FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081742 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Marla NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Cuellar CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 612 Nolana Suite 250 MAILING Amount Receipt # **ADDRESS** Change of Address McAllen, TX 78504 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jose A. NAME NICKNAME LAST **SUFFIX** Cuellar **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 1501 S. Airport Dr. **ADDRESS** Lot 403 (Residence or Business) Weslaco, TX 78596 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 975-4341 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 275 Hidalgo

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Cuellar, Marla (The F	onorable)	14 Filer ID (00081742	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	5)	\$ 0.00	
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 34,568.85
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 218,089.31	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 47,273.56
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hor	norable Marla Cuellar	
			Candidate or Officehole	
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	3 of 55
l	ILER NAN Guellar, M	19 Filer ID 00081742	(Ethics Commission Filers)	
l	CHEDULI IAME OF	SUBTOTAL AMOUNT		
1	. 🔲	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2	. 🗆	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3	. 🗆	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4	. 🔲	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 34,568.85
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		\$
1	0.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
1	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$

SCHEDULE F1

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

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/52 Rpt: 4/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	07/01/2024	Aces BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.41	601 S. 10th Ave.
		Edinburg, TX 78539
8	PURPOSE	
ľ	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meeting with constituents
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	12/12/2024	Allsup
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	650 Cerrillos Rd
		Santa Fe, NM 87501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		luei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
	Data	Description
	Date 07/03/2024	Payee name Alvarado, Jorge
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	
		Dh
		Pharr , TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/52 Rpt: 5/55	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	·
	11/26/2024	At Home	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$112.01	1600 W Kelly Ave.	
		Pharr, TX 78577	
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.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			event decor
9	Complete ONLY if alias -t	Condidate/Officeholder person	office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
_			
	Date	Payee name	
	12/09/2024	Bath and Body Works	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$129.25	415 W. Loop 1604 S.	
		San Antonio, TX 78253	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			gifts for events
			S
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/03/2024	Big's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.02	104 Lanark Dr.	
		San Antonio, TX 78264	
-	PURPOSE) Description
	OF	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			travel meal
	0 1. 5		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
_	Sch: 3/52 Rpt: 6/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	08/24/2024	Blue Line Outdoor Adventures
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	tbladadventures-gmail.com
		South Padre Island , TX 78597
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation for Hope Tournament
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	experional to benefit C/Or	¹
	Date	Payee name
	08/21/2024	Blue Line Outdoor Adventures
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	tbladadventures-gmail.com
		South Padre Island , TX 78597
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation for Fishing for Hope
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	н
	Date	Payee name
	11/14/2024	Bogart's Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.50	1012 E. Owassa
	Ψ23.30	1012 L. Owassa
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		pastries
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

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/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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:	
Sch: 4/52 Rpt: 7/55	Cuellar, Marla (The Honorable) Cuellar, Marla (The Honorable)
4 Date	5 Payee name
12/06/2024	Boys & Girls of McAllen
6 Amount (\$) \$460.43	7 Payee address; City; State; Zip Code 2620 Galveston McAllen, TX 78501
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	event donation
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Bri Munoz
Amount (\$) \$360.00	Payee address; City; State; Zip Code
	Mission, TX 78572
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense donation-cups for Zumba event
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/08/2024	Bucees
Amount (\$)	Payee address; City; State; Zip Code
\$129.81	2760 N. Interstate 35
	New Braunfels, TX 78130
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 5/52 Rpt: 8/55	Cuellar, Marla (The Honorable)			00081742	
4	Date	5 Payee name		•		
	11/12/2024	Bucees				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$25.69	2760 N. Interstate 35				
		New Braunfels, TX 78130				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	escription		
	OF EXPENDITURE	Travel Out of District		Check if travel outsid		
	LXI LINDITORE			Check if Austin, TX,	officeholder living	expense
			C	onference food		
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/OI		nι		Office ne	eia
	Date	Payee name				
	07/22/2024	Buffalo Wild Wings				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$72.61	11803 Westheimer				
		Houston, TX 77077				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	b) D	escription		
	EXPENDITURE	Food/Beverage Expense	Ļ	Check if travel outsid		
			∟ tr	avel meal	omeenolder living	схренае
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	10/07/2024	Carnival The Fun Shop				
	Amount (\$)	Payee address; City; State; Zip Code	e			
	\$148.75	3655 NW 87th Ave.				
		Miami, FL 33178				
	PURPOSE		h) D	escription		
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	», Г	Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Zvenk Zxpenee	Ē	Check if Austin, TX,	officeholder living	expense
			e'	vent items		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
	experiulture to beliefit C/OI	1				

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	
<u> </u>	Tatal name C	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 6/52 Rpt: 9/55	2 FILER NAME Cuellar, Marla (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081742
4	Date	5 Payee name
	12/31/2024	Carrera, Miguel
<u>_</u>		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	135 Paseo Del Prado
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	10/18/2024	Casa de Mariscos
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.71	502 W. Pike Blvd.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meeting with constituents
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/18/2024	Chick Fil-A
_	Amount (\$)	
	` ,	
	\$169.75	1360 W University Dr
L		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EM LINDITURE	Check if Austin, TX, officeholder living expense
		school kid luncheon in courtroom
	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/ 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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/52 Rpt: 10/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	09/23/2024	Chick Fil-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.20	1360 W University Dr
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/23/2024	Chick Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.25	1360 W University Dr
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal for constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/19/2024	Chick Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.21	1360 W University Dr
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting with constituents
		meeting with constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/52 Rpt: 11/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	07/26/2024	Chick Fil-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.78	1360 W University Dr
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for courtroom
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/23/2024	City of McAllen Parks
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	311 N. 15th
	Ψ100.00	011 111 1011
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee
		GONAGON
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/23/2024	City of McAllen Parks
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	311 N. 15th
	¥=33.00	
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation
	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

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	-ood/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission File	rs)
L	Sch: 9/52 Rpt: 12/55	<u>_</u>	Cuellar, Mar	la (The Honora	able)					00081742		
4	Date	5	Payee name									
	11/20/2024	'	Comfort Hou	ise								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	ode					
	\$590.00	(617 W. Dalla	as								
			McAllen, TX	78501								
8	PURPOSE	(a)	Category _{(Se}	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			=		de of Texas. Comp		
		'	Candidate/C	fficeholder/Pol	itical Comm	ıttee		Check if Austin,	, TX,	officeholder living	expense	
								aonanon				
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	laht			Office he	Id	
9	expenditure to benefit C/O		ui ididale/OIII	enoluei Haille		7111CE 30U	agrit			Office fie	<u> </u>	
	Date		Payee name									
	08/26/2024		Community	Hope Project								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	ode					
	\$100.00	:	2332 Jordan	Rd. W								
			McAllen, TX	78503								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			=		de of Texas. Comp		
		'	Jandidate/C	fficeholder/Pol	iticai Comm	ittee		donation	, IX,	officeholder living	expense	
								aoriadon				
-	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	<u>l</u> uaht			Office he	ld	
	expenditure to benefit C/OI						J					
H	Date		Payee name									
	07/03/2024	ı	•	Hope Project								
	Amount (\$)	_	Payee addres		State:	Zip Co	ode					
	\$650.00	l	2332 Jordan		Jiaic,	_,,	- 40					
	+ 555.66	<u> </u>										
			McAllen, TX	78503					_			
	PURPOSE OF			e Categories listed at		edule)	(b)	Description				
	EXPENDITURE			s/Donations M		ittoc		브		de of Texas. Comp officeholder living		
		'	Januluate/C	fficeholder/Pol	ilicai Comm	шее		donation	, ιλ,	omcenduel living	слреное	
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ıght			Office he	ld	
	expenditure to benefit C/OI			*	_							

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: 10/52 Rpt: 13/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	12/01/2024	Cuellar, Marla
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,523.06	1600 Palazzo Dr.
		Mission, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event reimbursement
		event reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/21/2024	Danny's Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.91	2408 E Griffin Pkwy
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event meeting
		event incening
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	09/21/2024	Danny's Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.54	2408 E Griffin Pkwy
		Mission, TX 78572
	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
		meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: Sch: 11/52 Rpt: 14/55	The Instruction Guide explains how to co	inpicte	this form.		
Sch: 11/52 Rnt: 14/55	2 FILER NAME		3	iler ID	(Ethics Commission Filers)
00111 11/02 1 kpt. 1 1/00	Cuellar, Marla (The Honorable)		(00081742	
4 Date	5 Payee name		•		
07/01/2024	Dollar Tree				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$66.30	2500 E Interstate 2				
	Mission, TX 78572				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription		
OF EXPENDITURE	Office Overhead/Rental Expense	`	Check if travel outside	e of Texas. Com	plete Schedule T.
EXPENDITORE			Check if Austin, TX, o	fficeholder living	expense
		S	upplies		
2 0 1: 0:11:4:4:1		<u> </u>		0" 1	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ight		Office he	eld
Date	Payee name				
11/29/2024	Dulcerias Pinkis				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$22.25	410 Ash Ave. W				
	McAllen, TX 78501				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription		
OF EXPENDITURE	Event Expense	I ⊑	Check if travel outside		
		L C	Check if Austin, TX, on the contract of the co	inicenoider living	expense
			andy for overn		
				Office he	اما
Complete ONLY if direct	Candidate/Officeholder name Office sour	aht		Office He	ala
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sout	ght		Office fie	eia
expenditure to benefit C/OI	1	ght		Office fie	91 0
expenditure to benefit C/O	Payee name	ght		Office fie	era
Date 09/16/2024	Payee name Dunkin Donuts			Office free	eid
Date 09/16/2024 Amount (\$)	Payee name Dunkin Donuts Payee address; City; State; Zip Co			Office He	era
Date 09/16/2024	Payee name Dunkin Donuts Payee address; City; State; Zip Cor 4323 S McColl Rd			Office He	91 0
Date 09/16/2024 Amount (\$)	Payee name Dunkin Donuts Payee address; City; State; Zip Cor 4323 S McColl Rd #1			Office He	91 0
expenditure to benefit C/OFDate 09/16/2024 Amount (\$) \$20.88	Payee name Dunkin Donuts Payee address; City; State; Zip Cor 4323 S McColl Rd #1 Edinburg, TX 78539	ode		Office He	91 0
Date 09/16/2024 Amount (\$)	Payee name Dunkin Donuts Payee address; City; State; Zip Cod 4323 S McColl Rd #1 Edinburg, TX 78539 (a) Category (See Categories listed at the top of this schedule)	ode	Description		
expenditure to benefit C/OFDate 09/16/2024 Amount (\$) \$20.88	Payee name Dunkin Donuts Payee address; City; State; Zip Cor 4323 S McColl Rd #1 Edinburg, TX 78539	ode	Description Check if travel outside Check if Austin, TX, o	e of Texas. Com	plete Schedule T.
expenditure to benefit C/OF Date 09/16/2024 Amount (\$) \$20.88 PURPOSE OF	Payee name Dunkin Donuts Payee address; City; State; Zip Cod 4323 S McColl Rd #1 Edinburg, TX 78539 (a) Category (See Categories listed at the top of this schedule)	ode (b) D	Check if travel outside	e of Texas. Com	plete Schedule T.
expenditure to benefit C/OF Date 09/16/2024 Amount (\$) \$20.88 PURPOSE OF	Payee name Dunkin Donuts Payee address; City; State; Zip Cod 4323 S McColl Rd #1 Edinburg, TX 78539 (a) Category (See Categories listed at the top of this schedule)	ode (b) D	Check if travel outside Check if Austin, TX, o	e of Texas. Com	plete Schedule T.
expenditure to benefit C/OF Date 09/16/2024 Amount (\$) \$20.88 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Dunkin Donuts Payee address; City; State; Zip Cor 4323 S McColl Rd #1 Edinburg, TX 78539 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sou	(b) D	Check if travel outside Check if Austin, TX, o	e of Texas. Com	plete Schedule T. expense
expenditure to benefit C/OFDate 09/16/2024 Amount (\$) \$20.88 PURPOSE OF EXPENDITURE	Payee name Dunkin Donuts Payee address; City; State; Zip Cor 4323 S McColl Rd #1 Edinburg, TX 78539 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sou	(b) D	Check if travel outside Check if Austin, TX, o	e of Texas. Com officeholder living ee for jury	plete Schedule T. expense
expenditure to benefit C/OF Date 09/16/2024 Amount (\$) \$20.88 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Dunkin Donuts Payee address; City; State; Zip Cor 4323 S McColl Rd #1 Edinburg, TX 78539 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sou	(b) D	Check if travel outside Check if Austin, TX, o	e of Texas. Com officeholder living ee for jury	plete Schedule T. expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 12/52 Rpt: 15/55	Cuellar, Marla (The Honorable) 00081742				
4		5 Payee name				
L	08/20/2024	El Fenix Bakery				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$12.28	718 E. University Dr.				
		Ediaburg TV 70520				
Ļ	DUDDOOF	Edinburg, TX 78539				
8	PURPOSE OF	(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.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		pastries for jury				
Ļ	0 1: 0:11:11:11					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
⊨	Date	David and a second				
	12/05/2024	Payee name El Tigre				
┝	Amount (\$)	Payee address; City; State; Zip Code				
	\$54.69	4120 S. Bus. Hwy				
		Edinburg, TX 78539				
H	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.				
		Check if Austin, TX, officeholder living expense fuel				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	11/14/2024	Elegance Boutique				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$119.08	4222 S Main				
		M. Allere, TV 70F04				
L		McAllen, TX 78501				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Event Expanse Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Comfort House gala				
L						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
L						

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 13/52 Rpt: 16/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	12/23/2024	Enchanted by Lolly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1418 Beech Ave.
		#118
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORL	Check if Austin, TX, officeholder living expense
		event set up
_	Complete ONL V if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
_		
	Date	Payee name
	11/15/2024	Enchanted by Lolly
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.25	1418 Beech Ave.
		#118
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event set up
		event set up
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	08/19/2024	Enchanted by Lolly
	Amount (\$) \$140.00	Payee address; City; State; Zip Code 1418 Beech Ave.
	\$140.00	
		#118
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event set up
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

l	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: 14/52 Rpt: 17/55	Cuellar, Marla (The Honorable) 00081742				
4	Date	5 Payee name				
l	12/02/2024	GW's BBQ				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$115.50	107 N. Nebraska				
l						
		San Juan, TX 78589				
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. Check if Austin, TX, officeholder living expense				
l		event luncheon				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
F	Date	Payee name				
	11/30/2024	GW's BBQ				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$25.65	107 N. Nebraska				
l						
		San Juan, TX 78589				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
l		Check if Austin, TX, officeholder living expense event meal with constituents				
		STOTIC MICH. WITH CONSULTION.				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
F	Date	Payee name				
l	07/24/2024	Good Company Dough				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$11.00	672 N. Glebe Rd.				
l						
l		Arlington, VA 22204				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
l		Candidate/Officeholder/Political Committee				
		donation tell				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	U				
ı						

SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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 Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/52 Rpt: 18/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	11/12/2024	Gruene River Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.83	1259 Gruene Rd.
		New Braunfels, TX 78130
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel meal
		uaver meai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	12/18/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.64	2409 E. Expressway 83
		Mission, TX 78572
	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.
		Christmas meal
		Christinas mea
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 11/24/2024	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.21	2409 E. Expressway 83
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Thanksgiving meal
		mainsgiving meai
_	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/ 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: 16/52 Rpt: 19/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	09/06/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2409 E. Expressway 83
		Mission, TX 78572
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event items
		over terms
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Dete	
	Date	Payee name
	08/14/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.05	2409 E. Expressway 83
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for courtroom
		loca for coald com
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	07/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.77	2409 E. Expressway 83
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		food for constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		ers)
Ė	Sch: 17/52 Rpt: 20/55	Cuellar, Marla (The Honorable) Cuellar, Marla (The Honorable) 00081742	<u>.</u>
4	Date	5 Payee name	
	11/20/2024	Hobby Lobby	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$33.82	3300 W Expressway 83	
		Suite 700	
		Mission, TX 78572	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		office decor	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	08/03/2024	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$190.35	3300 W Expressway 83	
		Suite 700	
		Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		event supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
L	09/01/2024	Home Goods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.69	7600 N. 10th St.	
		Ste. 100	
		McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense office decor	
		Office decoi	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Committee Credit Card Payment		Committee Lega	I Services Instruction Guide explains		ages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 18/52 Rpt: 21/55	Cuellar, Marla (The Honorable)					00081742	
4	Date	5 Payee name							
	09/30/2024	Home Sense							
6	Amount (\$)	7 Payee address;	City; State;	; Zip Co	de				
	\$171.73	17815 La Cante	era Pkwy						
		San Antonio, T	X 78527						
8	PURPOSE	(a) Category (See Ca	tegories listed at the top of this sch	iedule)	(b)	Description			
	OF EXPENDITURE	Office Overhea	d/Rental Expense					de of Texas. Comp	
						office decor	IX,	officeholder living	expense
						omec accor			
9	Complete ONLY if direct	Candidate/Officeho	older name (Office sou	aht			Office he	ald
	expenditure to benefit C/O		naci namo	311100 0000	giic			0111001110	
Ε	Date	Payee name							
	08/30/2024	Homegoods							
	Amount (\$)	Payee address;	City; State;	; Zip Co	de				
	\$80.47	7600 N. 10th St	t.						
		Ste. 100							
		McAllen, TX 78	501						
	PURPOSE	(a) Category (See Ca	tegories listed at the top of this sch	iedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead	d/Rental Expense			<u>—</u>		de of Texas. Comp	
						office decor	IX,	officeholder living	expense
						omec accor			
	Complete ONLY if direct	Candidate/Officeho	older name C	Office sou	ght			Office he	eld
	expenditure to benefit C/O								
	Date	Payee name							
	07/29/2024	House Gift Sho	p						
	Amount (\$)	Payee address;	City; State;	; Zip Co	de				
	\$115.65	701 15th St.							
		Washington, DO	C 20005						
	PURPOSE OF		tegories listed at the top of this sch	edule)	(b)	Description	, -		
	EXPENDITURE		onations Made By eholder/Political Comm	vittoo		-		de of Texas. Comp officeholder living	
		Candidate/Onic	enoluel/Folitical Collini	iiiiee		donation item		omeeneder ming	олроноо
	Complete ONLY if direct	Candidate/Officeho	older name C	Office souç	ght			Office he	ıld
	expenditure to benefit C/OI	I							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations 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			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Gard F dyment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ission Filers)
	Sch: 19/52 Rpt: 22/55		Cuellar, Mar	la (The Honora	able)					00081742		
4	Date	5	Payee name									
	12/02/2024	ı	JCPenney									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$116.62		10904 Stadi	um Pkwy								
				-								
			Kansas City	. KS 66111								
8	PURPOSE	⊢					(h)	Description				
ľ	OF		Event Exper	e Categories listed at	the top of this sch	edule)	(D)	Description Check if travel of	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		Lvent Lxper	130				브		officeholder livir	•	
								event /campa	aigr	attire		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/15/2024		Jasso, Prisy	lla								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,500.00		612 Nolana	Ave.								
			Ste. 250									
			McAllen, TX	78504								
	PURPOSE	⊢		e Categories listed at	the ten of this coh	odulo)	(b)	Description				
	OF		Consulting E		the top of this sch	edule)	(- ,		outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		Concaring E	-//				Check if Austin,	, TX,	officeholder livir	ng expense	
								campaign cor	nsu	ılting		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	experiulture to beliefit C/Oi											
	Date		Payee name									
	07/14/2024		Jessica Pen	a								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$160.00		11908 Mesq	juite Drive								
			Weslaco , T	X 78596								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		,		ш			mplete Schedule T.	
	LAFENDITORE		Candidate/C	Officeholder/Po	litical Comm	ittee		_		officeholder livir	ng expense	
								shirts donatio	n			
_	Operation ONE V. C. F.	L	2	l l - l		N(f)	1- *			- C	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	C	Office sou	gnt			Office h	ieia	
		-										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/52 Rpt: 23/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	09/07/2024	Joel Reyes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	2202 Gary Lane
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event music/DJ
		O TOTAL HILLS SOLD
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date 09/21/2024	Payee name
		Juan Diego Academy
	Amount (\$)	Payee address; City; State; Zip Code
	\$290.00	5208 S FM494
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation to 3DA Athletic Booster Club
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	11/05/2024	L & A
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.49	916 US Bus 83
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense campaign attire
		Campaign attile
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

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: 21/52 Rpt: 24/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	12/02/2024	La Especial Bakery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.40	114 W. 3rd
		San Juan, TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event food
		CVOTETOOU
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	11/06/2024	La Especial Bakery
H	Amount (\$)	Payee address; City; State; Zip Code
	\$55.40	114 W. 3rd
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		San Juan, TX 78589
	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 pastries for election day
		pastiles for election day
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/16/2024	La Fonda on the Plaza
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$817.85	100 E. San Francisco
		Santa Fe, NM 87505
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense conference lodging
		Contenence loughing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

g Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/52 Rpt: 25/55	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	-
	07/29/2024	Life in DC Pentagon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$131.42	1100 S. Hayes	
		Arlington, VA 22202	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	L	Check if Austin, TX, officeholder living expense
			apitai toui
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Data	B	
	Date 09/19/2024	Payee name Little Caesars	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.48	1410 Closner Blvd.	
		- II	
		Edinburg, TX 78539	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			ood for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/20/2024	Lone Star National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$128.04	520 W. Nolana Ave.	
		McAllen, TX 78504	
	PURPOSE		Description
	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		lo	oan interest
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to beliefit 6/0	•	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 23/52 Rpt: 26/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	11/15/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$460.55	520 W. Nolana Ave.
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		interest payment on
		loan renewal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/30/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.61	520 W. Nolana Ave.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		interest payment
	Commission ONLL V if disposit	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	·	
	Date	Payee name
	09/30/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$460.55	520 W. Nolana Ave.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		interest payment on loan renewal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u>'</u>

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 24/52 Rpt: 27/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	10/21/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.03	520 W. Nolana Ave.
		McAllon TV 79504
8	PURPOSE	McAllen, TX 78504
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		interest on loan
_	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/26/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.18	520 W. Nolana Ave.
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	-
	Date	Payee name
L	12/19/2024	Longhorn Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.80	7401 N 10th St.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EAPENDITUKE	Check if Austin, TX, officeholder living expense
		meeting with constituents
	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/ 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 25/52 Rpt: 28/55	Cuellar, Marla (The Honorable) 00081742						
4	Date	5 Payee name						
	10/28/2024	Los Tios						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$45.24	4840 Beechnut						
		Houston, TX 77096						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		travel meal						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Payee name						
	11/26/2024	Lowe's						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$48.69	707 S. Jackson Rd.						
	φ46.09	101 S. Jackson Ru.						
		Pharr, TX 78577						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		event supplies						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	12/02/2024	Lowe's						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$43.28	707 S. Jackson Rd.						
		Pharr, TX 78577						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		event supplies						
		Overth Supplies						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

	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: 26/52 Rpt: 29/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	10/30/2024	Lowe's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.17	707 S. Jackson Rd.
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense storage supplies
		Storage Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Power name
	10/25/2024	Payee name Luby's
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.51	1900 W. Expressway 83
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food/beverage
		1000t/beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/06/2024	Luby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.52	1900 W. Expressway 83
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal
		mea.
\vdash	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 Commi

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/52 Rpt: 30/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	11/29/2024	Macy's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.92	2100 S. 10th St.
		McAllen, TX 78503
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event attire
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	09/04/2024	Max and Louise
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.53	226 W. Bitters Rd.
		San Antonio, TX 78216
	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
		travel meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	10/29/2024	Medina, Jerry
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	318 Beech St.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign material
		campaign material
_	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 -Event Expense Fees

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/52 Rpt: 31/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	09/25/2024	Mr. Cool
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$131.25	956.451.7625
		Pharr , TX 78577
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ice cream for cancer walk
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2024	Murphy USA
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.22	215 E. Expressway 83
		Weslaco, TX 78596
	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.
		Check if Austin, TX, officeholder living expense ice for election day
		ice for election day
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	D :	
	Date	Payee name
	11/12/2024	Murphy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.50	2416 E. Expwy 83
		Mission, TX 78572
	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.
		Check if Austin, TX, officeholder living expense fuel
		luei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F 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

mbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		Vages	/Contract Labor		OTHER (enter	a category not liste	d above)
L	<u> </u>			The Instruction	n Guide explair	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 29/52 Rpt: 32/55		Cuellar, Ma	rla (The Hon	orable)					00081742		
4	Date	5	Payee name									
	12/16/2024		Murphy's E									
٦	Amount (\$)	7	Payee addre		Sta	te; Zip Co	ndo.					
ľ	\$46.65	ľ	3155 Cerril		Sia	ite, zip ee	uc					
	Ψ40.03		2122 CEIII	103 INU								
			Santa Fe, N	IM 87507								
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Travel Out	of District				=			mplete Schedule T.	
								<u> </u>	, TX	officeholder livir	ng expense	
								fuel				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	9	Office sou	ght			Office h	neld	
	expenditure to benefit C/Oi											
	Date		Payee name									
	09/06/2024		Murphy's E	xpress								
H	Amount (\$)	H	Payee addre	ss; City;	Sta	te; Zip Co	de					
	\$20.71		store #3137	-								
			San Antoni	o, TX 78201								
L		L										
	PURPOSE OF	(a)		ee Categories listed	at the top of this	schedule)	(b)	Description		d4.T O		
	EXPENDITURE		Travel Out	of District				=		officeholder livir	mplete Schedule T.	
								fuel	,		.9 p	
⊢	Complete ONLY if direct		Candidate/Off	ceholder name	<u> </u>	Office sou	aht			Office h	neld	
	expenditure to benefit C/OI					000 000	9			000 .	.0.0	
⊨	Dete	<u> </u>										
	Date		Payee name									
	07/25/2024		Museum of	the Bible								
	Amount (\$)		Payee addre	ss; City;	Sta	te; Zip Co	de					
	\$50.00		395 E. SW									
			Washington	n , DC 20472								
Н	PURPOSE	(a)	Category (s	ee Categories listed	I at the ton of this	schedule)	(b)	Description				
	OF	` `		ns/Donations		501104410)			outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE			Officeholder/F		nmittee		Check if Austin	, TX	officeholder livir	ng expense	
								donation				
L												
	Complete ONLY if direct		Candidate/Off	iceholder name	;	Office sou	ght			Office h	neld	
1	expenditure to benefit C/OI	Н										
Г												
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 30/52 Rpt: 33/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	10/25/2024	OTC Brands
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.11	5455 S. 90th St.
		Omaha, NE 68127
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense incentive items
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	'
	Date	Payee name
	10/21/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.20	2509 E. Expressway 83
		F9
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		copies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/21/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.57	2509 E. Expressway 83
	φοσ.σ.	2000 E. Expressing 60
		Mission TV 70570
		Mission, TX 78572
	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 county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/52 Rpt: 34/55	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	-
	12/15/2024	Our Lady of Guadalupe Catholic Church	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	620 N Dunlap Ave	
		Mission, TX 78572	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
			donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
_	Date		
	Date	Payee name	
	12/10/2024	Outback Steakhouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.75	4921 Jefferson Northeast	
		Albuquerque, NM 87109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	Travel meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
_	Date	Payee name	
	08/01/2024	Pappadeaux	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$132.55	1610 W. Expressway 83	
	Ψ132.33	1010 W. Expressway 05	
		Dhorr TV 70577	
		Pharr, TX 78577	
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			meal with constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
l			

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense F	_	ense es/Contract Labor	Travel in Distr Travel Out of I OTHER (enter		
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	(Ethics Commission Filers)	
	Sch: 32/52 Rpt: 35/55		arla (The Honorable)			00081742	2	
4	Date	5 Payee name	•				I		
	10/25/2024	Pappas BE							
6	Amount (\$)	7 Payee addr		State:	Zip Code	<u> </u>			
	\$60.19	7050 Inters	•	Otolio, I	p				
	, , , ,								
		Houston, T	X 77087						
8	PURPOSE		See Categories listed at the to	on of this s-b !	ulo) [/h) Description			
	OF	Travel Out		ih oi riis scuedr	uie)	_ `	outside of Texas. Co	omplete Schedule T.	
	EXPENDITURE					—	n, TX, officeholder livi	ing expense	
						travel meal			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Offi	ice sough	t	Office	held	
	Date	Payee name	e			_			
	11/27/2024	Parry's Piz	zeria and Taphouse)					
	Amount (\$)	Payee addr	ess; City;	State;	Zip Code)			
	\$164.08	550 N Jackson Rd							
		Pharr, TX	78577						
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedu	ule) (k) Description			
OF EXPENDITURE		Event Exp				<u> </u>	outside of Texas. Co		
						Check if Austin	n, TX, officeholder livi Or event	ng expense	
						Jun unitici il	OI CVOIIL		
\vdash	Complete ONLY if direct	 Candidate/∩f	ficeholder name	Off	ice sough	t	Office	held	
	expenditure to benefit C/O			3111	cougi	· -	C	·· ·	
\vdash	Date	Dayoo nom							
	11/06/2024	Payee name	e zeria and Taphouse	ž					
					Zin Codo				
	Amount (\$) \$49.61	Payee addr 550 N Jacl		siale,	Zip Code	;			
	Ф49.01	JJU N Jaci	NOUT INU						
		Pharr, TX	78577						
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedu	ule) (b) Description			
	OF EXPENDITURE	Food/Beve	erage Expense			ш	outside of Texas. Co	•	
	-					meals for ele	n, TX, officeholder livi	ng expense	
						media idi ele	Jonott day		
	Complete ONLY if direct	Candidate/∩f	ficeholder name	Off	ice sough	t	Office	held	
	expenditure to benefit C/O			OIII	.se cougi	· -	311100	··	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	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: 33/52 Rpt: 36/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	11/26/2024	Parry's Pizzeria and Taphouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.89	550 N Jackson Rd
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event meeting
		Cvent incoung
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/26/2024	Parry's Pizzeria and Taphouse
H	Amount (\$)	Payee address; City; State; Zip Code
	\$33.05	550 N Jackson Rd
		Pharr, TX 78577
	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 event meeting
		Cvont moduling
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	11/30/2024	Parry's Pizzeria and Taphouse
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.13	550 N Jackson Rd
		Pharr, TX 78577
Г	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.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		event food and venue
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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

	Credit Card Payment		The Instruction Guide explains how to	compl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 34/52 Rpt: 37/55		Cuellar, Marla (The Honorable)		00081742
4	Date	5	Payee name		·
	08/16/2024		Parry's Pizzeria and Taphouse		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$65.11		550 N Jackson Rd		
			Pharr, TX 78577		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					meeting
					3
9	Complete ONLY if direct	(Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/OI	Н			
	Date	Т	Payee name		
	09/04/2024		Parry's Pizzeria and Taphouse		
	Amount (\$)	\vdash	Payee address; City; State; Zip (Code	
	\$46.03		550 N Jackson Rd		
			Pharr, TX 78577		
	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
					meeting with constituents
	Complete ONLY if direct		Candidate/Officeholder name Office so	 ought	Office held
	expenditure to benefit C/OI	Н			
	Date	Т	Payee name		
	09/06/2024		Party City		
	Amount (\$)	T	Payee address; City; State; Zip G	Code	
	\$104.41		732 E. Expressway 83		
			McAllen, TX 78501		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					event items
	Complete ONLY if direct	(Candidate/Officeholder name Office so	 ought	Office held
	expenditure to benefit C/OI	Н			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 35/52 Rpt: 38/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	07/26/2024	Pitmaster BBQ
6	Amount (\$) \$43.99	7 Payee address; City; State; Zip Code 2670 Avenir Pl
	Ψ43.99	2010 Aveilli Fi
		Vienna, VA 22180
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation item to Prisylla Jasso for Democratic National Convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
	Date	Payee name
	12/12/2024	Railyard
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.54	740 Cerrillos Rd
		Santa Fe, NM 87505
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		travel meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/20/2024	Raising Cane's
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.57	125 S. Shary Rd.
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		meeting with constituents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 36/52 Rpt: 39/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	12/06/2024	Ross Stores
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$244.36	2411 E. Hwy 2
		Mission, TX 78572
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		toy drive terns
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/09/2024	Ross Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$196.81	2411 E. Hwy 2
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		giilo
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/06/2024	Ross Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.45	2411 E. Hwy 2
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		event supplies
	0 1 0 0 0 0 0 0	
	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 -

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/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 37/52 Rpt: 40/55	Cuellar, Marla (The Honorable) 00081742
4 Date	5 Payee name
10/21/2024	Saltgrass Steak House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$77.31	3000 W. Expressway 83
	McAllen, TX 78501
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	meal with constituents
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/19/2024	Sam's Club
Amount (\$)	Payee address; City; State; Zip Code
\$93.00	7601 N 10th St
Ψ33.00	7001 N 10th St
	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expanses.
	Candidate/Officeholder/Political Committee Greek if Austin, TX, officeholder living expense gifts/toy drive
	gitorito di inte
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davida nama
12/02/2024	Payee name Sam's Club
Amount (\$)	Payee address; City; State; Zip Code
\$35.66	7601 N 10th St
	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	event supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:		_					
_	Sch: 38/52 Rpt: 41/55	Cuellar, Marla (The Honorable) 00081742						
4	Date	5 Payee name	_					
	12/18/2024	Sam's Club						
6	Amount (\$)	7 Payee address; City; State; Zip Code	_					
	\$144.44	7601 N 10th St						
		McAllen, TX 78504						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
		Candidate/Officeholder/Political Committee						
		toys for toy drive						
Ļ	Opening ONLY if allowed	On all data (Office health a news						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
			_					
	Date	Payee name						
	12/19/2024	Sam's Club						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$93.00	7601 N 10th St						
		McAllen, TX 78504						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense						
		Check if Austin, TX, officeholder living expense gifts for event						
		gits for event						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
	expenditure to benefit C/OI							
H			_					
	Date	Payee name						
	11/01/2024	Sam's Club						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$154.29	7601 N 10th St						
		McAllen, TX 78504						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
	LXI LINDITORL	Candidate/Officeholder/Political Committee						
		donation items						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Emportante to benefit 0/01							

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/52 Rpt: 42/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	11/06/2024	Sam's Club
6	Amount (\$) \$62.88	7 Payee address; City; State; Zip Code 7601 N 10th St McAllen, TX 78504
8	PURPOSE	
J	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 event food
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2024	Sam's Club
	Amount (\$) \$214.96	Payee address; City; State; Zip Code 7601 N 10th St
		McAllen, TX 78504
	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 Thanksgiving meal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/06/2024	Sam's Club
	Amount (\$) \$59.44	Payee address; City; State; Zip Code 7601 N 10th St
		McAllen, TX 78504
	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 donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 40/52 Rpt: 43/55	Cuellar, Marla (The Honorable) 00081742	
4	Date	5 Payee name	_
	09/24/2024	Sam's Club	
6	Amount (\$) \$155.00	7 Payee address; City; State; Zip Code 7601 N 10th St McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership renewal	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/23/2024	Sam's Club	
	Amount (\$) \$169.99	Payee address; City; State; Zip Code 7601 N 10th St	
		McAllen, TX 78504	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event items (online)	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/05/2024	Sam's Club	
	Amount (\$) \$540.17	Payee address; City; State; Zip Code 7601 N 10th St	
		McAllen, TX 78504	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation items	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

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

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 Salaries/Wages/Contract Labor

Travel in Disti Travel Out of Contract Labor OTHER (ente

	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: 41/52 Rpt: 44/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	10/25/2024	San Juan Diego Academy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$950.00	5208 S. FM 494
		Mission, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		donation
_	Commists ONII V if diseast	Condidate/Officeholder news Office county
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/24/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$269.97	2702 Love Field Dr.
		Dallas, TX 78535
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		airline tickets for seminar
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/21/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$340.00	1414 Colorado St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		state bar dues
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
l		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 42/52 Rpt: 45/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	09/06/2024	TCRA Association
6	Amount (\$) \$2,020.79	7 Payee address; City; State; Zip Code tcra-online.com
	, ,	
		None, TX 00000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	TJ Maxx
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.98	2417 E Expressway 83
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation item
		donation term
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/10/2024	Taos Ale House
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.35	401 Paseo del Pueblo Norte
		Taos, NM 87571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel meal
		u avermeai
_	Complete ONLY if direct	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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)	
l	Sch: 43/52 Rpt: 46/55	Cuellar, Marla (The Honorable) 00081742	
4	Date	5 Payee name	_
l	09/06/2024	Target	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$150.00	2427 E. Expressway 83	
l			
l		Mission, TX 78572	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Event Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		event items	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	·		_
	Date	Payee name	
L	10/02/2024	Target	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$173.19	2427 E. Expressway 83	
		Mission, TX 78572	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		donation	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	10/24/2024	Texas Center for the Judiciary	
H	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$75.00	1210 San Antonio St.	
l			
		Austin, TX 78701	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		fees	
dash	Operation ON IV III	Our district Office health are now as the control of the country o	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

spense Event Expense Loan Repayment/Reimbu

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

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 I	how to con	plete this	s form.		
1	Total pages Schedule F1:	2 F	ILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 44/52 Rpt: 47/55		Cuellar, Marla (The Honorable)				00081742	
4	Date	5 F	Payee name					
	09/05/2024	1	he County Line					
6	Amount (\$)	7 F	Payee address; City; State;	Zip Coo	е			
	\$70.31	1	.0101 Hwy 10					
		5	San Antonio, TX 78230					
8	PURPOSE	(a) (Category (See Categories listed at the top of this sche	edule)	b) Desc	cription		
	OF EXPENDITURE		Food/Beverage Expense	,		heck if travel outsid		
	EXI ENDITORE					heck if Austin, TX,	officeholder living	g expense
					uave	ei iiieai		
9	Complete ONLY if direct		undidate/Officeholder name C	Office soug	ht		Office he	ald
9	expenditure to benefit C/O		indidate/Officerolder flame	Jilice Soug	IIL		Office fie	aiu .
\vdash	Date							
	12/16/2024	l .	ayee name The Ranch House					
				7: 0	_			
	Amount (\$)	l		Zip Coo	е			
	\$48.03	4	571 Cristos Rd					
		5	Santa Fe, NM 87507					
	PURPOSE OF	(a) (category (See Categories listed at the top of this sche	edule)	b) Desc			
	EXPENDITURE	1	ravel Out of District			heck if travel outsion heck if Austin, TX,		
						el meal	omeenoider living	у схрепас
	Complete ONLY if direct	Ca	ındidate/Officeholder name C	Office soug	ht		Office he	eld
	expenditure to benefit C/O	Н						
_	Date	F	Payee name					
	11/06/2024	1	ower Burger					
	Amount (\$)			Zip Cod	<u> </u>			
	\$55.58	l .	505 W. Business 83	p	•			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
			Namo, TX 78516					
	PURPOSE		•	1	b) Desc	crintion		
	OF		Category (See Categories listed at the top of this scho	edule)		heck if travel outside	de of Texas. Com	plete Schedule T.
	EXPENDITURE	'	Course verage Expense		□c	heck if Austin, TX,	officeholder living	j expense
					mee	eting with sta	ff	
	Complete ONLY if direct		undidate/Officeholder name C	Office soug	ht		Office he	eld
L	expenditure to benefit C/OI	п						

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 Schodule F1:		_
1	Total pages Schedule F1: Sch: 45/52 Rpt: 48/55	Cuellar, Marla (The Honorable) Cuellar, Marla (The Honorable) 00081742	
4	Date	5 Payee name	
	11/15/2024	Tower Burger	
6	Amount (\$) \$64.38	7 Payee address; City; State; Zip Code 505 W. Business 83 Alamo, TX 78516	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting with constituents	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/20/2024	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.10	410 S. Jackson Rd.	
		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense postage	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	12/13/2024	Upper Crust Pizza	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$29.21	329 Old Santa Fe Trail	
		Santa Fe, NM 87501	
	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 travel meal	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/52 Rpt: 49/55	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	•
	08/02/2024	WB Liquors	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$134.65	1401 W. Kelly Ave.	
		Pharr, TX 78577	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			event beverages
Ļ			- m
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
	Date	Payee name	
L	11/05/2024	Walgreen's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.89	1418 E. Univerity Dr.	
l			
l		Edinburg, TX 78539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if Avetic TV, officeholder living avenue.
l			Check if Austin, TX, officeholder living expense drinks on election day
l			annie en election day
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
l	11/13/2024	Walmart.com	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$812.81	online	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
l		online, TX 00000	
┝	PURPOSE		Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
l			event supplies and gifts
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 47/52 Rpt: 50/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	07/10/2024	Walmart.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$418.93	online
		online, TX 00000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event items
		event items
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	12/16/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.96	1724 W. University
		Edinburg, TX 78539
	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. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Supplies
		Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	11/05/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.57	1724 W. University
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		food for courtroom
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 48/52 Rpt: 51/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	11/05/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$181.77	1724 W. University
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event supplies
		event supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	11/05/2024	Payee name
		Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.54	1724 W. University
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food
		1000
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 11/12/2024	Payee name Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.18	1724 W. University
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food for courtroom
		1000 for coditionin
_	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/52 Rpt: 52/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	11/20/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.49	1724 W. University
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	11/20/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.19	1724 W. University
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Thanksgiving meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/15/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.86	1724 W. University
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		snacks for jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	4

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/52 Rpt: 53/55	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	
	07/17/2024	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.21	1724 W. University	
		Edinburg, TX 78539	
8	PURPOSE OF	,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			food for jury
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/17/2024	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.54	1724 W. University	
		Edinburg, TX 78539	
	PURPOSE OF	,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			snacks for jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/06/2024	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1724 W. University	
		Edinburg, TX 78539	
	PURPOSE OF	, -	Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			prizes for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gifts

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 51/52 Rpt: 54/55	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	09/25/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.71	1724 W. University
		Edinburg, TX 78539
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		food for courtroom
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
⊨	Date	Payee name
	07/01/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.29	1724 W. University
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		food for courtroom
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/02/2024	Weslaco High School ROTC
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1005 W. Pike
		Weslaco , TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		donation to ROTC
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to beliefft C/Of	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District y - Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Al 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: 52/52 Rpt: 55/55	Cuellar, Marla (The Honorable) 00081742
4 Date	5 Payee name
10/29/2024	Westin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16.24	1520 Texas St.
	Houston, TX 77002
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H