

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

ORIGINAL

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: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Marla LAST Cuellar	MI SUFFIX
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, TX 78504	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY Date Received <div style="font-size: 1.5em; margin: 5px 0;">RECEIVED FEB 24 2014</div> <div style="font-size: 2em; margin: 5px 0;">a-p</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged </div>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 687-4529	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Jose LAST Cuellar	MI A. SUFFIX
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, TX 78596		
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 975-4341	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 THROUGH Month Day Year 01 / 23 / 2014 02 / 22 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2014	ELECTION TYPE <input checked="" 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			

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME Marla Cuellar **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

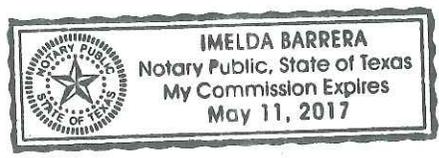
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			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)	\$ 20,040.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 77,923.71
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	\$ 71,633.16

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.



AFFIX NOTARY STAMP / SEAL ABOVE

(Handwritten Signature)

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Marla Cuellar, this the 24th day of February, 20 14, to certify which, witness my hand and seal of office.

Imelda Barrera Imelda Barrera Notary Public
Signature of officer administering oath Print name of officer administering oath 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): 10F10	
2 FILER NAME Marla Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Ruben Ramirez	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 520 W. Pecan Suite A McAllen Texas		(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 Law Office of Ruben Ramirez		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert V. Yzaguirre Attorney at Law	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6521 N. 10TH ST STE A McAllen Texas 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Robert V. Yzaguirre Attorney at Law		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Rene Garcia	Amount of contribution (\$) \$220	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3714 W. Mile 17 1/2 Edingburg Tx 78541		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Contractor		Contributor's job title Individual	
Contributor's employer/law firm		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 10	
2 FILER NAME Marisa Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia & Karam, LLP	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 820 South Main McAllen Texas 78501		(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		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwin E. Forsrage	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25631 Laguna Seca Rd. Edingburg, TX 78541		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Individual		Contributor's job title Individual	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosendo Alvarez	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1308 Fullerton Ave McAllen Texas 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm		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): 3 of 10	
2 FILER NAME Maria Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orlando Ochoa	7 Amount of contribution (\$) \$1,360	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7517 N. 10th St. McAllen TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Individual		10 Contributor's job title Individual	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Pena Morales	Amount of contribution (\$) \$240.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205. 12th Ave. Edinburg Texas 78539		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joset Villanueva	Amount of contribution (\$) \$220	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1440 Rio Rio Rd. Mercedes Texas 78510		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Individual		Contributor's job title Individual	
Contributor's employer/law firm		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): 4 of 10	
2 FILER NAME Marisa Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Andrew Rodriguez	7 Amount of contribution (\$) \$1,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8108 N. Cynthia St. McAllen TX 78504		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Individual		10 Contributor's job title Individual	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lenney Ybanez	Amount of contribution (\$) \$220	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2309 Light Wind Dr. Corpus Christi TX 78414 4059		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Individual		Contributor's job title Individual	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory E. Turley	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 312 Thunderbird McAllen Texas 78504		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm		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): 5 of 10	
2 FILER NAME Marla Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Koenke + Ramirez, LLP.	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1 McAllen Texas 78501		(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		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carina Cantri Munguia	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 810 W. Ferguson Pharr Texas 78577		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Individual		Contributor's job title Individual	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/31/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Quiroga	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4914 S. Jackson Road McAllen, Texas 78539		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Individual		Contributor's job title Individual	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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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): leaf 10	
2 FILER NAME Marla Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma G. Garcia	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 1073 Danna Texas 78537		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Individual		10 Contributor's job title Individual	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Diana Fuentes Aguilar	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1210 W. Expressway 88, St. A. Weslaco Texas 78596		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2-1-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernesto Gutierrez	Amount of contribution (\$) \$2,480.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5912 E CR 418 Prement, Texas 78375		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation individual		Contributor's job title individual	
Contributor's employer/law firm		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): 7 of 10	
2 FILER NAME Maria Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/31/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Ortega	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4914 S Jackson Road McAllen, Texas 78533		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Individual		10 Contributor's job title Individual	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sujata Chugani	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 305 S. Broadway McAllen TX 78501		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Individual		Contributor's job title Individual	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celeste Celestina Francesca Carri	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2403 N. 10th STE. Box 107 McAllen Texas		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Individual		Contributor's job title Individual	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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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): 8 of 10	
2 FILER NAME Maria Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pablo Cerda Jr.	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1225 W. Heron Court McAllen Texas 78504		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Individual		10 Contributor's job title Individual	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celina Garcia Vasquez	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2308 Windercrest Ln. Palmhurst TX 78573		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Optometrist		Contributor's job title Optometrist	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosalie Weisfeld	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4801 N. 16th St. McAllen Texas 78504		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Individual		Contributor's job title Individual	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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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): 9 of 10	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge L. Gomez	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 3145 Center Pointe Drive Edinburg, Texas 78539		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Individual		10 Contributor's job title Individual	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Hammond	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 310 E. Main Ave. Atton, Texas 78573		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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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): 10 of 10	
2 FILER NAME: Maria Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 1/31/14	5 Full name of contributor: Texas Democratic Party <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable): 2000.00
6 Contributor address; City; State; Zip Code: 4818 E. Ben White Suite 104 Austin, Texas		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

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		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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		Contributor's job title	
Contributor's employer/law firm		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
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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>1 of 14</i>		2 FILER NAME <i>MARLA CUELLAR</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/27/14</i>		5 Payee name <i>HILDA CUELLAR</i>			
6 Amount (\$) <i>1200.00</i>		7 Payee address; City; State; Zip Code <i>1501 S. Airport Dr. Lot 152 Weslaco Tx 78594</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Travel</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>contract/gas</i>		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>1/30/14</i>		Payee name <i>POINT BLANK SHOOTING RANGE & SPORTING GOODS</i>			
Amount (\$) <i>2200.00</i>		Payee address; City; State; Zip Code <i>McAllen, Tx 407 N. Jackson Rd. 78501</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expenses</i>		Description (If travel outside of Texas, complete Schedule T) <i>PRIZES</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>2/1/14</i>		Payee name <i>SPORTSMAN MEDIA LLC</i>			
Amount (\$) <i>1500.00</i>		Payee address; City; State; Zip Code <i>332 Thunderbird Ave, McAllen, Tx 78504</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>media</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>2/1/14</i>		Payee name <i>ANGELS OF LOVE</i>			
Amount (\$) <i>750.00</i>		Payee address; City; State; Zip Code <i>4020 N 22nd St McAllen Tx 78504</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donation</i>		Description (If travel outside of Texas, complete Schedule T) <i>Donation</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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>2 of 14</i>		2 FILER NAME <i>MARLA CUELLAR</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/31/14</i>		5 Payee name <i>Maribel Salinas</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; City; State; Zip Code <i>500 E 9th St, Mission, Texas 78572</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Contract</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/1/14</i>		Payee name <i>Memorial High School - Swim Team</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>101 E. Hackberry Ave, McAllen, TX 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Advertisement donation</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/3/14</i>		Payee name <i>Vanessa Torres</i>			
Amount (\$) <i>640.00</i>		Payee address; City; State; Zip Code <i>1415 Tierra De Vina Alamo, Texas 78516</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract</i>		Description (If travel outside of Texas, complete Schedule T) <i>Contract</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/4/14</i>		Payee name <i>Heath Sporting</i>			
Amount (\$) <i>5000.00</i>		Payee address; City; State; Zip Code <i>1410 Vida grande Alamo, Texas 78516</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>clay for event</i>	
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: 3 of 14	2 FILER NAME MARLA CUELLAR	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/6/14	5 Payee name ABRIAN GONZALEZ
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6 Amount (\$) 500.00	7 Payee address: City; State; Zip Code 2400 LARGO ST Westaco, TX 78596
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/contract	(b) Description (If travel outside of Texas, complete Schedule T) Contract
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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 2/6/14	Payee name Jimmy GARZA
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Amount (\$) 400.00	Payee address: City; State; Zip Code 309 E. 2nd St. ELSA, TEXAS 78538
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract	Description (If travel outside of Texas, complete Schedule T) Contract
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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 2/6/14	Payee name Ralph Valencia
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Amount (\$) 500.00	Payee address: City; State; Zip Code 1522 N. de la ROSA DR - DONNA, TEXAS 78537
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/contract	Description (If travel outside of Texas, complete Schedule T) Contract
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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 2/6/14	Payee name RGBV Food Bank
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Amount (\$) 120.00	Payee address: City; State; Zip Code 724 N. Cage Blvd Pharr TX 78577
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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
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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: 4 of 14		2 FILER NAME MARLA CUELLAR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/9/14		5 Payee name MARIA SUAREZ			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 1000 Las Alamedas Edinburg, Texas 78541			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution/Donation		(b) Description (If travel outside of Texas, complete Schedule T) Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/9/14		Payee name HARVEST CHRISTIAN ACADEMY			
Amount (\$) 50.00		Payee address; City; State; Zip Code 1000 Las Alamedas Edinburg, TX 78541			
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 2/12/14		Payee name FRANCES FREE			
Amount (\$) 500.00		Payee address; City; State; Zip Code 2400 Largo St. Weslaco, TX 78596			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/Contract		Description (If travel outside of Texas, complete Schedule T) Contract	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/13/14		Payee name Kool River Media			
Amount (\$) 51,475.00		Payee address; City; State; Zip Code 1401 E. Expwy 83 Donna, TX 78537			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Advertising	
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: 5 of 14		2 FILER NAME MARLA CUELLAR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/15/14		5 Payee name MANUEL R. REYES			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 2509 Mi Cielo Westlaco, Texas 78596			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/Wages/contract		(b) Description (If travel outside of Texas, complete Schedule T) Contract	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/17/14		Payee name ERICA GONZALEZ			
Amount (\$) 1600.00		Payee address; City; State; Zip Code 1800 N. TEXAS BLVD. Westlaco, Texas 78596			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/contract		Description (If travel outside of Texas, complete Schedule T) Contract	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/17/14		Payee name BLANCA CRUZ			
Amount (\$) 1500.00		Payee address; City; State; Zip Code PO BOX 301 Edcouch, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/contract		Description (If travel outside of Texas, complete Schedule T) Contract	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/17/14		Payee name ALICIA SEBURA			
Amount (\$) 400.00		Payee address; City; State; Zip Code P.O. BOX 944 Alamo, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/contract		Description (If travel outside of Texas, complete Schedule T) Contract	
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: <i>16 of 14</i>	2 FILER NAME <i>MARLA CUELLAR</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/17/14</i>	5 Payee name <i>IRMA VILLARREAL</i>
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6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 37 Alamo, Texas</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Salaries/Wages/contract</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Contract</i>
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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 <i>2/17/14</i>	Payee name <i>M B GRAPHICS</i>
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Amount (\$) <i>1158.28</i>	Payee address; City; State; Zip Code <i>912 W Beech Ave. McAllen, Tx 78501</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>invitations / pushcards</i>
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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 <i>2/18/14</i>	Payee name <i>ESMER GARCIA</i>
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Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>701 N Nevada Weslaco Tx 78596</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Salaries/Wages /contract</i>	Description (If travel outside of Texas, complete Schedule T) <i>Contract</i>
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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 <i>2/18/14</i>	Payee name <i>EVELYN MANCIAS</i>
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Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>925 W. Lincoln Weslaco Tx 78596</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Salaries /Wages /contract</i>	Description (If travel outside of Texas, complete Schedule T) <i>Contract</i>
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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: 7 of 14	2 FILER NAME MARLA CUELLAR	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/18/14	5 Payee name ADRIAN GONZALEZ
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 2400 Largo St Woslaco Tx 78596
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/wages/contract	(b) Description (If travel outside of Texas, complete Schedule T) Contract
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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 2/19/14	Payee name JUANNA VALLEJO
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Amount (\$) 200.00	Payee address; City; State; Zip Code 5004 Black Street Woslaco, Texas 78596
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) salaries/wages/contract	Description (If travel outside of Texas, complete Schedule T) Contract
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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 2/19/14	Payee name ALICIA NAVARRO
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Amount (\$) 400.00	Payee address; City; State; Zip Code 1011 Yate Prairie Edinburg, Texas 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/wages/contract	Description (If travel outside of Texas, complete Schedule T) Contract
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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 2/19/14	Payee name Noemi Rodriguez
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Amount (\$) 400.00	Payee address; City; State; Zip Code P.O. Box 301 Edcouch, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary/wages/contract	Description (If travel outside of Texas, complete Schedule T) Contract
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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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
8 of 14	Marla Cuellar	
4 Date	5 Payee name	
2/21/14	Noemi Rodriguez	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
100.00	P.O. Box 301 Edinouch, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Travel	gas
9 Complete ONLY 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 ONLY 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 ONLY 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 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 14	2 FILER NAME Marla Cuellar	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/1/14	5 Payee name Dai Tung
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6 Amount (\$) \$26.98	7 Payee address; City; State; Zip Code 2402 Brock St Suite A Mission Texas 78512
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Bevg.	(b) Description (If travel outside of Texas, complete Schedule T) skeet shot committee
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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 2/3/14	Payee name Alberico Fine Wine
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Amount (\$) 150.00	Payee address; City; State; Zip Code 1600 N. 10th St. Mcallen Texas 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) food
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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 1/24/14	Payee Cocos Vintage
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Amount (\$) 24.88	Payee address; City; State; Zip Code 303 S. Texas Blvd. Weslaco TEXAS 78596
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/bevg.	Description (If travel outside of Texas, complete Schedule T) volunteer meeting
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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 2/4/14	Payee name HEB.
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Amount (\$) \$59.00	Payee address; City; State; Zip Code 2409 E. Expressway 83 Mission Texas 78247
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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
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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: 10 of 14		2 FILER NAME Marla Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/10/14		5 Payee name Stripes			
6 Amount (\$) \$ 43.24		7 Payee address; City; State; Zip Code 100 E. Expressway 83 Mission Texas 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel		(b) Description (If travel outside of Texas, complete Schedule T) Gas	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/11/14		Payee name Monterrey Cafe			
Amount (\$) \$ 130.49		Payee address; City; State; Zip Code 118 N. Texas Blvd. Westlaco Texas 78596			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Bev.		Description (If travel outside of Texas, complete Schedule T) volunteer meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/19/14		Payee name Obars Sports Bar & Grill			
Amount (\$) 65.99		Payee address; City; State; Zip Code 720 E. Edingburg Ave Elsa Texas 78543			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Bev.		Description (If travel outside of Texas, complete Schedule T) meeting with Delta Area	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/21/14		Payee name Krispy Kreme			
Amount (\$) \$ 43.74		Payee address; City; State; Zip Code 1420 E Expressway 83 Marler Texas 78503			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Bev.		Description (If travel outside of Texas, complete Schedule T) poll volunteers	
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: 11 of 14		2 FILER NAME Marla Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/21/14		5 Payee name K Mart			
6 Amount (\$) \$ 55.16		7 Payee address; City; State; Zip Code 1405 East Expressway 83 Mission Texas 78572			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Bevg.		(b) Description (If travel outside of Texas, complete Schedule T) Drinks for volunteers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/22/14		Payee name Stripes			
Amount (\$) \$ 25.89		Payee address; City; State; Zip Code 721 N. Mcall Rd. Mcallen Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bevg.		Description (If travel outside of Texas, complete Schedule T) Drinks for volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/24/14		Payee name McAllen Chamber of Commerce			
Amount (\$) 30.00		Payee address; City; State; Zip Code 1200 Ash Avenue Mcallen Tx 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contribution		Description (If travel outside of Texas, complete Schedule T) contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/27/14		Payee name Hancock Fabrics			
Amount (\$) 13.15		Payee address; City; State; Zip Code 912 E. Expw. 83 Mcallen Texas 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/suppl.		Description (If travel outside of Texas, complete Schedule T) Supplies for parade float	
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: 12 of 14		2 FILER NAME Marta Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/27/14		5 Payee name JJs Partyhouse			
6 Amount (\$) 30.27		7 Payee address; City; State; Zip Code 201 N. Bicentennial Blvd McAllen, TX 78501			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead		(b) Description (If travel outside of Texas, complete Schedule T) parade float supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/27/14		Payee name RGV Hispanic Chamber			
Amount (\$) 100.00		Payee address; City; State; Zip Code 3313 N. McColl Rd McAllen, Texas 78501			
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 1/27/14		Payee name Outback Steakhouse			
Amount (\$) 110.26		Payee address; City; State; Zip Code 1109 E. Bus. Hwy 83 McAllen, TX 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/beverage		Description (If travel outside of Texas, complete Schedule T) meeting with committee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/7/14		Payee name Fellers			
Amount (\$) 508.31		Payee address; City; State; Zip Code 7335 S. Lewis Tulsa, OK 74136			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising		Description (If travel outside of Texas, complete Schedule T) sign wire	
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: 13 of 14	2 FILER NAME Maria Cuellar	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/10/14	5 Payee name Deluxe checks
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6 Amount (\$) 70.74	7 Payee address; City; State; Zip Code 10030 Philipp Parkway Streetsboro, OH 44224
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) overhead	(b) Description (If travel outside of Texas, complete Schedule T) checks
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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 2/18/14	Payee name Wal mart #0395
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Amount (\$) 208.42	Payee address; City; State; Zip Code 2410 E. Expway 83 Mission, TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead	Description (If travel outside of Texas, complete Schedule T) supplies
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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 2/20/14	Payee name Krispy Kreme
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Amount (\$) 37.45	Payee address; City; State; Zip Code 420 E. Expway 83 McAllen, TX 78503
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage	Description (If travel outside of Texas, complete Schedule T) poll volunteers
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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 2/21/14	Payee name L Pastel
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Amount (\$) 45.00	Payee address; City; State; Zip Code 2505 E Griffin Pkway Mission, TX 78572
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage	Description (If travel outside of Texas, complete Schedule T) CB annual banquet
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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: 14 of 14		2 FILER NAME Maria Cuellar		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/21/14		5 Payee name Fellers			
6 Amount (\$) 340.98		7 Payee address; City; State; Zip Code 7335 S Lewis Tulsa, OK 74136			
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) Sign wire	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/22/14		Payee name Stripes			
Amount (\$) 13.30		Payee address; City; State; Zip Code 721 N. McColl Rd. McAllen, Texas 78501			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverages		Description (If travel outside of Texas, complete Schedule T) poll volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/3/14		Payee name Texas Democratic Party			
Amount (\$) 500.00		Payee address; City; State; Zip Code 4818 East Ben White, Suite 104, Austin, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) fees		Description (If travel outside of Texas, complete Schedule T) VAN system	
Complete ONLY 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1 of 1	2 FILER NAME Marla Cuellar	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/4/14	5 Payee name Copy Data	
6 Amount (\$) \$ 93.10 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10500 N. 10 th St. McAllen Tx 78504	
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) supplies
	Date 2/6/14	Payee name Outback Steakhouse
Amount (\$) \$ 114.08 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1109 E. Business 83 McAllen Texas 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bevg.	Description (If travel outside of Texas, complete Schedule T) meeting
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)

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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: 1 of 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, Texas 78577	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor	
	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	

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