57	7 Payee address; City; State; Zip Code 1023 N 1st Ave Crystal City, TX 78839								
8	PURPOSE	(a)	Category (See Categories listed at the		a dula)	(b) Descripti	on			
	OF		Food/Beverage Expense	top of this sch	edule)	Check i	if travel ou		le of Texas. Comp officeholder living (	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght			Office hel	ld
	Date		Payee name							
	11/16/2023		Monte Carlo							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$2,250.00		6619 McPherson Rd Laredo, TX 78041							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Event Expense	top of this sch	edule)		if travel ou if Austin, ⁻	TX,	le of Texas. Comp officeholder living (	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght			Office hel	ld
	Date		Payee name							
	12/12/2023		NGP VAN INC MOTO							
	Amount (\$) \$853.30		Payee address; City; 655 15th Street Suit 650	State;	; Zip Co	de				
			Washington, DC 20005							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Fees	top of this sch	edule)		if travel ou		le of Texas. Comp officeholder living (	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office hel	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 8/13 Rpt: 23/30		Cuellar, Rosa M. (Ms.)					00087960
4	Date 10/13/2023	5	Payee name Office Depot					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$21.68		5718 San Bernardo Ave Laredo, TX 78041					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business Cards						, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Jht		Office held
	Date		Payee name					
	09/28/2023		Patty's Signs					
	Amount (\$) \$468.29		Payee address; City; 3008 Trinity Plaza	State;	; Zip Coo	de		
			Laredo, TX 78046					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Printing Expense	of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	Jht		Office held
⊨	Date		Payee name					
	11/06/2023		Patty's Signs					
	Amount (\$) \$4,395.00		Payee address; City; 3008 Trinity Plaza	State;	Zip Coo	de		
			Laredo, TX 78046					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Printing Expense	of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	yht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           By -         Gift/Awards/Memorials Expense         Printing Expense         Tr					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 9/13 Rpt: 24/30		Cuellar, Rosa M. (Ms.)					00087960	
4	Date	5	Payee name						
	10/23/2023		Pro Mega Corp						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	е			
	\$184.03		1615 Jacaman Rd						
			Laredo, TX 78041						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schee	dule)	b) Description			
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.	
	_////						ι, TΧ,	officeholder living expense	
						Signs			
9	Complete ONLY if direct		Candidate/Officeholder name	01	ffice souc	ht		Office held	
,	expenditure to benefit C/OF								
	Date		Payee name						
	11/07/2023		Pro Mega Corp						
	Amount (\$)		Payee address; City;	State;	Zip Coo	е			
	\$500.00		1615 Jacaman Rd						
			Laredo, TX 78041						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	dule)	b) Description			
	OF EXPENDITURE		Advertising Expense		,			de of Texas. Complete Schedule T.	
							ι, TΧ,	officeholder living expense	
						signs			
	Complete ONLY if direct		Candidate/Officeholder name		ffice souc	ht		Office held	
	expenditure to benefit C/OF		anuluale/Onicenoluer name	U	nice soug	m		Onice field	
	Date								
	11/09/2023		Payee name Pro Mega Corp						
				Stata	Zip Coo				
	Amount (\$) \$508.89		Payee address; City; 1615 Jacaman Rd	Sidle,	Zip Cut	e			
	\$300.09		1015 Sacaman Ru						
			Laredo, TX 78041						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schee	dule)	b) Description			
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.	
						Signs	I, IX,	officeholder living expense	
						0.9.10			
	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice soug	ht		Office held	
	expenditure to benefit C/OF			5.					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           By -         Gift/Awards/Memorials Expense         Printing Expense         Tr					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 10/13 Rpt: 25/30		Cuellar, Rosa M. (Ms.)					00087960	
4	Date	5	Payee name						
	11/13/2023		Pro Mega Corp						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$162.38		1615 Jacaman Rd						
			Laredo, TX 78041						
8	PURPOSE	(a)				(b) Description			
	OF	"	Category (See Categories listed at the Advertising Expense	e top of this sch	edule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	ı, ТХ,	, officeholder living expense	
						Signs			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ht		Office held	
	Date		Payee name						
	12/14/2023		Pro Mega Corp						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$346.40 1615 Jacaman Rd								
			Laredo, TX 78041						
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.	
							ι, TΧ,	, officeholder living expense	
						Signs			
						1-4			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	Int		Office held	
	•								
	Date		Payee name						
	11/17/2023		Pump n Shop						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$90.00		135 and Schiloh						
			laredo, TX 78045						
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment &		ŕ		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE		Expense				ı, ТХ,	, officeholder living expense	
						Gas			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held	
	experiatione to benefit C/Of								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)						
1	Sch: 11/13 Rpt: 26/30	Cuellar, Rosa M. (Ms.)	00087960						
4	Date 12/11/2023	5 Payee name Pump n Shop							
6	Amount (\$) \$54.25	7 Payee address;       City;       State; Zip Code         5       I35 and Schiloh         laredo, TX 78045							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Gas     </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/16/2023	Stripes							
	Amount (\$) \$5.93	Dunt (\$) Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/07/2023	Stripes							
	Amount (\$) \$88.10	Payee address; City; State; Zip Code 795 I-35							
		Cotulla, TX 78014							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials tegal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FII		•		<u> </u>	3	Filer ID	(Ethics Commission Filers)
	Sch: 12/13 Rpt: 27/30		ellar, Rosa M. (Ms.)					00087960	
4	Date 12/18/2023		ree name ipes						
6	Amount (\$) \$40.00	252	ree address; City; 25 US 83 rrizo Springs, TX 78834	State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE	Tra	egory (See Categories listed at th Insportation Equipment & Dense		edule)			de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office souç	ht		Office he	eld
	Date	Pay	vee name						
	12/04/2023	Та	co Palenque						
	Amount (\$) \$35.07	70:	ree address; City; L7 San Dario redo, TX 78041	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE	<b>(a)</b> Cat	egory (See Categories listed at th od/Beverage Expense	e top of this sche	edule)			de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office sou	ht		Office he	eld
	Date	Pay	vee name						
	09/19/2023	Te	as Democratic Party						
	Amount (\$) \$1,300.00	-	vee address; City; L8 E. Ben White #104	State;	Zip Coo	le			
			stin , TX 78741						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at th	e top of this sch	edule)			de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 13/13 Rpt: 28/30	Cuellar, Rosa M. (Ms.)	00087960							
4	Date 12/04/2023	5 Payee name Texas Democratic Party								
6	Amount (\$) \$7 Payee address; City; State; Zip Code \$750.00 \$750.00 Austin , TX 78741									
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling g- Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense J Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule G: Sch: 1/2 Rpt: 29/30	2 FILER NAME Cuellar, Rosa M. (Ms.)	3	<b>3</b> Filer ID (Ethics Commission Filers) 00087960					
4 Date 11/05/2023	5 Payee name Cuellar , Rosie	•						
6 Amount (\$) \$32.04 Reimbursement from political contributions intended	<ul> <li>Payee address; City; State; Zip</li> <li>P.O. Box 451801</li> <li>Laredo, TX 78045</li> </ul>	Code						
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					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held					
Date 11/09/2023	Payee name Cuellar , Rosie							
Amount (\$) \$15.10	Payee address; City; State; Zip P.O. Box 451801 Laredo, TX 78045	Code						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held					
Date 11/09/2023	Payee name Cuellar , Rosie							
Amount (\$) \$18.46	Payee address; City; State; Zip P.O. Box 451801	Code						
Reimbursement from political contributions intended	Laredo, TX 78045							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E: by - Gift/Awards/Memorials Expense Printing E	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 2/2 Rpt: 30/30	2 FILER NAME Cuellar, Rosa M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087960
4 Date 11/22/2023	5 Payee name Cuellar , Rosie		
6 Amount (\$) \$21.59 Reimbursement from political contributions intended	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>P.O. Box 451801</li> <li>Laredo, TX 78045</li> </ul>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description [ Lunch	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9         Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit         C/OH         Office sought         Office held         Office held			
Date 12/04/2023	Payee name Cuellar , Rosie		
Amount (\$) \$26.40	Payee address; City; State; Zip Code P.O. Box 451801 Laredo, TX 78045		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description [ [ Stamps	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held