

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

| | | | |
|--|---|--|---------------------------------------|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 15 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. NICKNAME | FIRST Marla LAST | MI SUFFIX |
| | Cuellar | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | 612 Nolana, Suite 250 McAllen Texas 78504 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (956) | PHONE NUMBER 687-4529 | EXTENSION |
| | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. NICKNAME | FIRST Jose LAST | MI A. SUFFIX |
| | Cuellar | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | 1501 S. Airport Dr. Lot 152 Weslaco, Texas 78596 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (956) | PHONE NUMBER 975-4341 | EXTENSION |
| | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| | 01 / 01 / 2014 | | THROUGH 01 / 23 / 2014 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | 03 / 04 / 2014 | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) |
| | | | Hidalgo County Court at Law #8 |
| GO TO PAGE 2 | | | |

OFFICE USE ONLY

Date Received
[Signature]
4:44 PM.

RECEIVED FEB 03 2014

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 15,000.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 37,883.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 129,516.87

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marla Cuellar, this the 3rd day of Feb., 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Jessica Ramirez
Print name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): 1 of 2 | |
| 2 FILER NAME Marla Cuellar | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 1/9/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla & Rodriguez, LLP | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1709 Yorktown, Suite 110 Houston, TX 77056 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title Attorney | |
| 11 Contributor's employer/law firm Padilla & Rodriguez LLP | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date 1/9/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo L. Salinas | Amount of contribution (\$) 2,500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2011 N. Conway Mission, Texas | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attorney | | Contributor's job title Attorney | |
| Contributor's employer/law firm Law Offices of Salinas-Flores | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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|--|---|---|--|
| Date 1/10/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Caballero | Amount of contribution (\$) 1,000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 100 N PleasantView Drive Weslaco, Texas 78596 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation retired | | Contributor's job title | |
| Contributor's employer/law firm self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): 2 of 2 | |
| 2 FILER NAME Marla Cuellar | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 1/13/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norbeto Salinas | 7 Amount of contribution (\$) 8,000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 500 East 9th Street Mission, Texas 78572 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation self | | 10 Contributor's job title individual | |
| 11 Contributor's employer/law firm self | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date 1/17/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Carlos Castillo | Amount of contribution (\$) 2,500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 100 Savannah McAllen, Texas 78503 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation self | | Contributor's job title individual | |
| Contributor's employer/law firm self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

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|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation retired | | Contributor's job title | |
| Contributor's employer/law firm self | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: 1 of 10 | | 2 FILER NAME Marla Cuellar | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 1-3-14 | | 5 Payee name Donato Medina | | | |
| 6 Amount (\$) 2000.00 | | 7 Payee address; City; State; Zip Code 1701 Orchid Ave. McAllen, Texas 78504 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Contract labor | | (b) Description (If travel outside of Texas, complete Schedule T) consultant | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-4-14 | | Payee name Lilia Pedraza Benefit Run | | | |
| Amount (\$) 100.00 | | Payee address; City; State; Zip Code Mission TX 78572 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) contribution/donation | | Description (If travel outside of Texas, complete Schedule T) donation | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-8-14 | | Payee name Benchmark Advertising Co. | | | |
| Amount (\$) 39100.00 | | Payee address; City; State; Zip Code P O Box 530771 Harlingen TX 78553 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) advertising expense | | Description (If travel outside of Texas, complete Schedule T) billboard | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-8-14 | | Payee name Aviso Media Group. | | | |
| Amount (\$) 904.65 | | Payee address; City; State; Zip Code 2118 N. 48th Lane McAllen, Texas 78501 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) advertising | | Description (If travel outside of Texas, complete Schedule T) pens | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

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|---|--------------------------------------|---|
| 1 Total pages Schedule F: 2 of 10 | 2 FILER NAME Marla Cuellar | 3 ACCOUNT # (Ethics Commission Filers) |
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| 4 Date 1-8-14 | 5 Payee name Aviso Media Group |
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| 6 Amount (\$) \$931.64 | 7 Payee address; City; State; Zip Code 2118 N. 48th Lane McAllen, Texas 78501 |
|----------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) printing expense | (b) Description (If travel outside of Texas, complete Schedule T) push cards / door hangers |
| | Candidate / Officeholder name | Office sought Office held |

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|----------------|---------------------------------|
| Date 1-8-14 | Payee name Aviso Media Group |
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| Amount (\$) 1,668.62 | Payee address; City; State; Zip Code 2118 N. 48th Lane McAllen, Texas 78501 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising | Description (If travel outside of Texas, complete Schedule T) graphic design |
| | Candidate / Officeholder name | Office sought Office held |

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|-----------------|---------------------|
| Date 1-10-14 | Payee name Lamar |
|-----------------|---------------------|

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| Amount (\$) 2,535.00 | Payee address; City; State; Zip Code 5321 Corporate Blvd. Baton Rouge, LA 70808 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) advertising | Description (If travel outside of Texas, complete Schedule T) billboards |
| | Candidate / Officeholder name | Office sought Office held |

| | |
|-----------------|-----------------------------|
| Date 1-11-14 | Payee name Donato Medina |
|-----------------|-----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 1701 Orchid Ave. McAllen TX 78504 |
|-------------------------|---|

| | | |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract labor | Description (If travel outside of Texas, complete Schedule T) contract work |
| | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: <i>3 of 10</i> | 2 FILER NAME <i>Marla Cuellar</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>1-5-14</i> | 5 Payee name <i>Danny's Mexican Restaurant</i> | |
| 6 Amount (\$) <i>47.44</i> | 7 Payee address; City; State; Zip Code <i>2408 E. Griffin Pkwy. Mission Tx 78572</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>1-8-14</i> | Payee name <i>Home Depot</i> | |
| Amount (\$) <i>\$62.63</i> | Payee address; City; State; Zip Code <i>120 S. Shary Rd. Mission Tx 78572</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Advertising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Float supplies</i> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>1-10-14</i> | Payee name <i>Corner Store 1541</i> | |
| Amount (\$) <i>\$64.35</i> | Payee address; City; State; Zip Code <i>3709 W. Bus. 83 McAllen Tx 78501</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Travel</i> | Description (If travel outside of Texas, complete Schedule T) <i>gas</i> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>1-13-14</i> | Payee name <i>Juanito's Restaurant #2</i> | |
| Amount (\$) <i>\$69.82</i> | Payee address; City; State; Zip Code <i>331 N. Texas Ave. Mercedes Tx 78570</i> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Solicitation/fundraising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Meet and greet breakfast</i> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F: 4 of 10 | | 2 FILER NAME Marla Cuellar | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 1-14-14 | | 5 Payee name Kem Texas, LLC | | | |
| 6 Amount (\$) \$8,000 | | 7 Payee address; City; State; Zip Code 4515 San Pedro San Antonio Tx 78212 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising | | (b) Description (If travel outside of Texas, complete Schedule T) billboards | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-14-14 | | Payee name Casa de Marisco | | | |
| Amount (\$) \$41.23 | | Payee address; City; State; Zip Code 502 W. Pike St. Weslaco Tx 78596 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Solicitation/Fundraising | | Description (If travel outside of Texas, complete Schedule T) advertising meeting | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-14-14 | | Payee name Outback Steakhouse | | | |
| Amount (\$) \$60.40 | | Payee address; City; State; Zip Code 1109 E. Business Hwy 83 McAllen Tx 78501 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Solicitation/Fundraising | | Description (If travel outside of Texas, complete Schedule T) skeet shoot meeting | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-15-14 | | Payee name 7-Eleven, Speedy Stop #6 | | | |
| Amount (\$) \$63.30 | | Payee address; City; State; Zip Code 6313 N. 23rd St. McAllen Tx 78504 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Travel | | Description (If travel outside of Texas, complete Schedule T) fuel | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F: 5 of 10 | | 2 FILER NAME Marla Cuellar | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 1-17-14 | | 5 Payee name Organization of Women Executives | | | |
| 6 Amount (\$) \$38.00 | | 7 Payee address; City; State; Zip Code P.O. Box 720483 McAllen TX 78504 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-17-14 | | Payee name Obee's Mexican Restaurant | | | |
| Amount (\$) \$30.86 | | Payee address; City; State; Zip Code 305 W. 107 Elsa TX 78543 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Solicitation/Fundraising | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-18-14 | | Payee name Stripes 7302 | | | |
| Amount (\$) \$15.19 | | Payee address; City; State; Zip Code 901 W. Hwy 83 Weslaco TX 78596 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Travel | | Description (If travel outside of Texas, complete Schedule T) food supplies | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 1-21-14 | | Payee name Rudy's Bar-B-Q | | | |
| Amount (\$) \$21.91 | | Payee address; City; State; Zip Code 209 W. Nolana Pharr TX 78577 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Solicitation/Fundraising | | Description (If travel outside of Texas, complete Schedule T) Skeet shoot meeting | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F: 6 of 10 | 2 FILER NAME Marla Cuellar | 3 ACCOUNT # (Ethics Commission Filers) |
|---|--------------------------------------|--|

| | |
|--------------------------|--|
| 4 Date 1-21-14 | 5 Payee name McAllen Chamber Of Commerce |
|--------------------------|--|

| | |
|---|---|
| 6 Amount (\$) \$30⁰⁰ | 7 Payee address: City; State; Zip Code 1200 Ash Ave. McAllen Tx 78501 |
|---|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising | (b) Description (If travel outside of Texas, complete Schedule T) |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|------------------------|------------------------------------|
| Date 1-23-14 | Payee name Cocos Vintage |
|------------------------|------------------------------------|

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| Amount (\$) \$24.88 | Payee address; City; State; Zip Code 303 S. Texas Weslaco TX 78596 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) advertising/fundraising | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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|------------------------|---------------------------------|
| Date 1-23-14 | Payee name Murphy USA |
|------------------------|---------------------------------|

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|-------------------------------|---|
| Amount (\$) \$64.51 | Payee address; City; State; Zip Code 4245 S. McColl Rd. Edinburg Tx 78539 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) travel | Description (If travel outside of Texas, complete Schedule T) gas/fuel |
|------------------------|---|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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| Date 1-23-14 | Payee name RGV Hispanic Chamber of Commerce |
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|--------------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 3313 N. McColl Rd McAllen Tx 78501 |
|--------------------------------|---|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contribution/donation | Description (If travel outside of Texas, complete Schedule T) donation |
|------------------------|--|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--------------------------------------|--|
| 1 Total pages Schedule F: 7 of 10 | 2 FILER NAME Marla Cuellar | 3 ACCOUNT # (Ethics Commission Filers) |
|---|--------------------------------------|--|

| | |
|--------------------------|---|
| 4 Date 1-14-14 | 5 Payee name Hidalgo Co. Elections Department |
|--------------------------|---|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$34.50 | 7 Payee address; City; State; Zip Code 101 S. 10th Ave. Edinburg TX 78539 |
|---------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) fee | (b) Description (If travel outside of Texas, complete Schedule T) election maps |
|--------------------------|--|---|

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|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--------------------------------------|
| Date 1-14-14 | Payee name Adrian Gonzalez |
|------------------------|--------------------------------------|

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|---|--|
| Amount (\$) \$2750⁰⁰ | Payee address; City; State; Zip Code 2400 Largo St. Weslaco TX 78596 |
|---|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract labor | Description (If travel outside of Texas, complete Schedule T) Contract |
|------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|------------------------|-------------------------------|
| Date 1-14-14 | Payee name Contempo |
|------------------------|-------------------------------|

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|--|--|
| Amount (\$) \$900⁰⁰ | Payee address; City; State; Zip Code 2210 Sabinal Mission TX 78572 |
|--|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising/fundraising | Description (If travel outside of Texas, complete Schedule T) Advertising/ad |
|------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|------------------------|---|
| Date 1-15-14 | Payee name Rolando M. Flores, CPA |
|------------------------|---|

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|--|---|
| Amount (\$) \$1,050⁰⁰ | Payee address; City; State; Zip Code 729 N. Ware Rd. McAllen TX 79501 |
|--|---|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Accounting/Banking | Description (If travel outside of Texas, complete Schedule T) Accounting fees |
|------------------------|---|---|

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|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F: 8 of 10 | 2 FILER NAME Marla Cuellar | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 1-15-14 | 5 Payee name Organization of Women Executives | |
| 6 Amount (\$) \$38 ⁰⁰ | 7 Payee address: City; State; Zip Code PO Box 720483 McAllen TX 78504 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 1-17-14 | Payee name Orlando Villarreal | |
| Amount (\$) \$1,100 ⁰⁰ | Payee address: City; State; Zip Code P O Box 811 Edcouch TX 78538 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract labor | Description (If travel outside of Texas, complete Schedule T) Contract work |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 1-17-14 | Payee name Edward Vega | |
| Amount (\$) \$300 ⁰⁰ | Payee address: City; State; Zip Code P O Box 811 Edcouch TX 78538 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract labor | Description (If travel outside of Texas, complete Schedule T) Contract work |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 1-17-14 | Payee name Raul Palomin | |
| Amount (\$) \$500 ⁰⁰ | Payee address: City; State; Zip Code P O Box 811 Edcouch TX 78538 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract labor | Description (If travel outside of Texas, complete Schedule T) Contract work |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------|-------------------------------|--|
| 1 Total pages Schedule F: 9 of 10 | 2 FILER NAME Marla Cuellar | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------------|-------------------------------|--|

| | |
|-------------------|-----------------------------|
| 4 Date 1-17-14 | 5 Payee name MB Graphics |
|-------------------|-----------------------------|

| | |
|---------------------------|---|
| 6 Amount (\$) \$893.07 | 7 Payee address; City; State; Zip Code 912 W. Beech St. McAllen Tx 78501 |
|---------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) Campaign cards |
|--------------------------|--|---|

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|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|-----------------------------------|
| Date 1-21-14 | Payee name The Community Press |
|-----------------|-----------------------------------|

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|------------------------------------|--|
| Amount (\$) \$840 ⁰⁰ | Payee address; City; State; Zip Code P.O Box 1811 Elsa Tx 78543 |
|------------------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising | Description (If travel outside of Texas, complete Schedule T) Newspaper ad |
|------------------------|---|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|---------------------------|
| Date 1-21-14 | Payee name Blanca Cruz |
|-----------------|---------------------------|

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|-------------------------------------|--|
| Amount (\$) \$3000 ⁰⁰ | Payee address; City; State; Zip Code P O Box 301 Edcouch Tx 78538 |
|-------------------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract labor | Description (If travel outside of Texas, complete Schedule T) Contract work |
|------------------------|--|--|

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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|---------------------------------|
| Date 1-21-14 | Payee name Aviso Media Group |
|-----------------|---------------------------------|

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|-------------------------------------|--|
| Amount (\$) \$4653 ⁰⁰ | Payee address; City; State; Zip Code 2118 N. 48 th Lane McAllen Tx 78501 |
|-------------------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising | Description (If travel outside of Texas, complete Schedule T) graphics / t-shirts |
|------------------------|---|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F: <i>10 of 10</i> | 2 FILER NAME <i>Marla Cuellar</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>1-22-14</i> | 5 Payee name <i>Concepto Magazine</i> | |
| 6 Amount (\$) <i>\$550⁰⁰</i> | 7 Payee address; City; State; Zip Code <i>McAllen, TX</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Advertising</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Media ad</i> |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
1/1

2 FILER NAME
Marla Cuellar

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender
Lone Star National Bank

5 Lender address; City; State; Zip Code
206 W Ferguson Pharr TX 78577

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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