CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide exp	lains how to complete th	is form. (Et	er ID hics Commission Filers) 0087960		2 Total pages file 24	
3 CANDIDATE / MS / MF OFFICEHOLDER	RS / MR FIRS	ST		MI	OFFICE U	SE ONLY
NAME Ms.	Ros	а М.			Date Received	
					ELECTRONICA	LY FILED
NICKNA	AME LAS	T		SUFFIX	07/15/2024	
Rosie	Cue	llar				
4 CANDIDATE / ADDRES	SS / PO BOX; APT / SUIT	ΓΕ #; CITY;		ZIP CODE	Date Hand-delivered or [Date Postmarked
OFFICEHOLDER 718 Rul	·	1 Ε π, CII I,		ZII CODE		
MAILING	451801				Receipt #	Amount
l	TX 78045					
Laredo,	1 \ 76045				Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN MS/MR	S/MR FIRS	Т		MI		
TREASURER NAME Ms.	Aida	. J.				
INAIVIE						
NICKNA	ME LAST	г Г		SUFFIX		
	Mart	inez				
	ADDRESS (NO PO BOX	PLEASE);	APT / SUITE	#; CITY;	STAT	E; ZIP CODE
TREASURER 418 Noi	rthstar					
(Residence or Business)						
	TX 78045					
7 CAMPAIGN AREA C	ODE PHONE NU	MBER EXTEN	SION			
TREASURER (956) 89	98-4031					
PHONE (330) 0.						
8 REPORT						
TYPE Ja	nuary 15 30	th day before electio	n Runoff		15th day after cam appointment (office	paign treasurer holder only)
X Jul	ly 15 🔲 8th	n day before election	Exceeded	modified X	-	
		•	reporting li	imit	J	,
9 PERIOD Month	Day Year		Мо	onth Day	Year	
COVERED 05	/19/2024	THROUG	SH	07/12/2024	1	
	ELECTION DATE	l <u> </u>		TION TYPE		
Month	Day Year	Primary	Rur	noff	Other	
		General	Spe	ecial		
11 OFFICE OFFICE	HELD (if any)			ICE SOUGHT		
			Stat	e Representa	tive District 80	
		GO TO PA	AGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Cuellar, Rosa M. (Ms	14 Filer ID (E 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 to d officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION		ZED POLITICAL CONTRIBUTIONS (OTHER THAI							
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	CTRONICALLY)	\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 23,636.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 55,069.71					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT	•			•					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		Ms.	Rosa M. Cuellar						
		Signature of	Candidate or Officehold	er					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer a	administering oath					

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 24
	ER NAM	(Ethic	cs Commission Filers)		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,000.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,636.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	55,069.71
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

I	MONETAR	Y POLITICAL CONTRIBUTI	ONS		SCHE	DULE A1
	Γhe Instruction	n Guide explains how to complete this	1	Total pages Schedule A Sch: 1/1 Rpt: 4/24	1:	
	FILER NAME Cuellar, Rosa M.	(Ms.)		3	Filer ID (Ethics Comm	ission Filers)
4 [Date 5 F 05/22/2024 A	full name of contributor out-of-state PAC (ID#Arguindegui, Alfonso (Mr.) Contributor address; City; State; Zip Code	:) 7	Amount of Contribution ((\$) \$1,000.00
		aredo , TX 78041	·			
	Principal occupation CEO of family cor	n / Job title (See Instructions) mpany	9 Employer (See Self	Instructions)		
	06/06/2024 R	full name of contributor)	Amount of Contribution (\$20,000.00	
F		aredo, TX 78045 n / Job title (See Instructions)	Employer (See	Instructions)		

	RIBUTIONS	_	SCHEDULE A2			
The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/24				
2 FILER NAME Cuellar, Ros			3 Filer ID (Ethics Commission Filers) 00087960			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 05/26/2024	 6 Full name of contributor	8 Amount of contribution (\$) 9 In-kind contribution description \$2,636.00 Consulting Services				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule T I-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 contribute	or's spouse (if any) (FOR JUDICIAL)			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	lers)
Ĺ	Sch: 1/18 Rpt: 6/24	Cuellar, Rosa M. (Ms.) 00087960	·/
4	Date	5 Payee name	
	05/22/2024	7/Eleven	
6	Amount (\$) \$78.01	7 Payee address; City; State; Zip Code 7615 McPherson Rd Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		gas	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/23/2024	7/Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.87	7615 McPherson Rd	
	+ 20.0.		
		Laredo, TX 78041	
	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	
		1000	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
		1	
	Date	Payee name	
L	06/06/2024	Atascosa Country Radio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	2170 Thousand Oaks 1121Q	
		San Antonio, TX 78232	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		advertising	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	уп 	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 2/18 Rpt: 7/24	Cuellar, Rosa M. (Ms.) Cuellar, Rosa M. (Ms.)
4	Date	5 Payee name
	05/19/2024	Benavides, Santiago
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	2608 Lomas Del Sur
		Laredo, TX 78046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Field
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/21/2024	Castillo, Linda
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.00	3551 Clark Blvd #406
	4012.00	
		Loredo, TV 70040
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Field
		1.00
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	
	Date	Payee name
	05/28/2024	Castillo, Linda
	Amount (\$)	Payee address; City; State; Zip Code
	\$430.00	3551 Clark Blvd #406
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Field
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	
ı		

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

l	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/18 Rpt: 8/24	Cuellar, Rosa M. (Ms.)		00087960
4	Date	5 Payee name		·
	05/28/2024	Castillo, Yvonne		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$250.00	109 Avila Dr.		
L		Laredo, TX 78043		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaties/ Wages/Contract Labor		Check if Austin, TX, officeholder living expense
				Field
Ļ				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht	Office held
⊨	D-4-	_		
	Date 05/29/2024	Payee name Chick-fil-a		
⊢	Amount (\$)	Payee address; City; State; Zip Code		
	\$38.19	1916 Bob Bullock	C	
	700.20	2020 202 24.1001.		
		Laredo, TX 78045		
┝	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
				1000
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/O	1		
F	Date	Payee name		
	05/28/2024	Circle K		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$65.57	4418 Tx 359		
		Laredo, TX 78043		
	PURPOSE OF	,	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense		Check if traver outside of Texas: Complete Schedule 1. Check if Austin, TX, officeholder living expense
				gas/food
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
L	experientare to benefit C/O	<u>'</u>		

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/18 Rpt: 9/24	Cuellar, Rosa M. (Ms.)		00087960
4	Date	5 Payee name		•
	06/03/2024	Creativa Media Group		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$750.00	216 W village blvd		
		laredo, TX 78041		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Radio
Ļ	Operation ONE V if dispose	One distance (Office Includes a constant of the constant of th	l- 4	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	nt	Office held
_	· 			
	Date	Payee name		
	05/28/2024	Cuellar, Rosie		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$1,000.00	718 Rubio Rd		
		P.O. Box 451801		
		Laredo, TX 78041		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense partial loan repayment
				parata roam opaymont
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	06/17/2024	Cuellar, Rosie		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$20,000.00	P.O. Box 451801		
	420,000.00	1.0. Box 101001		
		Laredo, TX 78041		
	DUDDOOF		71- \	
	PURPOSE OF	2 ((a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement		Check if Austin, TX, officeholder living expense
				partial loan repayment
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
L	expenditure to benefit C/Ol	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: 5/18 Rpt: 10/24	Cuellar, Rosa M. (Ms.) 00087960
4	Date	5 Payee name
	07/11/2024	Cuellar, Rosie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,833.06	P.O. Box 451801
		Laredo, TX 78045
8	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 final loan repayment for final report
		ilila loan repayment for ilila report
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	05/24/2024	De Hoyos Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.95	901 Clark Blvd Suite B
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs
		Signs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	05/28/2024	Payee name Dollar General Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.16	3353 Clark
		Laredo , TX 78043
	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
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Legal S		Expense uide explains		Vages	/Contract Labor			avel Out of Di HER (enter a	strict a category not list	ed above)
1	Total pages Schedule F1:	2	EII ER NIAME			•				3	⊏il	er ID	(Fthics Com	mission Filers)
•					(Me.)							087960	(201103 00111	55.611 1 11615)
	Sch: 6/18 Rpt: 11/24	L	Cuellar, Ro	sa IVI.	(1015.)						UU	007300		
4	Date	5	Payee name											
	05/28/2024		El Padrino I	Vo. 1										
6	Amount (\$)	7	Payee addre	ss;	City;	State	e; Zip Co	de						
	\$122.20		1920 San B		-									
	¥±22.20			3										
			Laurette	700 1	0									
L		L	Laredo, TX	78040	υ 									
8	PURPOSE	(a)	Category (S	ee Categ	jories listed at t	the top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age E	xpense				=				nplete Schedule 1	Г.
									Check if Austin	ı, TX	, offic	ceholder livin	g expense	
									Food					
9	Complete ONLY if direct		Candidate/Offi	cehold	ler name		Office sou	ght				Office h	eld	
L	expenditure to benefit C/OI													
	Date		Payee name											
	05/21/2024		Entravision											
\vdash	Amount (\$)	\vdash	Payee addre	SS:	City;	State	e: Zip Co	de						
	\$2,800.00		222 Bob Bu	•	•	Clare	., <u></u> p 30							
	Ψ2,000.00		222 000 00	OUN I	Loop									
				- 6	•									
		L	Laredo, TX	78043	3									
	PURPOSE	(a)	Category (S	ee Categ	ories listed at t	the top of this sc	hedule)	(b)	Description	_	_			
	OF EXPENDITURE		Advertising						=				nplete Schedule 1	г.
									Check if Austin		, offic	ceholder livin	g expense	
									Tv Advertisin	ıg				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cehold	ler name		Office sou	ght				Office h	eld	
	capenditule to belieff C/OI													
	Date		Payee name											
	05/24/2024		Escamilla, I	Diana										
\vdash	Amount (\$)	\vdash	Payee addre		City;	State	e; Zip Co	nde						
	\$500.00		1102 Chace	-	J.1.5,	Olate	, <u>-</u> .p -00							
	Φ300.00		TTOE CHAC	ווע										
					_									
L		L	Laredo, TX	78043	3									
	PURPOSE	(a)	Category (S	ee Categ	ories listed at t	the top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wa	ages/C	Contract L	abor							nplete Schedule 1	г.
	-AI LINDITUIL								Check if Austin	n, TX	, offic	ceholder livin	g expense	
									Field					
	Complete ONLY if direct		Candidate/Offi	cehold	ler name		Office sou	ght	<u> </u>			Office h	eld	
	expenditure to benefit C/OI	Н												
_														

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/18 Rpt: 12/24	Cuellar, Rosa M. (Ms.) 00087960
4	Date	5 Payee name
	05/21/2024	Figueroa, Frida
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	2319 1/2 Rosario St
		Laredo, TX 78043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		campaign
		Campaign
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2024	Figueroa, Frida
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,600.00	2319 1/2 Rosario St
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		field work
		HOIG WOIK
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/05/2024	GO DADDY
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.13	2155 L. GoDaddy Way
		Tempe, AZ 85284
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Website
		wensite
_	Operation Children	Orandidate (Office health a grants
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Firming to solione of of	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8/18 Rpt: 13/24	Cuellar, Rosa M. (Ms.) 00087960
4	Date	5 Payee name
	05/21/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.02	210 W Del Mar Blvd
		Laredo, TX 78045
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
		1 000
_	Complete ONLY if direct	Candidate/Officeholder name Office acusht
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/22/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	210 W Del Mar Blvd
		Laredo, TX 78045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
		CCTV gus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	_	
	Date	Payee name
	05/22/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.66	210 W Del Mar Blvd
L		Laredo, TX 78045
	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
		water
_	Operation Objects "	Orandidate (Office health a grants
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	•

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 9/18 Rpt: 14/24	Cuellar, Rosa M. (Ms.) 00087960	
4	Date	5 Payee name	_
	05/28/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	210 W Del Mar Blvd	
		Laredo, TX 78045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Food/beverage/	
		1 ood/beverlage/	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
F	Date	Payee name	=
	05/28/2024	HEB	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$62.37	210 W Del Mar Blvd	
		Laredo, TX 78045	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense food	
		1000	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	_
	05/23/2024	Hernandez, Cynthia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	2102 E. Travis	
		Laredo, TX 78043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Field	
\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 -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

l	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 10/18 Rpt: 15/24	Cuellar, Rosa M. (Ms.)		00087960
4	Date	5 Payee name		
	05/24/2024	Hokkaido		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$59.48	7511 McPherson Rd #3A		
		Laredo, TX 78041		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL			Check if Austin, TX, officeholder living expense
				Food
9	Complete ONLY if direct	Candidate/Officeholder name Office so	lught	Office held
	expenditure to benefit C/Ol		ugni	Office field
⊨	Date	Device name		
	05/28/2024	Payee name Hokkaido		
┝			'odo	
l	Amount (\$) \$38.94	Payee address; City; State; Zip C 7511 McPherson Rd #3A	oue	
	Ф30.94	7311 MCPHEISOH Ru #3A		
		Lavada TV 70041		
		Laredo, TX 78041	1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Food
Г	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	05/28/2024	Home Depot		
	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$40.81	5710 San Bernardo		
l				
l		Laredo , TX 78041		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Polling Expense		Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORL			Check if Austin, TX, officeholder living expense
				supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	Light	Office held
	expenditure to benefit C/O		agnt	Office Held
\vdash				

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

	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: 11/18 Rpt: 16/24	Cuellar, Rosa M. (Ms.)	00087960
4	Date	5 Payee name	
	06/04/2024	Human Age Digital	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7,800.00	2700 Post Oak Blvd.	
		Houston, TX 77056	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/ tavertising Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Digital Ad	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
F	Date	Payee name	
	05/23/2024	Infocus Campaign	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,080.57	4 NE 10th St #260	
		Oklahoma City, OK 73104	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	avel outside of Texas. Complete Schedule T.
		Texts	ustin, TX, officeholder living expense
		I SALE	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	05/21/2024	KGNS	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,793.71	222 Bob Bullock Loop	
		Laredo, TX 78041	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	avel outside of Texas. Complete Schedule T.
		TV advert	ustin, TX, officeholder living expense
		I v auvert	Sing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

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

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

	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: 12/18 Rpt: 17/24	Cuellar, Rosa M. (Ms.) 00087960
4	Date	5 Payee name
	05/28/2024	Kwik Chek
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	7045 I-35
		Laredo, TX 78041
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
		autor gao
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
	Date	Payee name
	05/28/2024	La Unica Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.50	4500 San Bernardo
		Laredo , TX 78041
	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
		. 333
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/22/2024	Mendez, Cecilia
	Amount (\$)	Payee address; City; State; Zip Code
	\$370.00	505 Codorniz Dr
	φονο.σσ	COC COUCHINE DI
		Laredo , TX 78045
	PURPOSE	in .
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Field
	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 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	
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 13/18 Rpt: 18/24	Cuellar, Rosa M. (Ms.) Cuellar, Rosa M. (Ms.)
4	Date	5 Payee name
	06/03/2024	Mendez, Cecilia
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code505 Codorniz Dr
		Laredo , TX 78045
8	PURPOSE	1
o	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Field
		i icid
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/24/2024	Miguelitos Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.65	1023 N 1st Ave,
		Crystal City, TX 78834
	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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2024	Mundo Publications
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1001 Market
		Laredo, TX 78040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Radio
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Committee Legal Serv	ds/Memorials Expense vices truction Guide explains		es/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:		·		I	3 Filer ID	(Ethics Commission Filers)
	Sch: 14/18 Rpt: 19/24	Cuellar, Rosa M. (N	vis.)			00087960	(
4	Date	Payee name					
	06/03/2024	Neighborhood Crea					
6	Amount (\$) \$600.00	7 Payee address; C 1912 Denmark Ln Laredo, TX 78045	City; State;	; Zip Code			
8	PURPOSE	(a) Category (See Categori	ies listed at the top of this sch	edule) (k) Description		
	OF EXPENDITURE	Advertising Expens			Check if travel of	outside of Texas. Com TX, officeholder living	•
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder	r name C	Office sough	t	Office he	eld
	Date	Payee name					
	05/28/2024	Pizza Hut					
	Amount (\$)	Payee address; (City; State;	; Zip Code	<u> </u>		
	\$46.45	1801 US-83					
	DUDDOCT	Crystal City , TX 78		—— Ia	N 20 111		
	PURPOSE OF	(a) Category (See Categori		edule) (I	Description Check if travel of	outside of Texas. Com	nlete Schedule T
	EXPENDITURE	Food/Beverage Ex	pense		=	TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder	r name C	Office sough	it	Office he	eld
	Date	Payee name					
	05/31/2024	Raising Canes					
	Amount (\$)	Payee address; (City; State;	; Zip Code)		
	\$50.62	5302 McPherson					
		Laredo, TX 78041					
	PURPOSE OF EXPENDITURE	(a) Category (See Categori Food/Beverage Ex	·	nedule) (I	=	outside of Texas. Com TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder	r name C	Office sough	ıt	Office he	eld
		· · · · · ·					

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/18 Rpt: 20/24		Cuellar, Rosa M. (Ms.)		00087960
4	Date	5	Payee name		•
	05/20/2024		Ramos, Monica		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1,500.00		1906 Lyon		
			Laredo, TX 78042		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Phonebank
					THOROGAIN
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/O		Januard, Chicago, Marie	ug	Ccoc.u
-	Date	Г	Payee name		
	05/28/2024		Republica		
-	Amount (\$)	⊢	Payee address; City; State; Zip Ci	ode	
	\$177.57		3402 E. Del Mar	ouc	
	42		0.02 <u>2</u> .20a.		
			Laredo , TX 78045		
	PURPOSE	(a)		(h)	Description
	OF	("	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Toda/Boverage Expense		Check if Austin, TX, officeholder living expense
					Food
				<u> </u>	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ught	Office held
	<u>'</u>	_			
	Date		Payee name		
	05/30/2024		Rudy's		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$100.00		7305 McPherson Rd		
			Laredo, TX 78041		
	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
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	Н			

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

1	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/18 Rpt: 21/24	Cuellar, Rosa M. (Ms.)	00087960
4	Date	5 Payee name	
	05/20/2024	Sam's Club	
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode
	\$63.40	4810 San Bernardo	
		Laredo, TX 78041	
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 Food
			. 552
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
	expenditure to benefit C/O		-
H	Date	Payee name	
	05/31/2024	Sam's Club	
	Amount (\$)	Payee address; City; State; Zip Co	ode
	\$147.70	4810 San Bernardo	
	, <u>, , , , , , , , , , , , , , , , , , </u>		
		Laredo, TX 78041	
_	PURPOSE		(h) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Experise	Check if Austin, TX, officeholder living expense
			a "
			Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sou	
	Complete ONLY if direct expenditure to benefit C/O		
	expenditure to benefit C/Ol	Payee name	
	expenditure to benefit C/O	1	
_	Date 05/24/2024 Amount (\$)	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co	ght Office held
_	expenditure to benefit C/Ol Date 05/24/2024	Payee name Sciaraffa, Frank	ght Office held
=	Date 05/24/2024 Amount (\$)	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co	ght Office held
	Date 05/24/2024 Amount (\$)	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co	ght Office held
_	Date 05/24/2024 Amount (\$) \$2,000.00	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co	right Office held ode (b) Description
	expenditure to benefit C/OFDate 05/24/2024 Amount (\$) \$2,000.00	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co 1505 S Zapata Hwy Laredo, TX 78046	ght Office held ode (b) Description Check if travel outside of Texas. Complete Schedule T.
	Date 05/24/2024 Amount (\$) \$2,000.00	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co 1505 S Zapata Hwy Laredo, TX 78046 (a) Category (See Categories listed at the top of this schedule)	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 05/24/2024 Amount (\$) \$2,000.00	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co 1505 S Zapata Hwy Laredo, TX 78046 (a) Category (See Categories listed at the top of this schedule)	ght Office held ode (b) Description Check if travel outside of Texas. Complete Schedule T.
	Date 05/24/2024 Amount (\$) \$2,000.00	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co 1505 S Zapata Hwy Laredo, TX 78046 (a) Category (See Categories listed at the top of this schedule)	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field
	Date 05/24/2024 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co 1505 S Zapata Hwy Laredo, TX 78046 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sou	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field
	Date 05/24/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co 1505 S Zapata Hwy Laredo, TX 78046 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sou	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field
	Date 05/24/2024 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Sciaraffa, Frank Payee address; City; State; Zip Co 1505 S Zapata Hwy Laredo, TX 78046 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sou	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field

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	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: 17/18 Rpt: 22/24	Cuellar, Rosa M. (Ms.) 00087960
4	Date	5 Payee name
	05/28/2024	Sciaraffa, Frank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	1505 S Zapata Hwy
		Laredo, TX 78046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Field
		i iou
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	05/28/2024	TXB
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.49	401 N 1st St
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/28/2024	Valero
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.43	2441 San Isidro
		Laredo, TX 78045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Coc Check if Austin, TX, officeholder living expense
		Gas
_	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memoria Legal Services The Instruction			/ages/	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abov	e)
1	Total pages Schedule F1: Sch: 18/18 Rpt: 23/24	2	FILER NAME Cuellar, Ros						ı	Filer ID 00087960	(Ethics Commission	n Filers)
4	Date 05/24/2024		Payee name Webb Coun	ty Elections								
6	Amount (\$) \$85.00		Payee address 1110 Washi Laredo, TX	ngton	State	; Zip Co	de					
8	PURPOSE OF EXPENDITURE			e Categories listed a nead/Rental E		nedule)		=		de of Texas. Com officeholder livinç	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	
	Date 05/21/2024		Payee name Yukon									
	Amount (\$) \$140.20		Payee address 5517 McPhe Laredo, TX	erson Rd	State	e; Zip Co	de					
	PURPOSE OF EXPENDITURE			e Categories listed a age Expense	t the top of this sch	nedule)				de of Texas. Com officeholder livinç	plete Schedule T. J expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	

		FORM C/OH - FR					
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 24 of 24					
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)					
	Cuellar, Rosa M. (Ms.)	00087960					
3	SIGNATURE						
	I do not expect any further political contributions or political expenditures in connection with my cand as a final report terminates my campaign treasurer appointment. I also understand that I may not accampaign expenditures without a campaign treasurer appointment on file.						
	Ms. Ro	sa M. Cuellar					
		andidate / Officeholder					
_							
4	FILER WHO IS NOT AN OFFICEHOLDER						
	** Complete A & B below only if you are not an officeholder **						
	A CAMPAIGN FUNDS						
	Check only one:						
	X I do not have unexpended contributions or unexpended interest or income earned from polit	tical contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.						
	B ASSETS						
	Check only one:						
	X I do not retain assets purchased with political contributions or interest or other income from	political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	al contributions to personal use. I also					
	Ms. Ro	sa M. Cuellar					
	Signatur	re of Candidate					
5	OFFICEHOLDER						
	** Complete this section only if you are an officeholder **						
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets printerest or other income from political contributions.	e last required report as an officeholder, I					
	Signature	e of Officeholder					