#### 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 122 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Marla NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Cuellar CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jose A. NAME NICKNAME LAST **SUFFIX** Cuellar **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 975-4341 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 275 Hidalgo

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Cuellar, Marla (The H	onorable)	<b>14</b> Filer ID (I 00081742	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
				,
16 CONTRIBUTION TOTALS	\$ 0.00			
		ICAL CONTRIBUTIONS	8)	\$ 263,400.00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		<b>\$</b> 50,275.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 411,763.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 47,273.56
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required to	ompanying report is be reported by me
		The Hor	norable Marla Cuellar	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

#### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

					3 of 122
18 FILE	ER NAN	1E	19 Filer ID	(Ethi	ics Commission Filers)
		larla (The Honorable)	00081742		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	245,400.00
2.	X	\$	18,000.00		
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<del></del>	\$	50,275.57
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/48 Rpt: 4/122	
2	FILER NAME Cuellar, Mar	la (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081742	
4	Date 06/06/2025	<ul> <li>5 Full name of contributor</li> <li>5-Star Embroidery</li> <li>6 Contributor address; City; State;</li> <li>McAllen, TX 78504</li> </ul>	out-of-state PAC (ID#:_  Zip Code	)	7 Amount of Contribution (\$) \$1,000.0	)0
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	spouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 05/29/2025	57 Concrete LLC  Contributor address; City; State;	out-of-state PAC (ID#:_ Zip Code		Amount of Contribution (\$) \$5,000.0	)0
	Contributor's I	Mission, TX 78574 Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 05/20/2025	Full name of contributor 6-Shooter Bail Bonds Contributor address; City; State; Edinburg, TX 78540	out-of-state PAC (ID#:_ Zip Code	)	Amount of Contribution (\$)	00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this f	form.		pages Schedule A(J)1 2/48 Rpt: 5/122	L:
2	FILER NAME				3 Filer II	D (Ethics Commissi	on Filers)
	Cuellar, Mar	la (The Honorable)			00081	1742	
4	Date 05/21/2025	Full name of contributor     A Budget Bail Bond     Contributor address; City;	out-of-state PAC (ID#:_		7 Amour	nt of Contribution (\$)	\$500.00
		McAllen, TX 78520		T			
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if an	у)	
12	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	١	Amour	nt of Contribution (\$)	
	05/16/2025 A Healing Touch Home Health, LLC			7 (111001	it of Continuation (¢)	\$500.00	
		Contributor address; City;					
		Weslaco, TX 78599		,			
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if an	у)	
	If contributor i	s a child, law firm of parent(s) (i	f any)				
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amour	nt of Contribution (\$)	
	05/19/2025	A Quick Bail Bonds		,		(.,	\$1,000.00
			State; Zip Code				
		Edinburg, TX 78540					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if an	у)	
	If contributor i	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 3/48 Rpt: 6/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/20/2025	<ul><li>5 Full name of contributor</li><li>A-Fast Bail Bonds</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Edinburg, TX 78542				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	ī	Amount of Contribution (\$)
	05/19/2025	A-Lightening Bail Bonds Contributor address; City;	<u> </u>			\$1,000.00
		Edinburg, TX 78541				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/20/2025	A-Mingo Bail Bonds 1	_			\$250.00
		Contributor address; City;  Edinburg, TX 78540	State; Zip Code			
	Canatuilavitaula			Contributorio Job Title		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/48 Rpt: 7/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 06/05/2025	5 Full name of contributor ATLAS, HALL & RORIG 6 Contributor address; City;			7	Amount of Contribution (\$) \$2,500.00
		MCALLEN, TX 78502-3	725			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/20/2025	Alaniz, James (Mr.)  Contributor address; City;  Mission, TX 78572	State; Zip Code			\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	ппсіраї Оссарацоп		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	05/15/2025	Alaniz, Rolando (Mr.)  Contributor address; City;  Palmhurst, TX 78573	State; Zip Code			\$1,000.00
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Self Employe	·		Self Employed		
Н		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/48 Rpt: 8/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/19/2025	<ul><li>5 Full name of contributor Alvarez, Oscar (Mr.)</li><li>6 Contributor address; City; \$</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,000.00
		McAllen, TX 78501				
8		Principal Occupation		9 Contributor's Job Title		
10	Attorney	employer/law firm		Attorney	2011	oo (if onu)
10	Self	етрюуетлам шт		11 Law firm of contributor's sp	Jous	se (II ariy)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/20/2025	Amigo Title  Contributor address; City; \$	State; Zip Code			\$2,500.00
	Cambrilanda	Alamo, TX 78516		Contributoulo Job Title		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/20/2025	Aredondo Law Firm				\$1,500.00
		Contributor address; City; s  McAllen, TX 78504				
-	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	ges Schedule A(J): 18 Rpt: 9/122	L:
2	FILER NAME Cuellar, Mar	la (The Honorable)			3 Filer ID 000817	(Ethics Commissi	on Filers)
4	Date 05/28/2025	<ul><li>5 Full name of contributor Arenel Properties LLC</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		7 Amount	of Contribution (\$)	\$2,500.00
		McAllen, TX 78501					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	Contributor's employer/law firm 11 Law firm of contrib			oouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	05/22/2025	Barrera Sanchez & Assoc	<del></del>				\$2,500.00
		Contributor address; City; Si  McAllen, TX 78504	tate; Zip Code				
	Contributor's I	IPrincipal Occupation		Contributor's Job Title			
		тиогран обобарацион		00.18.188.10.10.00.20.11.18			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	06/02/2025	Bloomquist Consulting LL	C				\$1,000.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596						
$\vdash$	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Continuator 3 i	тистра Оссаранот		Continuator 3 300 Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if a	any)				

MONET	ARY POLITICAL (	CONTRIBUTIO	DNS	SCHEDULE A(J)1
The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 7/48 Rpt: 10/122
2 FILER NAME Cuellar, Mar	la (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081742
4 Date 05/20/2025	<ul><li>5 Full name of contributor Border Breeze Investmer</li><li>6 Contributor address; City; S</li></ul>			7 Amount of Contribution (\$) \$1,000.00
	McAllen, TX 78501			
8 Contributor's I	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>	
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/16/2025			\$5,000.00	
	McAllen, TX 78504			
Contributor's I	Principal Occupation		Contributor's Job Title	
Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)	I	
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
05/15/2025	Brasure, Chris	_		\$2,500.00
	Contributor address; City; S  McAllen, TX 78504	State; Zip Code		
Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>
Attorney			Attorney	
Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
Self				
If contributor is	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 8/48 Rpt: 11/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/21/2025	<ul><li>5 Full name of contributor</li><li>Cantu Del Bosque, LLC</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$500.00
		Edinburg, TX 78540		Ţ		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	05/15/2025	Carlos E Ortegon PC Contributor address; City; \$	<u> </u>			\$5,000.00
		Mission, TX 78574				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	05/23/2025	Carlos Jamie Garza, PC	<b>–</b>		l	\$250.00
		Contributor address; City; S  Weslaco, TX 78596	State; Zip Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Continuators	тіпсіраї Оссираноп		Contributor 3 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 9/48 Rpt: 12/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/20/2025	Full name of contributor     Christopher P Cavazos I     Contributor address; City; S			7	Amount of Contribution (\$) \$2,500.00
		McAllen, TX 78504				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)
	05/27/2025	Concrete Ventures, LLC Contributor address; City; 9	<u> </u>		-	\$1,000.00
		Mission, TX 78574				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/20/2025	Davis, Timm (Mr.)  Contributor address; City; \$	State; Zip Code		-	\$1,000.00
		McAllen, TX 78504		I		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J	)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 10/48 Rpt: 13/122	
2	FILER NAME Cuellar, Mar	la (The Honorable)			3 Filer ID (Ethics Commission File 00081742	ers)
4	Date 05/20/2025	<ul> <li>5 Full name of contributor</li> <li>De La Fuente, Artemio (Mr.</li> <li>6 Contributor address; City; Star</li> <li>McAllen, TX 78501</li> </ul>			7 Amount of Contribution (\$) \$2,0	00.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if an	у)			
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	05/15/2025	Duberney Law Firm  Contributor address; City; Star  Edinburg, TX 78539	te; Zip Code		 \$1,0	00.000
	Contributorio	Principal Occupation		Contributor's Job Title		
	Continuators	этпстрат Оссирацоп		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	у)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	05/14/2025	Espinoza Family Account  Contributor address; City; State  Mercedes, TX 78570	te; Zip Code		 	00.00
	Contributor's I	Principal Occupation		Contributor's Job Title	I	
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	у)			

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 11/48 Rpt: 14/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/29/2025	<ul><li>5 Full name of contributor</li><li>Espinoza Law Firm, PLLC</li><li>6 Contributor address; City; St.</li></ul>			7	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78216				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)
	06/07/2025	FIGHTING FOR SOUT TE Contributor address; City; St	EXAS PAC			\$1,000.00
	0	McAllen, TX 78501		Occasionate de Title		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	05/20/2025	Fabian Guerrero Attorney  Contributor address; City; St				\$1,000.00
		McAllen, TX 78501				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 12/48 Rpt: 15/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/20/2025	<ul><li>5 Full name of contributor Flores &amp; Casso</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	ee (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	05/23/2025	Garanon LLC Contributor address; City; S	<u> </u>		•	\$250.00
		Weslaco, TX 78596				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	ee (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/19/2025	Garcia & Villarreal, PLLC	<b>–</b>			\$2,500.00
		Contributor address; City; S  McAllen, TX 78504-2448			-	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 13/48 Rpt: 16/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/15/2025	<ul><li>5 Full name of contributor</li><li>Garza Law Office, PLLC</li><li>6 Contributor address; City; §</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$1,000.00
		Edinburg, TX 78541				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date 06/06/2025	Full name of contributor Garza, Abel (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$500.00
		Mission, TX 78572	·			
_	Contributor's F	IPrincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/22/2025	Godinez Law Firm, P.C.	_			\$2,500.00
		Contributor address; City; S	State; Zip Code			
		McAllen, TX 78501				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1 Sch: 14/48 Rpt: 17/122	:
2	FILER NAME Cuellar, Mar	la (The Honorable)			3 Filer ID (Ethics Commission 00081742	on Filers)
4	Date 05/16/2025			7 Amount of Contribution (\$)	\$1,000.00	
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	. <b>L</b>	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if an	у)			
	Date 05/21/2025	Full name of contributor [ Griffith Law Group, LLP Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code	)	Amount of Contribution (\$)	\$1,500.00
	Contributor's I	McAllen, TX 78504 Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	у)			
	Date 05/21/2025	Full name of contributor [Guerra Law Firm Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code	)	Amount of Contribution (\$)	\$2,500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	. <b>L</b>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	y)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 15/48 Rpt: 18/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081742
4	Date 05/15/2025			7 Amount of Contribution (\$) \$5,000.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if ar	ny)		
	Date 05/16/2025	Full name of contributor Healing Touch Hospice Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code		Amount of Contribution (\$) \$500.00
	Contributor's I	Weslaco, TX 78599 Principal Occupation		Contributor's Job Title	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if ar	ny)		
	Date 05/23/2025	Full name of contributor Hernandez Law Firm, PC Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		Amount of Contribution (\$) \$5,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	1
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if ar	ny)		

	MONET	ARY POLITICAL CONTRI	BUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comple	ete this f	orm.	1	Total pages Schedule A(J)1: Sch: 16/48 Rpt: 19/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/21/2025			7	Amount of Contribution (\$) \$2,500.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 06/05/2025	J. Palacios PLLC  Contributor address; City; State; Zip Code	e PAC (ID#:_	)		Amount of Contribution (\$) \$500.00
	Contributor's I	Edinburg, TX 78539 Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date 06/05/2025	Full name of contributor out-of-state J. Roel Garcia, Law Office PC Contributor address; City; State; Zip Code Pharr, TX 78577	PAC (ID#:_	)		Amount of Contribution (\$) \$1,000.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 17/48 Rpt: 20/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 06/03/2025	<ul><li>5 Full name of contributor     Jaime Cavazos, Attorne</li><li>6 Contributor address; City;</li></ul>	-		7	Amount of Contribution (\$) \$1,000.00
		Olmito, TX 78575				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/14/2025	Jesus Contreras, Esq.  Contributor address; City;	<u> </u>			\$1,000.00
		Edinburg, TX 78539		•		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/20/2025	Jody R. Mask, PLLC  Contributor address; City;	State; Zip Code			\$5,000.00
		McAllen, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	f any)	L		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 18/48 Rpt: 21/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/16/2025	5 Full name of contributor Jones Galligan, Key & Lo 6 Contributor address; City; 9		)	7	Amount of Contribution (\$) \$2,500.00
		Weslaco, TX 78596				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	05/23/2025	Juan Ramos Law Group Contributor address; City; 9	<u> </u>			\$1,250.00
		McAllen, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	05/19/2025	Kasa RGV LLC				\$5,000.00
		Contributor address; City; S  Mission, TX 78572	State; Zip Code		•	
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributors	-ппстрат Оссирацоп		Continuation 5 Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	TARY POLITICAL CONTRIBUTION	)NS		SCHEDULE /	A(J)1
	The Instru	ction Guide explains how to complete this f	orm.	1	otal pages Schedule A(J)1: ch: 19/48 Rpt: 22/122	:
2	FILER NAME Cuellar, Mar	: rla (The Honorable)			ler ID (Ethics Commission)	on Filers)
4	Date 06/10/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_LAND GRABBER LLC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		<b>7</b> Ar	mount of Contribution (\$)	\$2,000.00
8	Contributor's I	PALMHURST, TX 78573 Principal Occupation	9 Contributor's Job Title	<u> </u>		
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	oouse (	if any)	
12	! If contributor is	is a child, law firm of parent(s) (if any)				
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Law Firm Of Rolando Cantu & Associates Contributor address; City; State; Zip Code		Ar	mount of Contribution (\$)	\$1,000.00
_	Contributorio	McAllen, TX 78504	Contributor's Job Title			
	Continuor 5 r	Principal Occupation	Continuator 5 Job Title			
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (	if any)	
	If contributor is	is a child, law firm of parent(s) (if any)				
	Date 05/20/2025	Full name of contributor out-of-state PAC (ID#:_ Law Office A. Andre Maldonado		Ar	mount of Contribution (\$)	\$500.00
		Contributor address; City; State; Zip Code  Edinburg, TX 78539				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (	if any)	
	If contributor is	is a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A(J)1: Sch: 20/48 Rpt: 23/122
2	FILER NAME Cuellar, Mar	la (The Honorable)		1	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/22/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Law Office Melissa R. Montes</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$) \$250.00
		Edinburg, TX 78541			
8	Contributor's F	Principal Occupation	9 Contributor's Job Title		
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	pous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)			
H	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	05/28/2025	Law Office of A. Ricardo Flores  Contributor address; City; State; Zip Code			\$1,500.00
		McAllen, TX 78501			
	Contributor's F	Principal Occupation	Contributor's Job Title	•	
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/20/2025	Law Office of Abel Hinojosa			\$300.00
		Contributor address; City; State; Zip Code  Edinburg, TX 78539			
_	Contributor's [	Principal Occupation	Contributor's Job Title		
	Continuators	-ппстра: Оссирацоп	Continuator 5 Job Title		
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to complete this f	form.	1	ges Schedule A(J)1 L/48 Rpt: 24/122	L:
2	FILER NAME Cuellar, Mar	rla (The Honorable)		3 Filer ID 000817	(Ethics Commission / 42	on Filers)
4	Date 05/20/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Law Office of Agustin Hernandez</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7 Amount	of Contribution (\$)	\$1,000.00
8	Contributor's	Edinburg, TX 78539 Principal Occupation	9 Contributor's Job Title			
10	O Contributor's employer/law firm  11 Law firm of contributor's s			pouse (if any)		
12	. If contributor is	is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	05/20/2025	Law Office of Alejandro Muniz PLLC  Contributor address; City; State; Zip Code				\$1,000.00
		Edinburg, TX 78539	T			
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if any)		
	If contributor is	is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	05/19/2025	Law Office of Bobby Garcia, P.C.  Contributor address; City; State; Zip Code				\$1,500.00
		Ednburg, TX 78539				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if any)		
	If contributor is	is a child, law firm of parent(s) (if any)	1			

	MONET	TARY POLITICAL CONTRIBUTION	)NS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to complete this f	orm.	1	ages Schedule A(J)1 2/48 Rpt: 25/122	L:
2	FILER NAME Cuellar, Mar	rla (The Honorable)		3 Filer ID 00081	(Ethics Commission 742	on Filers)
4	Date 05/15/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Law Office of Carlos A. Garcia, PLLC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount	t of Contribution (\$)	\$1,500.00
8	Contributor's F	Mission, TX 78572 Principal Occupation	9 Contributor's Job Title	<u> </u>		
10	0 Contributor's employer/law firm 11 Law firm of contributor's s			pouse (if any	)	
12	If contributor is	is a child, law firm of parent(s) (if any)				
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Law Office of Carlos R Galvan Contributor address; City; State; Zip Code		Amount	t of Contribution (\$)	\$1,500.00
	Contributor's !	Edinburg, TX 78539 Principal Occupation	Contributor's Job Title			
	Continuator 5 .	-ппора Оссараноп	Contributor 5 500 Trac			
		employer/law firm	Law firm of contributor's sp	oouse (if any	)	
	If contributor is	is a child, law firm of parent(s) (if any)				
	Date 05/20/2025	Full name of contributor out-of-state PAC (ID#:_Law Office of Damian C. Orozco  Contributor address; City; State; Zip Code  Pharr, TX 78577		Amount	t of Contribution (\$)	\$500.00
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any	)	
	If contributor is	is a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CO	NTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 23/48 Rpt: 26/122	
2	FILER NAME Cuellar, Mar	FILER NAME Cuellar, Marla (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081742	
4	Date 05/23/2025			7	Amount of Contribution (\$) \$2,500.00	
		Donna, TX 78537				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	05/22/2025	Law Office of Diana Fuentes  Contributor address; City; State;  Weslaco, TX 78599			•	\$500.00
	Contributor's I			Contributor's Job Title		
	Continuators	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	05/23/2025	Law Office of Edna Escanam	e Cedillo			\$500.00
		Contributor address; City; State; Edinburg, TX 78539	Zip Code			
Н	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1		
The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 24/48 Rpt: 27/122		
2 FILER NAME Cuellar, Mar	la (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081742		
4 Date 05/23/2025			7 Amount of Contribution (\$) \$2,500.00		
	Edinburg, TX 78539				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's 6	employer/law firm	11 Law firm of contributor's sp	pouse (if any)		
12 If contributor is	12 If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
06/06/2025	Law Office of Emerson Arellano  Contributor address; City; State; Zip Code		\$1,500.00		
Edinburg, TX 78539					
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/28/2025	Law Office of Flores & Dietz LLC		\$500.00		
Contributor address; City; State; Zip Code  Edinburg, TX 78539					
Contributor's F	Principal Occupation	Contributor's Job Title	<u> </u>		
Contributor's employer/law firm Law firm of contributor		Law firm of contributor's sp	oouse (if any)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 25/48 Rpt: 28/122
2	FILER NAME Cuellar, Mar	FILER NAME Cuellar, Marla (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081742
4	Date 05/23/2025	_ `		7 Amount of Contribution (\$) \$500.00
		Pharr, TX 78577		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (I	D#: )	Amount of Contribution (\$)
	05/23/2025	Law Office of Hector Hernandez, Jr. PLLC  Contributor address; City; State; Zip Code		\$2,500.00
		Edinburg, TX 78539		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's 6	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)
	05/20/2025	Law Office of J. Enedio Bazan, PLLC		\$500.00
		Contributor address; City; State; Zip Code  Edinburg, TX 78539		
	Contributor's I		Contributor's Job Title	
	Continuators	Principal Occupation	Continuator's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 26/48 Rpt: 29/122
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Cuellar, Mar	Cuellar, Marla (The Honorable)		00081742
4	Date	5 Full name of contributor  ut-of-state PAC (	ID#:)	7 Amount of Contribution (\$)
	05/15/2025	Law Office of John King		\$1,500.00
		<b>6</b> Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
=	Date	Full name of contributor	ID#· )	Amount of Contribution (\$)
	05/15/2025	Law Office of Jorge Luis Ortegon	)	\$1,500.00
	00/10/2020	Contributor address; City; State; Zip Code		
	Contributor's	Edinburg, TX 78541 Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	enouse (if any)
	Contributors	ыпрюуетам IIIII	Law iiiii oi contributor 3 3	pouse (ii arry)
	If contributor i	s a child, law firm of parent(s) (if any)	•	
_	Date	Full name of contributor  out-of-state PAC (	ID#:)	Amount of Contribution (\$)
	06/10/2025	Law Office of Jorge Munoz		\$2,500.00
		Contributor address; City; State; Zip Code		
		Edinburg, TX 78539		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
$\vdash$				

	MONET	ARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 27/48 Rpt: 30/122
2	FILER NAME Cuellar, Marla (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081742	
4	Date 05/22/2025	Law Office of Judith A. Cantu  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00
8	Contributor's I	McAllen, TX 78504 Principal Occupation	9 Contributor's Job Title	. <b>L</b>
10	Contributor's e	employer/law firm	11 Law firm of contributor's s	spouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if any)		
	Date Full name of contributor out-of-state PAC (ID#:)  Law Office of M Teressa Coronado  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00	
	Contributor's F	Edinburg, TX 78539 Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 05/29/2025	Full name of contributor out-of-state PAC (I Law Office of Mauricio A. Martinez  Contributor address; City; State; Zip Code  Edinburg, TX 78539	ID#:)	Amount of Contribution (\$) \$1,000.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	1
	Contributor's e	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	-	

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 28/48 Rpt: 31/122
2	FILER NAME Cuellar, Marla (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081742	
4	Date 05/26/2025	Law Office of Monica M. Galvan  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,500.00
8	Contributor's I	Edinburg, TX 78539 Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)		
	Date Full name of contributor out-of-state PAC (ID#:)  106/01/2025 Law Office of Osidis Gonzalez  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00	
	Contributor's I	Mission, TX 78572 Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date 05/20/2025	Full name of contributor out-of-state PAC (IE Law Office of Palacios, Cruz & Moreno, PLLC Contributor address; City; State; Zip Code McAllen, TX 78504		Amount of Contribution (\$) \$2,500.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	,	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to complete this f	orm.	1	ges Schedule A(J)1 /48 Rpt: 32/122	:
2	FILER NAME Cuellar, Marla (The Honorable)		3 Filer ID 000817	(Ethics Commission 42	on Filers)	
4	Date 05/15/2025			7 Amount	of Contribution (\$)	\$1,000.00
		McAllen, TX 78501				
8	Contributor's F	Principal Occupation	9 Contributor's Job Title			
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	05/30/2025	Law Office of Rene A. Flores, PLLC  Contributor address; City; State; Zip Code			()	\$5,000.00
		Mission, TX 78572				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	05/20/2025	Law Office of Reynaldo Ortiz LP				\$1,000.00
		Contributor address; City; State; Zip Code  McAllen, TX 78504				
-	Contributor's F	Principal Occupation	Contributor's Job Title	<u> </u>		
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 30/48 Rpt: 33/122	
2	FILER NAME Cuellar, Mar	FILER NAME Cuellar, Marla (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081742	
4	Date 05/15/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Law Office of Robert M. Capello Jr. PC</li> <li>Contributor address; City; State; Zip Code</li> <li>Edinburg, TX 78539</li> </ul>		7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's F	Principal Occupation	9 Contributor's Job Title		
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	spouse (if any)	
12	12 If contributor is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	05/20/2025	Law Office of Roberto Salazar  Contributor address; City; State; Zip Code  McAllen, TX 78504		\$1,000.00	
	Contributor's	Principal Occupation	Contributor's Job Title		
	Contributor's 6	employer/law firm	Law firm of contributor's sp	spouse (if any)	
	If contributor is	is a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	05/23/2025	Law Office of Roel Esquivel PC  Contributor address; City; State; Zip Code  EDINBURG, TX 78539		\$500.00	
	Contributor's F	Principal Occupation	Contributor's Job Title		
	Contributor's e	employer/law firm	Law firm of contributor's sp	spouse (if any)	
	If contributor is	is a child, law firm of parent(s) (if any)	J		

	MONET	ARY POLITICAL CONTRIBUTION	)NS		SCHEDULE /	4(J)1
	The Instruction Guide explains how to complete this form.				otal pages Schedule A(J)1: ch: 31/48 Rpt: 34/122	:
2	FILER NAME Cuellar, Marl	FILER NAME Cuellar, Marla (The Honorable)		1	ler ID (Ethics Commission)	on Filers)
4	Date 05/14/2025			<b>7</b> Am	nount of Contribution (\$)	\$1,500.00
R	Contributor's I	McAllen, TX 78504 Principal Occupation	9 Contributor's Job Title	<u> </u>		
	Continuator 5 .	Timopal Occupation	5 Contributor 5 COD True			
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	ouse (i	f any)	
12	12 If contributor is a child, law firm of parent(s) (if any)					
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)	An	mount of Contribution (\$)	
	05/30/2025 Law Office of Santos Maldonado, Jr.  Contributor address; City; State; Zip Code				\$1,500.00	
		Edinburg, TX 78539				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (i	f any)	
	If contributor is	is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:_		An	mount of Contribution (\$)	
	05/20/2025	Law Office of Savannah Gonzalez				\$1,000.00
		Contributor address; City; State; Zip Code  Edinburg, TX 78539				
	Contributor's F	Principal Occupation	Contributor's Job Title	<u> </u>		
Contributor's employer/law firm  Law firm of contributor's s			Law firm of contributor's sp	ouse (i	f any)	
	If contributor is	is a child, law firm of parent(s) (if any)	l .			

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 32/48 Rpt: 35/122
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cuellar, Marl	a (The Honorable)		00081742
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/19/2025	Law Office of Vito Chavana		\$5,000.00
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
8 Contributor's P	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor  out-of-state PAC (ID#:		Amount of Contribution (\$)
05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Law Office of Xavier Ornelas	)	\$250.00
03/23/2023	Contributor address; City; State; Zip Code		Ψ230.00
Contributor's P	Edinburg, TX 78540 Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/26/2025	Law Offices of Jonathan L. Almanza		\$1,000.00
	Contributor address; City; State; Zip Code		·· <del>·</del>
	McAllen, TX 78504		
Contributor's P	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 33/48 Rpt: 36/122
2	FILER NAME Cuellar, Mar	FILER NAME Cuellar, Marla (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081742	
4	Date 05/22/2025			7	Amount of Contribution (\$) \$1,000.00	
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)
	05/20/2025	Lillian Investments LLC  Contributor address; City; S	<u> </u>			\$1,500.00
		Edinburg, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	05/27/2025	Martinez, Antonio (Mr.)  Contributor address; City; S	itate; Zip Code			\$1,500.00
		McAllen, TX 78504				
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	ARY POLITICAL C	CONTRIBUTIO	DNS	S	SCHEDULE <b>A(J)1</b>
The Instru	ction Guide explains how	to complete this f	orm.	1	s Schedule A(J)1: 3 Rpt: 37/122
2 FILER NAME Cuellar, Mar	FILER NAME Cuellar, Marla (The Honorable)		3 Filer ID (E 00081742	Ethics Commission Filers)	
4 Date 05/20/2025				Contribution (\$) \$1,000.00	
	McAllen, TX 78504				
8 Contributor's F	Principal Occupation		9 Contributor's Job Title		
<b>10</b> Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if a	ny)			
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of 0	Contribution (\$)
05/23/2025	Minidoka Landco, LLC Contributor address; City; St				\$500.00
	Edinburg, TX 78539				
Contributor's F	Principal Occupation		Contributor's Job Title		
Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if a	ny)	<u> </u>		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of 0	Contribution (\$)
05/20/2025	Morales, Jaime (Mr.)	—			\$1,000.00
	Contributor address; City; St McAllen, TX 78504	ate; Zip Code			
Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
Attorney			Attorney		
Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (if any)	
Self					
If contributor is	s a child, law firm of parent(s) (if a	ny)			

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A(J)1: Sch: 35/48 Rpt: 38/122
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Cuellar, Mar	a (The Honorable)		00081742
4	Date 5 Full name of contributor out-of-state PAC (ID#:)  06/07/2025 Noel O. Garza, D.D.S. P.A  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00	
		Mission, TX 78572		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	1
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	(ID#· )	Amount of Contribution (\$)
	05/30/2025	O'Hanlon Demerath & Castillo	(10#)	\$2,500.00
		Contributor address; City; State; Zip Code		
		Pharr, TX 78577		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (	(ID#: )	Amount of Contribution (\$)
	06/05/2025	O. Rene Flores, P.C.		\$2,500.00
		Contributor address; City; State; Zip Code		
		Edinburg, TX 78539		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	otal pages Schedule A(J): sch: 36/48 Rpt: 39/122	1:
2	FILER NAME Cuellar, Mar	la (The Honorable)			l	iler ID (Ethics Commiss 0081742	ion Filers)
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:		7 A	mount of Contribution (\$)	\$2,500.00		
		McAllen, TX 78504					
8		Principal Occupation		9 Contributor's Job Title			
L	Agent			Agent			
10	Self	employer/law firm		11 Law firm of contributor's sp	ouse	(ir any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	А	mount of Contribution (\$)	
	05/13/2025	Orendain & Dominguez  Contributor address; City; S  McAllen, TX 78501	State; Zip Code				\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor 3 i	micipal Occupation		Contributor 3 305 Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	А	mount of Contribution (\$)	
	05/15/2025	Pablo Garza III, PC Contributor address; City; S	State; Zip Code				\$2,500.00
		McAllen, TX 78504					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	I			

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 37/48 Rpt: 40/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081742
4	Date 05/28/2025			7 Amount of Contribution (\$) \$1,500.00	
Ω	Contributor's I	Edinburg, TX 78539 Principal Occupation		9 Contributor's Job Title	
0	Contributors	- micipal Occupation		Contributor's 30b Title	
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/20/2025	Palacios-Love Law PLLC Contributor address; City; Sta			\$500.00
	O - stalle stande I	Edinburg, TX 78539		Occasionate de Tido	
	Contributors	Principal Occupation		Contributor's Job Title	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/19/2025	Peralez Franz, LLP  Contributor address; City; Sta  McAllen, TX 78504-3404	ate; Zip Code		\$5,000.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 38/48 Rpt: 41/122
2	FILER NAME Cuellar, Mar	la (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081742
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Perez, Ricardo (Mr.)  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00	
		McAllen, TX 78501		
8		Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Self	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor  uut-of-state PAC (ID	)#:)	Amount of Contribution (\$)
	05/28/2025	Purdue Brandon Fielder Collins & Mott, LLP  Contributor address; City; State; Zip Code  McAllen, TX 78502		\$1,000.00
_	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor 3 i	This paracecupation	Contributor 5 005 Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  uut-of-state PAC (ID	)#:)	Amount of Contribution (\$)
	05/15/2025	Ramon Worthington, PLLC  Contributor address; City; State; Zip Code		\$1,000.00
	Contributorio	Edinburg, TX 78539	Contributorio Joh Titlo	<u>l</u>
	Contributors	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 39/48 Rpt: 42/122
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Cuellar, Mar	la (The Honorable)			00081742
4	Date 05/26/2025  Full name of contributor out-of-state PAC (ID#:) Reyes, Samuel (Mr.)  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)		
			. \$1,000.00		
		Edinburg, TX 78540			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	•
	Attorney			Attorney	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if an	у)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/15/2025	Ricky Rod Law Group		,	\$5,000.00
		Contributor address; City; Sta	te; Zip Code		
		Edinburg, TX 78539			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if an	y)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/26/2025	Robert J. Salinas, Attorney		,	\$1,000.00
		Contributor address; City; Sta			
		Donna, TX 78537			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if an	y)		

	MONET	ARY POLITICAL CONT	TRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	mplete this f	orm.	1	Total pages Schedule A(J)1: Sch: 40/48 Rpt: 43/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	Date 05/23/2025  5 Full name of contributor out-of-state PAC (ID#:) Robert R. Flores Law Firm PLLC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$5,000.00		
		McAllen, TX 78504				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-	of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)
	05/16/2025	Roerig, Oliveira & Fisher, L.L.P.  Contributor address; City; State; Zip	Code		-	\$1,500.00
		Brownsville, TX 78520		T		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-	of-state PAC (ID#:_	)		Amount of Contribution (\$)
	05/20/2025	Rubio & Associates, PLLC				\$2,500.00
		Contributor address; City; State; Zip  McAllen, TX 78504	Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title	<u>                                     </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 41/48 Rpt: 44/122	=
2	FILER NAME Cuellar, Mar	la (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081742	
4	Date 05/15/2025			7 Amount of Contribution (\$) \$2,500.00	)	
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	1	_
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if a	ny)			_
	Date 05/20/2025	Full name of contributor Saenz, Sergio (Mr.) Contributor address; City; St. Mission, TX 78572	out-of-state PAC (ID#:_ ate; Zip Code	)	Amount of Contribution (\$) \$1,000.00	=
	Contributor's I	Principal Occupation		Contributor's Job Title		_
	Business Ov			Business Owner		
	Self	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	ny)			
	Date 05/21/2025	Full name of contributor Safety Check Contributor address; City; St	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$500.00	=
	Contributor's I	Principal Occupation		Contributor's Job Title	1	_
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	_
	If contributor i	s a child, law firm of parent(s) (if a	ny)			_

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A(J)1: Sch: 42/48 Rpt: 45/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	4 Date 05/22/2025  5 Full name of contributor out-of-state PAC (ID#:) Salinas, Rubio (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Edinburg, TX 78541				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Self	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)	)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	06/05/2025	Talamantez, Maria (Ms.)  Contributor address; City; State  McAllen, TX 78501	; Zip Code		•	\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Chiropractor			Self		
	-	employer/law firm		Law firm of contributor's sp	ous	se (if any)
		s a child, law firm of parent(s) (if any)	)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	05/20/2025	Tamez & Ortegon, PLLC Contributor address; City; State Pharr, TX 78577	; Zip Code			\$1,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 43/48 Rpt: 46/122
2	FILER NAME Cuellar, Mar	IAME , Marla (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081742	
4	1 Date 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00		
		McAllen, TX 78504				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/30/2025	The Begum Law Group  Contributor address; City;	<u> </u>			\$2,500.00
		Brownsville, TX 78526				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	ee (if any)
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/19/2025	The Karam Law Firm				\$1,000.00
		Contributor address; City;  McAllen, TX 78501	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 44/48 Rpt: 47/122
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Cuellar, Mar	la (The Honorable)		00081742
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  The Lopez Law Group, PLLC  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$5,000.00	
		Weslaco, TX 78599		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	<i>t</i> · )	Amount of Contribution (\$)
	05/15/2025	The Omar Ochoa Law Firm PC	·	\$5,000.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78501		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	<i>t</i> : )	Amount of Contribution (\$)
	05/29/2025	The Sanchez Law Firm PLLC		\$250.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78504		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 45/48 Rpt: 48/122
2	FILER NAME Cuellar, Mar	la (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081742
4	4 Date 05/30/2025  5 Full name of contributor out-of-state PAC (ID#:) Thomas, Raymond (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,500.00		
		McAllen, TX 78504				
8		Principal Occupation		9 Contributor's Job Title		
	Attonrey			Attorney		
10	Contributor's 6 Self	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/14/2025	Tijerina & Denzer & Sabo				\$2,500.00
	Cambuila utaula I	McAllen, TX 78504		Constributoulo Joh Titlo		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/22/2025	Tijerina Law Firm Contributor address; City; S	state; Zip Code			\$1,250.00
		Edinburg, TX 78539				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				ges Schedule A(J) 6/48 Rpt: 49/122	1:
2	FILER NAME	FILER NAME Cuellar, Marla (The Honorable)			3 Filer ID 000817	(Ethics Commiss	ion Filers)
4	Date 05/19/2025	5 Full name of contributor out-of-state PAC (ID#:		)		of Contribution (\$)	\$5,000.00
		McAllen, TX 78501					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	05/30/2025	Vasquez Law Firm	<b>_</b>	······································		,	\$1,000.00
		Contributor address; City; S  McAllen, TX 78501	tate; Zip Code				
	Contributor's F	I Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm		Law firm of contributor's sp	pouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	05/16/2025	Vidaurri Rodriguez & Rey					\$1,000.00
		Contributor address; City; S  Edinburg, TX 78541					
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
Contributor's employer/law firm			Law firm of contributor's sp	pouse (if any)	)		
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A(J)1	
	The Instru	ction Guide explains how to complete this f	form.	1	ges Schedule A(J)1 7/48 Rpt: 50/122	L:
2	FILER NAME Cuellar, Mar	rla (The Honorable)		3 Filer ID 000817	(Ethics Commission 42	on Filers)
4	Date 05/20/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Villalobos &amp; Villalobos PC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount (	of Contribution (\$)	\$2,500.00
	Contributor's [	McAllen, TX 78504	To Contributor's Joh Title	<u> </u>		
ð	Continuitor 5 r	Principal Occupation	9 Contributor's Job Title			
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	pouse (if any)		
12	12 If contributor is a child, law firm of parent(s) (if any)					
	Date	Full name of contributor  uut-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	05/20/2025 Villarreal, Calixtro (Mr.)  Contributor address; City; State; Zip Code					\$1,500.00
		Rio Grande City, TX 78589	T =			
		Principal Occupation	Contributor's Job Title			
	Attorney  Contributor's 6	employer/law firm	Attorney	- arrage (if any)		
	Self	этрюуетам шт	Law firm of contributor's sp	Douse (II ally)		
	If contributor is	is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	05/15/2025	Walsh McGurk Cordova & Nixon PLLC	ı			\$2,500.00
		Contributor address; City; State; Zip Code  Edinburg, TX 78539				
Contributor's Principal Occupation Contributor's Job Title		Contributor's Job Title				
Contributor's employer/law firm Lav			Law firm of contributor's sp	pouse (if any)		
	If contributor is a child, law firm of parent(s) (if any)					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1	
	The Instruction Guide explains how to complete this form			1 Total pages So Sch: 48/48 R		
2	FILER NAME				cs Commission Filers)	
_		la (The Honorable)		00081742	(4)	
4	Date 06/05/2025	5 Full name of contributor  out-of-state PAC (ID# Zambrano Law Firm	)	7 Amount of Con	\$2,500.00	
	00/03/2023	6 Contributor address; City; State; Zip Code			Ψ2,300.00	
		Alamo, TX 78516				
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)		
12	If contributor :	s a child, law firm of parent(s) (if any)				
LZ	ii contributor i	s a crilid, law liffil of pareful(s) (if any)				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 52/122			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Cuellar, Mai	rla (The Honorable)		00081742		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution		
06/07/2025	911 Pain Management		contribution (\$) description \$5,000.00 Event Venue		
	7 Contributor address; City; State; Zip Code		I I		
			į į		
	McAllen, TX 78504		_ ;		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)		
		11 Employer (FOR NON	FJODICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description		
06/07/2025	Open MRI		\$5,000.001 Event Venue		
	Contributor address; City; State; Zip Code				
			į į		
	McAllen, TX 78504		<sub>                                    </sub>		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)		
i ililoipai occi	apadion 7 dob dide (1 dix 14dix dobion/le) (eee memers)	Employer (Foretvor	(ess mentales)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution		
06/07/2025	Physicians Injury Clinic		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$4,000.00   Event Expense Food & Beverage		
	F. I'. I		_		
	Edinburg, TX 78539	T	Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See in			I-JUDICIAL) (See instructions)		
Contributor's principal occupation (EOD HIDIOIAL)			(FOR HIDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
Continuators	employemaw IIIII (I OR JUDICIAL)	Law IIIII of Continbut	oi o opouoe (ii ariy) (FOR JODICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
ii continuator	is a sime, law inition personals, (ii arry) (i on sobional)				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 53/122		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Cuellar, Maı	rla (The Honorable)		00081742		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution		
06/07/2025	Pinnacle Health, PC		contribution (\$) description		
	7 Contributor address; City; State; Zip Code		\$1,500.00   Event Food & Beverage		
	Alamo, TX 78516	•	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution		
06/07/2025	STAR Chiropractic		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$1,000.00 Event Supplies		
	, , , ,				
			į į		
	McAllen, TX 78501		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution		
06/07/2025	Texas Non Surgical Center		contribution (\$) description \$1,500.00 Event Supplies		
	Contributor address; City; State; Zip Code		I		
			_		
	McAllen, TX 78504	•	Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See			I-JUDICIAL) (See instructions)		
Contributor's	(FOR JUDICIAL) (See instructions)				
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

### 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	Al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/69 Rpt: 54/122	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	
	06/03/2025	4 Imprint	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.99	101 Commerce Street	
		Oshkosh, WI 54901	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	L Event Expense	vel outside of Texas. Complete Schedule T.
		Event sup	stin, TX, officeholder living expense
		Livent supp	51100
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/Ol		Office field
	Date	Payee name	
	04/01/2025	Abel Riojas Photography	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	2214 Sugar Lane	
		-	
		Mission, TX 78572	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ Auvertising Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Billboard p	
		Simbourd p	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
-	Date	Payee name	
	01/04/2025	Academy Sports	
	Amount (\$)		
	\$121.64	Payee address; City; State; Zip Code 3901 Expressway 83	
	Φ121.04	3901 Expressway os	
		M-Aller TV 70504	
		McAllen, TX 78501	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	use sutside of Toyan Complete Cohedule T
	EXPENDITURE	Liverit Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Campaign	
	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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	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: 2/69 Rpt: 55/122	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	02/27/2025	Aces BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.73	601 S. 10th Ave.
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		meal with constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/24/2025	Aces BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.82	601 S. 10th Ave.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal with constituent
		med will conclude the
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	06/07/2025	Alcala, Marlene
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	22759 Jesus Flores Rd.
	φ1,000.00	22739 Jesus Flores Nu.
		Edcouch, TX 78538
	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
		Event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

l	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
L	Sch: 3/69 Rpt: 56/122	Cuellar, Marla (The Honorable)		00081742
4		5 Payee name		
	04/07/2025	Alexandria Public Parking		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
l	\$3.50	301 King Street		
		Alexandria VA 22214		
Ļ		Alexandria, VA 22314		
8	PURPOSE OF	(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.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Congressional event
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
L				
	Date	Payee name		
L	06/20/2025	Amazon.com		
l	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$49.78	410 Terry Ave. North		
L		Seattle, WA 98109		
	PURPOSE OF		b) ˈ	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Event supplies
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
L	experience to benefit ever			
	Date	Payee name		
L	03/31/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$232.72	440 Terry Ave N		
		Soottle MA 00100		
L		Seattle, WA 98109		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	b) i	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Event supplies
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
L				

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		rict ategory 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: 4/69 Rpt: 57/122	Cuellar, Marla (The Honorable) 00081742	
4	Date	5 Payee name	
	04/18/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$258.60	440 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	
		Check if Austin, TX, officeholder living e	expense
		Event supplies	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office hel	d
	Date	Payee name	
	05/14/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$272.65	440 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	ete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living e	expense
		Event supplies	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office hel	d
	Date	Payee name	
	05/16/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.31	. 440 Terry Ave N	
		Seattle, WA 98109	
	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 e	expense
		Event supplies	
	Complete ONII V if allow	Condidate/Officeholder norse	Al .
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office hel OH	u

### 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	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/69 Rpt: 58/122	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	05/16/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.56	440 Terry Ave N
		Seattle, WA 98109
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
_	Commission ONII V if disposi	Condidate Office helder years Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	05/19/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.84	440 Terry Ave N
		Seattle, WA 98109
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Event supplies
	Operation ONLY & Street	Out in the 10ff and a little warms and the 10ff and a little warms are seen to 10ff and a little warms.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.80	440 Terry Ave N
		Seattle, WA 98109
	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 supplies
	Complete CNUV'S	Condidate/Officeholder name
	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

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/69 Rpt: 59/122	Cuellar, Marla (The Honorable)		00081742
4	Date	5 Payee name		•
	05/27/2025	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$154.88	440 Terry Ave N		
		0 1444 00400		
		Seattle, WA 98109		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Event supplies
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
_	Data			
	Date 06/03/2025	Payee name Amazon		
	Amount (\$)	Payee address; City; State; Zip Co	nda	
	\$212.63	440 Terry Ave N	uc	
	¥==	,		
		Seattle, WA 98109		
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/06/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$130.30	440 Terry Ave N		
		0		
		Seattle, WA 98109		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Event supplies
			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	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 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: 7/69 Rpt: 60/122	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	06/06/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.33	440 Terry Ave N
		Seattle, WA 98109
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
	expenditure to benefit C/OI	
F	Date	Payee name
	03/25/2025	At Home Stores
H	Amount (\$)	Payee address; City; State; Zip Code
	\$286.81	9000 Cypress Waters Blvd.
		Dallas, TX 75019
	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 moving expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/31/2025	At Home Stores
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$116.33	9000 Cypress Waters Blvd.
		Dallas, TX 75019
Г	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
ı		

### 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: 8/69 Rpt: 61/122	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	01/15/2025	Aviso Media Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,350.00	1418 Beech Ave.
		McAllen, TX 78501
8	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
		Billboard and graphics
		Billibodia dila grapinos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/19/2025	Aviso Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,350.00	1418 Beech Ave.
		McAllen, TX 78501
	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
		Billboard and graphics
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/14/2025	Aviso Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,350.00	1418 Beech Ave.
	Ψ1,000.00	1410 B00017 WC.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Billboard and graphics
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

#### SCHEDULE F1

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

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

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

	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: 9/69 Rpt: 62/122	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	04/16/2025	Aviso Media Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,350.00	1418 Beech Ave.
		McAllen, TX 78501
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 Billboard and graphics
		Embourd and graphics
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/15/2025	Aviso Media Group
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,350.00	1418 Beech Ave.
		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 Billboard and graphics
		Simbourd and grapines
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/16/2025	Aviso Media Group
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,350.00	1418 Beech Ave.
		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
		Billboard and graphics
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Expendence/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 Salaries/Wanes/Contract Lahor

	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: 10/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	06/04/2025	Bazan, Manuel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	2013 Washington St
		Weslaco, TX 78596
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 expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/09/2025	Bill Miller Bar B Q
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.87	3928 S I35
		San Marcos, TX 78666
	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  Meal
		iviedi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/06/2025	Bubba's 33
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.28	2608 W. Expressway 83
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meal with constituent
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

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

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

Burlington  6 Amount (\$)  \$118.36  7 Payee address; City; State; Zip Code  \$118.36  \$118.36  Edinburg, TX 78539  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office decor
4 Date 03/27/2025 5 Payee name Burlington  7 Payee address; City; State; Zip Code \$118.36 \$118.36 Feliaburg, TX 78539  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office decor  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Burlington  6 Amount (\$)  \$118.36  Felianburg, TX 78539  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office decor  9 Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Office sought Office held
6 Amount (\$)  591 E Trenton Rd.  Edinburg, TX 78539  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Office Overhead/Rental Expense  Candidate/Officeholder name  Office sought  Office held
\$118.36
Edinburg, TX 78539  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office decor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office decor  Office decor  Office held
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office decor  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office decor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office decor  Office ONLY if direct  Candidate/Officeholder name  Office sought  Office held
OF EXPENDITURE  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office decor  9 Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office decor  Office ONLY if direct  Candidate/Officeholder name  Office sought  Office held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held
capatitation to benefit of or i
· · · · · · · · · · · · · · · · · · ·
Date Payee name
03/31/2025 Burlington
Amount (\$) Payee address; City; State; Zip Code
\$75.76 591 E Trenton Rd.
Edinburg, TX 78539
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description
OF EXPENDITURE  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense  Office decor
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
04/28/2025 Burlington
9
Amount (\$\ Payee address: City: State: 7in Code
Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code \$76.78 591 E Trenton Rd.
\$76.78 591 E Trenton Rd.
\$76.78 591 E Trenton Rd.  Edinburg, TX 78539
\$76.78 591 E Trenton Rd.  Edinburg, TX 78539  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Event Expense
\$76.78 591 E Trenton Rd.  Edinburg, TX 78539  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
\$76.78 591 E Trenton Rd.  Edinburg, TX 78539  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
\$76.78
\$76.78
\$76.78 591 E Trenton Rd.  Edinburg, TX 78539  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event supplies
\$76.78

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 how to co	plete this form.	
. 0	2 FILER NAME		thics Commission Filers)
Sch: 12/69 Rpt:	Cuellar, Marla (The Honorable)	00081742	
4 Date 01/07/2025	5 Payee name Casa de Mariscos		
6 Amount (\$) \$100.47	7 Payee address; City; State; Zip Co 502 W. Pike Blvd.  Weslaco, TX 78596	е	
8 PURPOSE OF EXPENDITURE		b) Description  Check if travel outside of Texas. Complete  Check if Austin, TX, officeholder living exp  Meal with constituents	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ht Office held	
Date	Payee name		
03/10/2025	Casa de Mariscos		
Amount (\$) \$54.89	Payee address; City; State; Zip Co 502 W. Pike Blvd.	е	
	Weslaco, TX 78596		
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  Check if Austin, TX, officeholder living exp  Meal with constituents	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sout	ht Office held	
Date 06/09/2025	Payee name Casa de Mariscos		
Amount (\$) \$129.25	Payee address; City; State; Zip Co 502 W. Pike Blvd.	е	
	Weslaco, TX 78596		
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  Check if Austin, TX, officeholder living exp  Meal event planning	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sout	ht 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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide expenses	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above	/e)
┰	Total pages Schedule F1:	2 FILED NAMI	<u></u>	<u> </u>	-		3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 13/69 Rpt:	1	- arla (The Honorable)				٦	00081742	(Ethios Commissio	
4	Date	5 Payee name	!							
	02/18/2025	Chick Fil-A								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de					
l	\$131.34	1360 W Un								
l										
		Edinburg, 7	TX 78539							
8	PURPOSE	(a) Category (S	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense			므		ide of Texas. Com		
								, officeholder living	expense	
						Valentine lun	cne	eon		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	eld	
F	Date	Payee name								
	04/03/2025	Chick Fil-A								
H	Amount (\$)	Payee addre	ess; City;	State; Zip Co	nde					
	\$14.29	3800 Rese		Ottato,p	,					
	Ψ14.29	3000 Nese	voui Ru							
		Washingto	n, DC 20007							
	PURPOSE	(a) Category (S	see Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			<b>=</b>		ide of Texas. Com		
						_		, officeholder living	expense	
						Congressiona	ai e	event		
L										
l	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	eld	
L	experiulture to beriefit C/O									
	Date	Payee name								
	05/27/2025	Chick-Fil-A	(E)							
H	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$14.66	1201 W Un		, <u></u>						
	41.00	1201 11 011	avoloity Di							
		Edinburg, 1	TX 78539							
	PURPOSE	_			(h)	Decemention				
l	OF		iee Categories listed at the top of	this schedule)	(D)	Description  Check if travel of	nutsi	ide of Texas. Com	nlete Schedule T	
l	EXPENDITURE	F000/Beve	rage Expense					, officeholder living		
						Meal constitu			·	
1										
$\vdash$	Complete ONLY if direct	I Candidate/Off	iceholder name	Office sou	l Iaht			Office he	ald .	
	expenditure to benefit C/OI		iodnoider ridiffe	Office 30t	Ailt			Since ne		
<u> </u>										

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 14/69 Rpt:	FILER NAME     Cuellar, Marla (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081742
4	Date 05/29/2025	5 Payee name Chick-Fil-A (E)	
6	Amount (\$) \$64.74	7 Payee address; City; State; Zip Code 1201 W University Dr	
8	PURPOSE OF EXPENDITURE	1 cod/Beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense nstituent
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date 05/02/2025	Payee name Chick-Fil-A	
	Amount (\$) \$59.00	Payee address; City; State; Zip Code 1201 W University Dr	
		Edinburg, TX 78539	
	PURPOSE OF EXPENDITURE	1 ood/beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ent
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	Office held
	Date 06/04/2025	Payee name Chorizo San Manuel	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 36080 US 281	
		Edinburg, TX 78542	
	PURPOSE OF EXPENDITURE	1 000/Beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense SE
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u>_</u>
1	Total pages Schedule F1: Sch: 15/69 Rpt:	2 FILER NAME Cuellar, Marla (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081742
_	·	
4	Date 06/17/2025	5 Payee name City of Edinburg
_	Amount (\$)	· · · · · · ·
0	\$350.00	7 Payee address; City; State; Zip Code 300 W Mark S Pena Dr  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  Cook-off
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	06/23/2025	Comfort House
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	617 W. Dallas
		McAllen, TX 78501
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	Copy Plus LLC
	Amount (\$) \$107.28	Payee address; City; State; Zip Code 4500 N. 10th St. Ste. 240 McAllen, TX 78504
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	rms provided by Tayas F	thics Commission www.athics state ty us Varsion V/ 1.0 f10d0fd/s

### 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: 16/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	06/07/2025	Crazy About Mangonadas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	900 N Border Ave
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Ч
	Date	Payee name
	04/03/2025	DC Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.28	389 6th Street SW
		Washington, DC 20024
	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
		Congressional event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	04/03/2025	DC Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.50	389 6th Street SW
		Washington, DC 20024
	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  Congressional event
		Congressional event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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:	<u> </u>
	Sch: 17/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	04/03/2025	DC Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.60	389 6th Street SW
		Washington, DC 20024
8	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
		Congressional event/parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	04/05/2025	DC Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.60	389 6th Street SW
	Ψ4.00	309 Out Street SW
		Washington, DC 20024
	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  Congressional event parking
		Congressional event parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>
	Data	David and the second se
	Date 04/05/2025	Payee name  DC Payking
		DC Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.60	389 6th Street SW
		Washington, DC 20024
	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
		Congressional event parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>U</b>

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	03/10/2025	DD'S Discounts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.11	2700 W Expy 83
		Suite 250
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Moving expense
_		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2025	DD'S Discounts
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.92	2700 W Expy 83
		Suite 250
		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 travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Moving expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/10/2025	DD'S Discounts
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.15	2700 W Expy 83
		Suite 250
		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 travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Moving expense
		woving expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

### 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 complete this form.	
1	Total pages Schedule F1: Sch: 19/69 Rpt:	2 FILER NAME Cuellar, Marla (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081742
4		5 Payee name Daisy Party and Crafts	
6	Amount (\$) \$38.23	7 Payee address; City; State; Zip Code 100 S 16th St.	
8	PURPOSE OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date 05/16/2025	Payee name Daisy Party and Crafts	
	Amount (\$) \$111.38	Payee address; City; State; Zip Code  100 S 16th St.	
	PURPOSE OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense SS
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date 06/02/2025	Payee name Daisy Party and Crafts	
	Amount (\$) \$25.88	Payee address; City; State; Zip Code 100 S 16th St.	
		McAllen, TX 78501	
	PURPOSE OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held

### SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 20/69 Rpt:	Cuellar, Marla (The Honorable) 00081742		
4	Date	5 Payee name		
	06/02/2025	Daisy Party and Crafts		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$137.35	100 S 16th St.		
		McAllen, TX 78501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Event supplies		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
-	expenditure to benefit C/O			
	Date	Payee name		
	01/07/2025	Danny's Mexican Restaurant		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$135.18	2408 E Griffin Pkwy		
	¥200:20	,		
		Mission, TX 78572		
	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		
		event food/beverage		
	Operation ONLY if disease	Open Helder (Office helder manner)		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	01/13/2025	Danny's Mexican Restaurant		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$65.71	2408 E Griffin Pkwy		
		W		
		Mission, TX 78572		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  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		
		meal with constituents		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 21/69 Rpt:	Cuellar, Marla (The Honorable) 00081742	_
4	Date	5 Payee name	
	06/04/2025	Danny's Mexican Restaurant	
6	Amount (\$) \$100.03	7 Payee address; City; State; Zip Code 2408 E Griffin Pkwy	
		Mission, TX 78572	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal event meeting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/09/2025	Danny's Mexican Restaurant	
	Amount (\$) \$78.65	Payee address; City; State; Zip Code 2408 E Griffin Pkwy	
		Mission, TX 78572	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal event meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 01/31/2025	Payee name Dick's Sporting Goods	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$129.89	716 E Expressway 83	
		McAllen, TX 78501	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign attire	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 22/69 Rpt:	Cuellar, Marla (The Honorable)	00081742	
4	Date	5 Payee name		
	05/27/2025	Discountmugs.com		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$437.61	12610 NW 115 Ave.		
		Bldg. #200		
		Medley, FL 33178		
_	DUDDOOF			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Event Expense	TX, officeholder living expense	
		Event supplie		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/06/2025	Dollar General		
	Amount (\$)			
	\$51.83			
	Φ01.00	1121 S Raul Longoria Rd		
		Edinburg, TX 78539		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE   FOOd/Beverage Expense   Crieck in lawer outside or rexast Complete				
	Check if Austin, TX, officeholder living expense  Jury			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI			
	Date	Davida nama		
	03/20/2025	Payee name Dollar Tree		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$52.67	2500 E Interstate 2		
		Mission, TX 78572		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE		outside of Texas. Complete Schedule T.  TX, officeholder living expense	
		Event supplie		
			-	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI		Cinco noid	

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 23/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	05/16/2025	Dollar Tree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$249.86	2500 E Interstate 2
		Mission, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event supplies
		Event Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	06/02/2025	Dollar Tree
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$33.83	2500 E Interstate 2
	Ψ00.00	2000 E merotate 2
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EX. 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/Ol	
⊨	Date	
	Date	Payee name
	02/15/2025	Edcouch Elsa ISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	920 W Santa Rosa Ave
		Edcouch, TX 78538
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		LL basebali
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### 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	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: 24/69 Rpt:	Cuellar, Marla (The Honorable) 00081742		
4	Date	5 Payee name		
	06/25/2025	El Patio Mexican Rest		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$57.70	2003 N Conway		
		Misson, TX 78572		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
		Check if Austin, TX, officeholder living expense  Meal with constituent		
		Medi With Constituent		
_	Complete ONU V if alice	Condidate/Officeholder name Office sought		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	<u> </u>			
	Date	Payee name		
	04/07/2025	Embassy Suites		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,563.28	1250 22nd Street NW		
		Washington, DC 20037		
	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		
		Congressional event		
		Songressional event		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	02/24/2025	Enchanted by Lolly		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$75.00	1418 Beech Ave.		
		#118		
		McAllen, TX 78501		
	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		
		Juan Diego Gala		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	1		

### 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	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: 25/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	03/25/2025	Enchanted by Lolly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	1418 Beech Ave.
		#118
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense photographs
		μποιοθιάμπο
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/16/2025	Enchanted by Lolly
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$234.00	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 expense
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/14/2025	Eric Munoz
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	1102 E Hall Acres
		San Juan, TX 78589
	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.
		Cups
		Cups
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
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 complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers		
	Sch: 26/69 Rpt:	Cuellar, Marla (The Honorable) 00081742		
4	Date	5 Payee name		
	05/01/2025	Eric Munoz		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,000.00	1102 E Hall Acres		
		San Juan, TX 78589	_	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fivent Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Event expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	<b>п</b>		
	Date	Payee name		
	06/04/2025	Eric Munoz		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,620.00	1102 E Hall Acres		
		San Juan, TX 78589		
	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 expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	H		
	Date	Payee name		
	04/07/2025	Exxon Crystal city		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$27.35	2300 Jefferson Davis Hwy		
		Arlington, VA 22202		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Congressional event		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
	expenditure to benefit C/OI	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	I Committee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid			ages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NA	AME				3 Filer ID	(Ethics Commission Filers)
Ĺ	Sch: 27/69 Rpt:		Marla (The Honorabl	e)			00081742	
4	Date	5 Payee na	me					
	04/07/2025	Foundin	g Farmers					
6	Amount (\$) \$92.50		dress; City; nnsylvania Ave NW gton, DC 20006	State;	Zip Cod	de		
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	tule) (	(b) Description		
	OF EXPENDITURE		out of District			Check if travel	l outside of Texas. Com n, TX, officeholder living nal event	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Officeholder name	Of	fice soug	ht	Office he	eld
	Date	Payee na	me					
	04/03/2025	Foundin	g Farmers					
	Amount (\$)	Payee ad	ldress; City;	State;	Zip Cod	le		
\$60.19 1924 Pennsylvania Ave NW								
		-	gton, DC 20006					
	PURPOSE OF		(See Categories listed at the	top of this sched	dule)	(b) Description	outoido of Tours O	nloto Cohodulo T
	EXPENDITURE	Travel C	out of District			<u> </u>	I outside of Texas. Com n, TX, officeholder living	
						Congression		
						g ====		
	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Of	fice soug	ht	Office he	eld
	Date	Payee na	me					
	04/07/2025	,	ian Monastery					
	Amount (\$)	Payee ad	ldress; City;	State;	Zip Cod	le		
	\$73.67	,	incy Street SE	,	•			
			gton , DC 20017					
	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	dule) (	(b) Description		
	OF EXPENDITURE	Travel C	out of District			<u> </u>	l outside of Texas. Com	
						ш	n, TX, officeholder living	g expense
						Congression	iai evelil	
	Complete ONLY if direct	Candidate/	Officeholder name	Off	fice soug	ht	Office he	eld
	expenditure to benefit C/Oh			31		, -	Cinco III	
	· · · · · · - · -	u						

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 28/69 Rpt:	Cuellar, Marla (The Honorable) 00081742		
4	Date	5 Payee name		
	04/07/2025	Franciscian Monastery		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100.00	1400 Quincy Street SE		
		Washington , DC 20017		
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.		
		Candidate/Officeholder/Political Committee		
		Donation		
<u>_</u>	Operation Children	On didn't 10 ff a halden name		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	03/10/2025	GW's BBQ		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$51.16	107 N. Nebraska		
		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		
		Meal with consultant		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	04/18/2025	GW's BBQ		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$65.61	107 N. Nebraska		
		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		
		Meal with constituent		
	0 1. 5			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	onponditure to beliefit 6/01	•		

### SCHEDULE F1

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

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

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: 29/69 Rpt:	Cuellar, Marla (The Honorable) 00081742		
4	Date	5 Payee name		
	03/11/2025	Girl Scouts Troom 3004		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$120.00	5317 N McColl Rd		
		McAllen, TX 78504		
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.		
		Candidate/Officeholder/Political Committee		
		Donation		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	Complete ONLY if direct expenditure to benefit C/O			
	Date	Payee name		
	05/05/2025	Gruene River Grill		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$144.88 1259 Gruene Rd.			
		New Braunfels, TX 78130		
	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  out of district meal		
		out of district medi		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	04/11/2025	H.E.B.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$43.18	1004 N. Texas Blvd		
		Weslaco, TX 78595		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		Jury meal		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experiancie to perioni O/O/1			

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)	
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·	Filer ID (Ethics Commission Filers)	
1	Total pages Schedule F1: Sch: 30/69 Rpt:		Filer ID (Ethics Commission Filers) 00081742	
4	Date	5 Payee name		
	03/18/2025	HEB		
6	Amount (\$) \$55.19	<ul><li>7 Payee address; City; State; Zip Code</li><li>2409 E. Expressway 83</li></ul>		
	\$33.19	2409 E. Expressway 65		
		Mission, TX 78572		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	1 Odd/Beverage Expense	le of Texas. Complete Schedule T.	
			officeholder living expense	
		Juror's snacks		
L				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought DH	Office held	
	Date	Payee name		
	05/27/2025	HEB		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$250.00	2409 E. Expressway 83		
	4200.00	2 roo 2. 2 sprosonay oo		
		Mission, TX 78572		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Traver in District	le of Texas. Complete Schedule T.	
			officeholder living expense	
		Fuel		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought DH	Office held	
	Date	Payee name		
	06/09/2025	HEB		
	Amount (\$)			
	\$57.64	2409 E. Expressway 83		
		Mission, TX 78572		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Toda/Beverage Expense	le of Texas. Complete Schedule T.	
	EXPENDITORE		officeholder living expense	
		Event expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	DH		

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
┰	Total pages Schodula F1:	2 FILED NAME	3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 31/69 Rpt:	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	
	03/07/2025	Happiness Cupcakes	
6	Amount (\$) \$33.31	7 Payee address; City; State; Zip Code 614 S Texas Blvd Weslaco, TX 78596	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense Staff bday
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	03/14/2025	Harbor Freight	
	Amount (\$) \$30.29	Payee address; City; State; Zip Code 201 W Exp 83  Missioin, TX 78572	
	PURPOSE		
	OF EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T. TX, officeholder living expense expenses
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	03/25/2025	Hobby Lobby	
	Amount (\$) \$35.86	Payee address; City; State; Zip Code 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	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense ISES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services Salaries/Waces/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
_	Sch: 32/69 Rpt:	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	
	01/27/2025	Home Goods	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$76.77	7600 N. 10th St.	
		Ste. 100	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		event expens	es
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/24/2025	Home Goods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$147.71	7600 N. 10th St.	
		Ste. 100	
		McAllen, TX 78501	
	DUDDOCE	· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cffice Overboad/Pontal Expanse	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overnedd/Nerital Expense	TX, officeholder living expense
		moving exper	ise
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/08/2025	Home Goods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$343.10	7600 N. 10th St.	
		Ste. 100	
		McAllen, TX 78501	
	DUDD005		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Nerital Expense	TX, officeholder living expense
		Office decor	3
	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 Co

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 33/69 Rpt:	2 FILER NAME Cuellar, Marla (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081742
<b>4</b> Date 04/09/2025	5 Payee name Home Goods
6 Amount (\$) \$248.96	7 Payee address; City; State; Zip Code 7600 N. 10th St. Ste. 100 McAllen, TX 78501
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office decor
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 04/11/2025	Payee name Home Goods
Amount (\$) \$310.67	Payee address; City; State; Zip Code 7600 N. 10th St. Ste. 100 McAllen, TX 78501
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office decor
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 04/25/2025	Payee name Home Goods
Amount (\$) \$200.14	Payee address; City; State; Zip Code 7600 N. 10th St. Ste. 100 McAllen, TX 78501
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		e)
_	Sch: 34/69 Rpt:	Cuellar, Marla (The Honorable)    Cuellar	5)
4	Date	5 Payee name	
	06/11/2025	JCPenney	
6	Amount (\$) \$64.94	7 Payee address; City; State; Zip Code 10904 Stadium Pkwy	
		Kansas City, KS 66111	
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 supplies	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Т	Date	Payee name	
	02/13/2025	Janeth's Sweets and Treats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	5401 N. 10th	
		McAllen, TX 78504	
	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	
		Valentine luncheon	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/07/2025	Joel Reyes	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	2202 Gary Lane	
	Φ1,200.00	2202 Oary Lane	
		Edinburg, TX 78539	
	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  DJ	
	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/Politica Credit Card Payment		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)			
1 Total marian Calcula F1.	<u> </u>	I	3 Filer ID (Ethics Commission Filers)			
1 Total pages Schedule F1: Sch: 35/69 Rpt:	Cuellar, Marla (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081742			
4 Date	5 Payee name					
02/24/2025	Juan Diego Academy					
6 Amount (\$) \$100.00	7 Payee address; City; State 5208 S FM494  Mission, TX 78572	e; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Contributions/Donations Made By Candidate/Officeholder/Political Com	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held			
Date	Payee name					
02/24/2025	Juan Diego Academy					
Amount (\$)	Payee address; City; State	e; Zip Code				
\$100.00	5208 S FM494 Mission, TX 78572					
PURPOSE		(b) Description				
OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Contributions/Donations Made By Candidate/Officeholder/Political Comi	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office held			
Date 02/24/2025	Payee name Juan Diego Academy					
Amount (\$) \$365.00	Payee address; City; State 5208 S FM494  Mission, TX 78572	e; Zip Code				
DUDDOSE		(b) =				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI		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 co	omplete ti	his form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (	(Ethics Commission Filers)
Sch: 36/69 Rpt:	Cuellar, Marla (The Honorable)		00081742	
4 Date	5 Payee name		<b>'</b>	
03/03/2025	Krispy Kreme			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$32.58	1420 E. Expressway 83			
	McAllen, TX 78501			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> De	scription	
OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Comple	ete Schedule T.
EXPENDITURE		. —	Check if Austin, TX, officeholder living ex	xpense
		jur	y food/snacks	
		<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held	1
·				
Date	Payee name			
03/14/2025	Krystal's Unlimited			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$500.00	328 S Texas Blvd			
	welsaco, TX 78596			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> De	scription	
OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Comple	
			Check if Austin, TX, officeholder living execor Deposit	xperise
			оог Вороок	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught	Office held	1
expenditure to benefit C/O		J		
Date	Payee name			
06/09/2025	Krystal's Unlimited			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$598.00	328 S Texas Blvd	ouo		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	welsaco, TX 78596			
PURPOSE		(h) D.		
OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	· —	scription  Check if travel outside of Texas. Comple	ete Schedule T.
EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living ex	
		De	cor	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held	<u> </u>
experiulture 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/Officenoider/Politic	at 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: 37/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4 Date	5 Payee name
06/07/2025	Leal Event Center
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 1620 E Griffin Parkway  Mission, TX 78572
8 PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Photos
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/23/2025	Logan's Roadhouse
Amount (\$) \$73.97	Payee address; City; State; Zip Code 7612 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 Meal with consultant
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/21/2025	Lone Star National Bank
Amount (\$) \$132.30	Payee address; City; State; Zip Code 520 W. Nolana Ave.
	McAllen, TX 78504
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Interest
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/69 Rpt:	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	
	02/20/2025	Lone Star National Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$132.30	520 W. Nolana Ave.	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Interest
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
	Date	Payee name	
L	03/20/2025	Lone Star National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.49	520 W. Nolana Ave.	
l			
l		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			Interest
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	04/21/2025	Lone Star National Bank	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$132.30	520 W. Nolana Ave.	
l		McAllen, TX 78504	
	PURPOSE		Description
	OF	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Zoan Nopaymona Nomisaroomoni	Check if Austin, TX, officeholder living expense
			Interest
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

### 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/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	05/20/2025	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.04	520 W. Nolana Ave.
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Interest
_	Compulate ONII V if dive at	Condidate/Office helds name Office accepts
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	06/20/2025	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.30	520 W. Nolana Ave.
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Interest
		interest.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dougo nama
	05/30/2025	Payee name Longhorn Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.16	7401 N 10th St.
		McAllen, TX 78504
	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 consultant
		Wied With Consultant
-	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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to cor	ages/Co nplete			category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 40/69 Rpt:	Cuellar, Marla (The Honorable)			00081742	
4 Date	5 Payee name		•		
02/10/2025	Los Pentecostals de Weslaco				
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de			
\$205.00	502 W. Sugarcane Dr.				
	Weslaco, TX 78596				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> De	escription		
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outsid		
	Candidate/Officeholder/Political Committee	L D	Check if Austin, TX, conation made b		
				,,	
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	ght		Office he	eld
expenditure to benefit C/O		<b>,</b>			
Date	Payee name				
05/20/2025	Luby's				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$51.75	1900 W. Expressway 83				
**					
	Pharr, TX 78577				
PURPOSE		<b>(b)</b> D	escription		
OF	Food/Beverage Expense		Check if travel outsic	le of Texas. Com	plete Schedule T.
EXPENDITURE	- Francisco		Check if Austin, TX,		expense
		М	leal with consul	tant	
Operation ONE V % discontinuo	Out it is to to the interest of the control of the	-1-4		O#: h-	.1.1
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç H	gnt		Office he	eid
· 					
Date	Payee name				
02/10/2025	Lucchese				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$530.45	5001 E Exwy 83, Ste 832				
	Manada TV 70570				
	Mercedes, TX 78570				
PURPOSE OF	, , ,	(b) De	escription  Check if travel outsic	le of Teyes Com	nlete Schedule T
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	F	Check if Austin, TX,		•
		D	onation for Jua		
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght		Office he	eld
expenditure to benefit C/O	H				

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 41/69 Rpt:	Cuellar, Marla (The Honorable)		00081742	
4 Date	5 Payee name			
03/31/2025	Marciano			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$369.27	2200 S 10th Street			
	McAllen, TX 78503			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Advertising Expense		el outside of Texas. Cor	nplete Schedule T.
EXPENDITURE		. —	in, TX, officeholder livin	g expense
		Attire for car	mpaign photos	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office h	eld
experientare to benefit 6/0	''			
Date	Payee name			
03/18/2025	Margarita's Flowers			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$106.58	901 E Cano Street			
	Edinburg, TX 78539			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Gift/Awards/Memorials Expense		el outside of Texas. Cor	nplete Schedule T.
EXPENDITORE	·		in, TX, officeholder livin	g expense
		Funeral Arra	angement	
0 1: 0:11:4:7:11		<u> </u>	000	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou Office sou	ignt	Office h	ela
Date	Payee name			
06/12/2025	Margarita's Flowers			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$120.83	901 E Cano Street			
	Edinburg, TX 78539			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Gift/Awards/Memorials Expense	l <b>=</b>	el outside of Texas. Cor	
EXI ENDITORE			in, TX, officeholder livin	g expense
		Funeral		
Commission ONE VISCHIE	Condidate/Office helder news	Les le é	Office 1	ald
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou PH	ıgnt	Office h	eiu

### 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 c	omplete this form.
1 Total pages Schedule F1: Sch: 42/69 Rpt:	FILER NAME     Cuellar, Marla (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081742
4 Date 03/10/2025	5 Payee name Marshall's	
6 Amount (\$) \$111.48	<ul><li>7 Payee address; City; State; Zip C</li><li>2821 W Expressway 83</li><li>Harlingen, TX 78552</li></ul>	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office moving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date 06/03/2025	Payee name Murphy's (M)	
Amount (\$) \$33.10	Payee address; City; State; Zip C 2416 E. Expwy 83  Mission, TX 78572	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In 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/O	Candidate/Officeholder name Office so	ught Office held
Date 06/06/2025	Payee name Murphy's Express	
Amount (\$) \$76.88	Payee address; City; State; Zip C 3155 Cerrillos Rd	ode
	Santa Fe, NM 87507	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In 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/O	Candidate/Officeholder name Office so	ught Office held

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter a	a category not listed a	above)
L	<u> </u>			The Instruction (	Guide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAMI	≣					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 43/69 Rpt:		Cuellar, Ma	ırla (The Honor	able)					00081742		
4	Date	5	Payee name						_			
	04/04/2025			arbour Parking								
6	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Co	nde					
ľ	\$5.00	ľ	165 Waterf		otato,	Zip 00	uc					
	Ψ5.00		105 Water	TOTIC Street								
l												
L			Oxon Hill, N	ИD 20745								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out	of District							nplete Schedule T.	
								<b>—</b>		officeholder livin	g expense	
								Congressiona	ai F	arking		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld	
	experiulture to benefit C/Oi	П.										
	Date		Payee name	1								
	06/04/2025		Nothing Bu	ndt Cakes								
H	Amount (\$)	H	Payee addre	ess; City;	State;	Zip Co	de					
	\$42.44		3400 W Ex	-		·						
			Ste. 740	.,								
				V 70E01								
L			McAllen, T									
	PURPOSE OF	(a)		ee Categories listed at	the top of this scho	edule)	(b)	Description				
	EXPENDITURE		Food/Beve	rage Expense				<b>=</b>		de of Texas. Cor officeholder livin	nplete Schedule T.	
								food for staff			у схрепас	
								iood ioi olaii		~y		
⊢	Complete ONLY if direct	<u> </u>		iceholder name		Office sou	aht			Office h	old	
l	expenditure to benefit C/OI		Janulaate/On	icenolael name		Jilice 30u	giit			Office fi	Ciu	
L		_										
	Date		Payee name									
	03/10/2025		Ollie's Barg	ain Outlet								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$171.79		2246 W No	lana								
			Mcallen, T	< 78504								
H	PURPOSE	(a)	Category (c	ee Categories listed at	the ten of this coh	o dulo)	(b)	Description				
	OF	``	Event Expe		. the top of this sch	edule)	(,		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		LVOIT LXpc					Check if Austin	, TX	officeholder livin	g expense	
								event supplie	s			
Г	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld	
1	expenditure to benefit C/OI	Н										
$\vdash$												
I												

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 44/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	06/30/2025	Outback Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.06	6569 Ingram R
		San Antonio, TN 78238
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
		out of district meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>'</del>
	Date	Payee name
	01/21/2025	Pappadeaux Pappadeaux
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.73	1610 W. Expressway 83
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign meeting
		Campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/13/2025	Pappasito's Cantina
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.35	10501 I-10
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		out of district meal
	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 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: 45/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	06/30/2025	Pappasito's Cantina
6	Amount (\$) \$120.92	7 Payee address; City; State; Zip Code 10501 I-10
	¥=====	
		San Antonio, TX 78230
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
		out of district meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2025	Parry's Pizzeria and Taphouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.77	550 N Jackson Rd
		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 constituent
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	02/04/2025	Parry's Pizzeria and Taphouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.99	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.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Meal with constituents
	Complete ONLY If allows	Condidate/Officeholder name Office south
	Complete ONLY if direct expenditure to benefit C/Ol	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Lahor

	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: 46/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	03/12/2025	Parry's Pizzeria and Taphouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.36	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meal with constituents
_	0 1: 0 11 1 1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/17/2025	Parry's Pizzeria and Taphouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.43	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  Meal with constituents
		Wedi Will Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/02/2025	Parry's Pizzeria and Taphouse
	Amount (\$) \$99.29	Payee address; City; State; Zip Code 550 N Jackson Rd
	φ99.29	330 N JACKSOII RU
		Dhaw TV 70577
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  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
		Event meeting
	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

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	Committee Legal Services Salaries/Wages  The Instruction Guide explains how to complete	6/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 47/69 Rpt:	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	
	04/04/2025	Pentagon Center Parking	
6	Amount (\$) \$21.00	7 Payee address; City; State; Zip Code 1201 S Hays Street Arlington, VA 22202	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Congressional event
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/06/2025	Pinkis	
	Amount (\$) \$33.46	Payee address; City; State; Zip Code 410 Ash Ave.	
		McAllen, TX 78501	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	01/15/2025	Prisylla Jasso	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 612 W Nolana, Ste 250	
		McAllen, TX 78504	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  consulting expense
	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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 48/69 Rpt:	Cuellar, Marla (The Honorable)		00081742
4	Date	5 Payee name		•
l	05/21/2025	Prisylla Jasso		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$450.00	612 W Nolana, Ste 250		
l				
l		McAllen, TX 78504		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Decor reimbursment
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	06/16/2025	Prisylla Jasso		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$2,500.00	612 W Nolana, Ste 250		
l				
l		McAllen, TX 78504		
H	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	LAI LINDITORE			Check if Austin, TX, officeholder living expense  Event consultant
l				Everit consultant
┝	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
l	expenditure to benefit C/OI		J	
F	Date	Payee name		
l	04/02/2025	Ranson		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$649.50	3000 N 10th street		
l				
l		McAllen, TX 78501		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Photos for campaign
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office so	ıaht	Office held
	expenditure to benefit C/OI		agni	Office field

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 49/69 Rpt:	Cuellar, Marla (The Honorable) 00081742	
4	Date	5 Payee name	
	06/30/2025	Rick's Ice Co	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$400.00	402 W. State Ave.	
		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	
		Event expense	
		Event expense	
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	Complete ONLY if direct expenditure to benefit C/OI		
⊨			=
	Date	Payee name	
L	05/01/2025	Ridge View Florest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.07	2525 Central Exwy	
		Allen, TX 75013	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Constituent Funeral	
		Constituent Funeral	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
⊨			=
	Date	Payee name	
L	06/09/2025	Ross (W)	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$94.10	1901 W Expressway 83	
l			
		Weslaco, TX 78596	
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.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
1		Event supplies	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experience to beliefit 6/01	•	

### 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 complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/69 Rpt:	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	•
	01/21/2025	Ross Stores	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.86	2411 E. Hwy 2	
		Mission, TX 78572	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		e	vent supplies
Ļ	Operation ONLY if allowed	Oscalidate IO# saladar a sasa	Office health
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	02/24/2025	Ross Stores	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.57	2411 E. Hwy 2	
		Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		L	vent expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
-	Date	Payee name	
	02/27/2025	Ross Stores	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.81	2411 E. Hwy 2	
		,	
		Mission, TX 78572	
	PURPOSE		escription
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		M	Noving expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

#### SCHEDULE F1

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

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

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 51/69 Rpt: Cuellar, Marla (The Honorable) 00081742 4 Date Payee name 03/25/2025 Ross Stores 6 Amount (\$) Payee address; City; State; Zip Code \$59.51 2411 E. Hwy 2 Mission, TX 78572 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense 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/OH Date Payee name 03/26/2025 Ross Stores Amount (\$) Payee address; City; State; Zip Code \$97.41 2411 E. Hwy 2 Mission, TX 78572 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense office decor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/26/2025 Ross Stores Amount (\$) Payee address: City: State; Zip Code \$97.41 2411 E. Hwy 2 Mission, TX 78572 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense moving office decor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

	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: 52/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	03/28/2025	Ross Stores
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.95	2411 E. Hwy 2
		Mission, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office decor
		Cilide decor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		Г
	Date	Payee name
	03/31/2025	Ross Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$292.10	2411 E. Hwy 2
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office decor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/09/2025	Ross Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.55	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	

### 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: 53/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	05/30/2025	Ross Stores
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.97	2411 E. Hwy 2
		Mission, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event supplies
		Event supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
┡		
	Date	Payee name
	06/23/2025	Ross Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$205.66	2411 E. Hwy 2
		Mission, TX 78572
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Event supplies
L	Complete ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	·	
	Date	Payee name
	06/23/2025	Ross Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.84	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 Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Events supplies
$\vdash$	Complete CAIL V if allows	Condidate/Officeholder name Office assists
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 54/69 Rpt:	Cuellar, Marla (The Honorable) 00081742	
4		5 Payee name	
	03/03/2025	Ross	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.71	7600 N. 10th Street	
		McAllen, TX 78504	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Moving expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Great	<u></u>	_
	Date	Payee name	
L	03/24/2025	Rudy's Country Store	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.38	209 W. Nolana Loop	
		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 constituent	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	06/05/2025	Sam's Club Online	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$128.67	2101 SE Simple Savings Dr	
		Benstonville, AR 72712	
	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	
		Events supplies	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>1</del>	

### 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		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 55/69 Rpt:	Cuellar, Marla (The Honorable)	00081742
4	Date	5 Payee name	
	06/06/2025	Sam's Club Online	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$375.93	2101 SE Simple Savings Dr	
	ψ313.33	2101 OE Simple Savings Di	
		Benstonville, AR 72712	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	LAI LINDITORL	I — I —	TX, officeholder living expense
		Event supplie	es .
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/09/2025	Sam's Club Online	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$625.10		
	Φ025.10	2101 SE Simple Savings Dr	
		Benstonville, AR 72712	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	LAFENDITORE		TX, officeholder living expense
		Event expens	se
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/03/2025	Sam's Club	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.97	7601 N 10th St	
	Ψ102.91	7001 N 10th 3t	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.
	LAI LINDITORE	l — — — — — — — — — — — — — — — — — — —	TX, officeholder living expense
		event supplie	S
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H .	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: Sch: 56/69 Rpt:	2 FILER NAME Cuellar, Marla (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081742
4	Date 01/14/2025	5 Payee name Sam's Club	00001112
6	Amount (\$) \$33.94	7 Payee address; City; State; Zip Code 7601 N 10th St	
8	PURPOSE OF EXPENDITURE	1 dod/Beverage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/21/2025	Payee name Sam's Club	
	Amount (\$) \$59.61	Payee address; City; State; Zip Code 7601 N 10th St	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/09/2025	Payee name Sam's Club	
	Amount (\$) \$75.10	Payee address; City; State; Zip Code 12349 N I35	
		San Antonio, TX 78233	
	PURPOSE OF EXPENDITURE	Traver out of District	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officenoider/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: 57/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	04/10/2025	Sharyland ISD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	10001 N Shary Rd
		Mission, TX 78573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		FFA
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del>
	Date	Payee name
	04/11/2025	Sharyland ISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	10001 N Shary Rd
		Mission, TX 78573
	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.
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	02/02/2025	Smokin on the Rio
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 1379
		Weslaco, TX 78599
	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.
		Candidate/Officeholder/Political Committee
		Donation ream Entry
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	02/02/2025	Smokin on the Rio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O. Box 1379
		Weslaco, TX 78599
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.
		Candidate/Officeholder/Political Committee
		Donation Team Entry
<u>_</u>	Complete ONU V if alice	Constitute / Office health as no man.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	<u>'</u>	
	Date	Payee name
	03/10/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$306.37	2702 Love Field Dr.
		Dallas, TX 78535
	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  DC Congressional Event
		De Congressional Event
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Spec's Liquor
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,080.32	2700 W .Exoressway 83
		Ste 200
		McAllen, TX 78501
	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
		Event expense
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			morials Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
	Credit Card Payment		The Instruct	ion Guide explains	how to con	nple	te this form.				
1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 59/69 Rpt:	Cı	uellar, Marla (The Ho	onorable)					00081742		
4	Date	<b>5</b> Pa	yee name								
	06/04/2025	Sp	ec's Liquor								
6	Amount (\$)	<b>7</b> Pa	yee address; City;	State	; Zip Coo	de					
	\$1,165.97	27	'00 W .Exoressway	33							
		St	e 200								
		M	cAllen, TX 78501								
8	PURPOSE	( <b>a)</b> Ca	ategory (See Categories lis	sted at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		ood/Beverage Exper				므			plete Schedule T.	
	-						Event expens		officeholder living	g expense	
							Lvent expens	50			
9	Complete ONLY if direct	l Can	ıdidate/Officeholder na	me (	Office soud	thr			Office he	eld.	
•	expenditure to benefit C/OI				ooo ooug	9			000	J. G	
	Date	Pa	yee name								
	04/06/2025	l	arbucks								
	Amount (\$)	Pa	yee address; City:	State	; Zip Coo	de					
	\$5.57	l	800 Airport Blvd		, _,						
			•								
		l Ho	ouston, TX 77061								
	PURPOSE		ategory (See Categories lis	stad at the top of this call	andula)	(b)	Description				
	OF		avel Out of District	sted at the top of this sch	ledule)	( - ,	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						_		officeholder living	g expense	
							Congressiona	ai e	vent		
	Complete ONLY if direct	Can	ıdidate/Officeholder na	mo (	Office cour	aht			Office he	ald	
	expenditure to benefit C/OI		ididate/Officeriolder fla	ille (	Office soug	JIII			Office fit	eiu	
	Data										
	Date 01/02/2025	l	lyee name I Maxx								
				State	· Zin Coo	do					
	Amount (\$) \$226.20	l	yee address;		; Zip Coo	ue					
	Ψ220.20	24	FIT L LAPICSSWay of	5							
		l M	ission, TX 78572								
	PURPOSE	<u> </u>			1	(h)	Description				
	OF	l .	ategory <sub>(See Categories lis</sub> vent Expense	sted at the top of this sch	nedule)	(D)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	'	rent Expense				Check if Austin	, TX,	officeholder living	expense	
							event supplie	S			
	Complete ONLY if direct expenditure to benefit C/OI		ididate/Officeholder na	me (	Office souç	ght			Office he	eld	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
-	Total pages Cabadula F1:	<u> </u>	rc)	
1	Total pages Schedule F1: Sch: 60/69 Rpt:	2 FILER NAME Cuellar, Marla (The Honorable) 3 Filer ID (Ethics Commission File 00081742	15)	
4	Date	5 Payee name		
-	01/13/2025	TJ Maxx		
6	Amount (\$) \$86.57	7 Payee address; City; State; Zip Code 2417 E Expressway 83		
	φου.στ	ZHIT E Expressivaly 66		
		Mission, TX 78572		
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		
L				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	01/13/2025	TJ Maxx		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$147.41	2417 E Expressway 83		
		Mission, TX 78572		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		event supplies		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held  H		
	Date	Payee name		
	01/13/2025	TJ Maxx		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$63.87	2417 E Expressway 83		
		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.		
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense		
		event supplies		
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	H		

### 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	al Committee Legal Services Salaries/Wa  The Instruction Guide explains how to con		s/Contract Labor OTHER (enter a category not listed above)  ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 61/69 Rpt:	Cuellar, Marla (The Honorable)		00081742
4	Date	5 Payee name		
	01/27/2025	TJ Maxx		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le	
	\$70.44	2417 E Expressway 83		
		Mission, TX 78572		
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
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	Int	Office held
_	Date	Payee name		
	02/24/2025	TJ Maxx		
	Amount (\$)	Payee address; City; State; Zip Coo	le.	
	\$136.35	2417 E Expressway 83		
	Ψ100.00	Z417 Z ZAprossway oo		
		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.
	LXI LINDITORL			Check if Austin, TX, officeholder living expense
				event supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	Iht	Office held
	Date	Payee name		
	03/03/2025	TJ Maxx		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$69.28	2417 E Expressway 83		
		Mission, TX 78572		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Moving expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	experience to beliefft 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

**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: 62/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4 Date	5 Payee name
03/26/2025	TJ Maxx
6 Amount (\$) \$64.94	7 Payee address; City; State; Zip Code 2417 E Expressway 83  Mission, TX 78572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Moving office decor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/09/2025	Target Online
Amount (\$) \$108.24	Payee address; City; State; Zip Code 7000 Target Parkway
	Brookland Park, MN 55445
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 supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/29/2025	Target
Amount (\$) \$48.53	Payee address; City; State; Zip Code 2427 E. Expressway 83
	Mission, TX 78572
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 supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	01/15/2025	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio St.
		Austin, TX 78701
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 seminar expense
		Schillar expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payros namo
	05/14/2025	Payee name Texas Center for the Judiciary
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$435.00	1210 San Antonio 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.
		Check if Austin, TX, officeholder living expense  Seminar
		Schilla
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marea
	04/07/2025	Payee name Toyas Jack's RRO
L		Texas Jack's BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.30	2761 Washington Blvd
		Arlington, VA 22201
	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  Congressional event
		Congressional event
$\vdash$	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)** 

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/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: 64/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	05/27/2025	Texas Roadhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.55	501 E. Trenton Rd.
		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
		Event meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/06/2025	Thrifty Car Rental
	Amount (\$)	Payee address; City; State; Zip Code
	\$337.53	1 Aviation Circle
		Arlington, VA 22202
	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
		Congressional event car rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	06/07/2025	Tierra Santa Golf Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1901 Club De Amistad
		Weslaco, TX 78596
	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  Expense Golf Tournament
		Expense don roumanient
_	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	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: 65/69 Rpt:	Cuellar, Marla (The Honorable) 00081742
4	Date	5 Payee name
	05/19/2025	University Flowers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$223.19	1049 Texas Ave
		College Station, TX 77840
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Funeral
		Tunctu
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
	06/09/2025	Valdez, Gabriel
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1805 Rose Ave.
	φ300.00	1005 ROSE AVE.
		Modes TV 70500
L		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2025	Vera Bradley
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$125.57	12420 Stonebridge Rd.
		Roanoke, IN 46783
	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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		event supplies
L	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)**

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 Salaries Wagnes/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: 66/69 Rpt:	Cuellar, Marla (The Honorable) 00081742	
4	Date	5 Payee name	
	05/21/2025	Walgreen's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.12	1418 E. Univerity Dr.	
		Edinburg, TX 78539	
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.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Jury snacks	
_			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/02/2025	Walmart (M)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.67	1006 N Bryan	
		Misson, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Event supplies	
		Event supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	01/29/2025	Walmart Supercenter	
		·	
	Amount (\$) \$121.07	Payee address; City; State; Zip Code 5025 Northwest Loop 410	
	φ121.07	3023 Northwest Loop 410	
		Con Antonio TV 70220	
		San Antonio, TX 78229	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Food/Reverage 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	
		Jurors	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<del>1</del>	
_			

### SCHEDULE F1

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

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	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: 67/69 Rpt:	Cuellar, Marla (The Honorable) 00081742			
4	Date	5 Payee name			
	06/05/2025	Walmart.com			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$53.02	online			
		online, TX 00000			
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 supplies			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
$\vdash$	Date	Power name			
	04/04/2025	Payee name Washington Motro			
		Washington Metro			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	300 7th Street SW			
		Washington, DC 20024			
	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			
		Congressional event			
	Operation ONLY if allowed	On didn't Office helds			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	05/20/2025	Wingstop			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$69.14	5850 Ruben M Torres Blvd			
		Ste E1			
		Brownsville, TX 78526			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Event meeting			
	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 68/69 Rpt:	2 FILER NAME Cuellar, Marla (The Honorable) 3 Filer ID (Ethics Commission Filers 00081742	)
4		5 Payee name Wrangler	
6	Amount (\$) \$162.33	7 Payee address; City; State; Zip Code 400 N Elm	
8	PURPOSE OF EXPENDITURE	Greensboro , NC 27401  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Attire	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date 05/27/2025	Payee name Wrangler	
	Amount (\$) \$173.14	Payee address; City; State; Zip Code 400 N Elm	
	PURPOSE OF EXPENDITURE	Greensboro , NC 27401  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Attire	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 05/28/2025	Payee name Wrangler	
	Amount (\$) \$205.64	Payee address; City; State; Zip Code 400 N Elm	
		Greensboro , NC 27401	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Attire	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			mmittee	Gift/Awards/Me Legal Services	d/Beverage Expense Awards/Memorials Expense Al Services  Polling Expense Printing Expense Salaries/Wages/Contract Labo e Instruction Guide explains how to complete this form					Travel in District Travel Out of Dis OTHER (enter a	ed above)		
1	Total pages Schedule F1: Sch: 69/69 Rpt:	2	FILER NAME Cuellar, Marla (The Honorable)							Filer ID (Ethics Commission Filers) 00081742			
	Date 04/03/2025	5	Payee name	<b>:</b>					<u> </u>				
6	Amount (\$) \$15.00	7	Payee addre 425 Tingey Washington	Street SE		te; Zip Co	ode						
8	PURPOSE OF EXPENDITURE	(a)	Category (s Travel Out		ted at the top of this s	chedule)		4	n, TX,	de of Texas. Com officeholder living Vent		ī.	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder na	me	Office sou	ght			Office he	eld		