

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>35</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mrs <b>Mary Ellen</b>		
	NICKNAME	LAST	SUFFIX
Cuzela			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	21040 Highland Knolls, Suite 200-49 Katy, TX 77450		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 832 )	563-3129	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs. <b>Heidi</b>		
	NICKNAME	LAST	SUFFIX
Lange Galito			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1539 S. Mason Rd, #65 Katy, TX 77450		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 713 )	557-0999	
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	1	18	23
		THROUGH	Month Day Year
			3 / 27 / 23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		5 / 6 / 23	<input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			<b>Katy ISD School Board Position 5</b>
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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	
		COMMITTEE CAMPAIGN TREASURER NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received

**RECEIVED**

APR 06 2023

By 2:30 pm

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

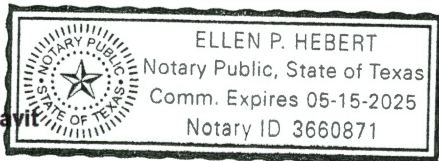
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Mary Ellen Cuzela		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,971.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,737.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,754.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

*Mary Ellen Cuzela*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mary Ellen Cuzela this the 6<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.

Ellen P. Hebert Ellen P. Hebert Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Mary Ellen Cuzela		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,735.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,236.65
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4,530.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 2,207.44
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. ■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 116.41

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/23/20</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Donna McElmurry</b> 6 Contributor address; City; State; Zip Code <b>23 Remington Park Katy, TX 77493</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/26/20</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lawrence Worley</b> Contributor address; City; State; Zip Code <b>19022 Windsor Sails Houston, TX 77094</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/29/20</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>K. Johnson</b> Contributor address; City; State; Zip Code <b>4703 Lake Crest Dr Fulshear, TX 77441</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/02/20</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Wendi Ewbank</b> Contributor address; City; State; Zip Code <b>22606 Westbrook Cinco Ln Katy, TX 77450</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/09/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Abby Ramsey</b> 6 Contributor address; City; State; Zip Code <b>1106 Wildflower Ct Katy, TX 77494</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brenda Rolirad</b> Contributor address; City; State; Zip Code <b>1918 Hickory Chase Dr Katy, TX 77450</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JP Pfeifer</b> Contributor address; City; State; Zip Code <b>43 Hollingers Island Katy, TX 77450</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Donna Mersmann</b> Contributor address; City; State; Zip Code <b>3510 Stanbury Place Ln Katy, TX 77450</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/10/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sally Kozman</b> 6 Contributor address; City; State; Zip Code <b>23214 San Salvador Pl Katy, TX 77494</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Yoli Hermann</b> Contributor address; City; State; Zip Code <b>3135 Rosemary Park Ln Houston, TX 77082</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Janet Hawkins</b> Contributor address; City; State; Zip Code <b>1302 Sherwood Mills Ln Katy, TX Houston, TX 77043</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/11/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Liz Belton</b> Contributor address; City; State; Zip Code <b>194 FM 3283 Hallettsville, TX 77964</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/11/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jenny Schneider</b> 6 Contributor address; City; State; Zip Code <b>6210 Pecan Ln Katy, TX 77493</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/14/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sharon Rodriguez</b> Contributor address; City; State; Zip Code <b>11911 Portofino Rd Houston, TX 77082</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/14/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jennifer White</b> Contributor address; City; State; Zip Code <b>1819 Sand Hollow Ln Katy, TX 77450</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Home Katzman</b> Contributor address; City; State; Zip Code <b>20618 Park Bend Dr Katy, TX 77450</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/18/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Pamela McQueen</b> 6 Contributor address; City; State; Zip Code <b>3302 S. Lake Village Katy, TX 77450</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/20/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Darla Corrigan</b> Contributor address; City; State; Zip Code <b>25419 Walter Peak Ln Katy, TX 77494</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/20/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Richelle Forester</b> Contributor address; City; State; Zip Code <b>1542 Rustic Knolls Dr Katy, TX 77450</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/20/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mike Malito</b> Contributor address; City; State; Zip Code <b>1811 Wine Cedar Ln Katy, TX 77450</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/03/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James Roberts</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>2916 Dartmouth Rd Alexandria, VA 22314</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/04/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kathie Marshall</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2311 Centerbrook Ln Katy, TX 77450</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/06/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nicolaus Harkins</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>20303 Brondesbury Dr Katy, TX 77450</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christine Zuehkle</b>	Amount of contribution (\$) <b>40.00</b>
Contributor address; City; State; Zip Code <b>3749 Katy Hockley Rd Katy, TX 77493</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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<b>2</b> FILER NAME Mary Ellen Cuzela		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/07/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Marcille Aldrett <b>6</b> Contributor address; City; State; Zip Code 4310 Tremont Glen Ln Katy, TX 77494	<b>7</b> Amount of contribution (\$)  <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/07/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Karl Ullrich <b>Contributor address; City; State; Zip Code</b> 23207 Winding Knoll Ln Katy, TX 77494	<b>Amount of contribution (\$)</b>  <b>200.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/07/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Shiree Elliott <b>Contributor address; City; State; Zip Code</b> 1031 Dominion Dr Katy, TX 77450	<b>Amount of contribution (\$)</b>  <b>50.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/07/2023	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Claudia Turcott <b>Contributor address; City; State; Zip Code</b> 20407 Brondesbury Dr Katy, TX 77450	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/07/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Ewerton Araujo</b> 6 Contributor address; City; State; Zip Code <b>23919 Enchanted Crossing Katy, TX 77494</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tu Vo</b> Contributor address; City; State; Zip Code <b>26735 Mandrake Falls Ct Katy, TX 77494</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Greg Dalton</b> Contributor address; City; State; Zip Code <b>2119 Grayson Lakes Blvd Katy, TX 77494</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stephanie Luchetti</b> Contributor address; City; State; Zip Code <b>26219 Goldenport Ln Katy, TX 77494</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mary Ellen Cuzela		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jack Philley 6 Contributor address; City; State; Zip Code 23223 Lidstone Point Ct Katy, TX 77494	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Naoko Brittin Contributor address; City; State; Zip Code 23 Lakefield Trails Katy, TX 77493	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Ligey Chu Contributor address; City; State; Zip Code 800 Country Place Dr Houston, TX 77079	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Melvin DeGeeter Contributor address; City; State; Zip Code 227 Ranch House Ln Richmond, TX 77469	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/13/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jackie Sampay</b>	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>19639 Sunrise Chase Way Houston, TX 77084</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jacqueline Sampay</b>	Amount of contribution (\$) <b>20.00</b>
	Contributor address; City; State; Zip Code <b>25563 Burnett Ranch Ln Katy, TX 77493</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/21/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Saba</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code <b>4306 Glenirish Dr Katy, TX 77494</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Victor Perez</b>	Amount of contribution (\$) <b>350.00</b>
	Contributor address; City; State; Zip Code <b>4715 Bryce Landing Ln Katy, TX 77494</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/13/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Rosemary Lemmer</b> 6 Contributor address; City; State; Zip Code <b>11423 Oak Spring Dr Houston, TX 77043</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/15/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Leslye Henderson</b> Contributor address; City; State; Zip Code <b>3727 Adonia Pl Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/16/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lisa Musick</b> Contributor address; City; State; Zip Code <b>618 W Newport Bend Katy, TX 77494</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nancy Scott</b> Contributor address; City; State; Zip Code <b>1014 Arrow Hill Rd Houston, TX 77077</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/19/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Keith Taunton</b> 6 Contributor address; City; State; Zip Code <b>1631 Kelliwood Oaks Dr Katy, TX 77450</b>	7 Amount of contribution (\$) <b>75.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/19/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michelle Taunton</b> Contributor address; City; State; Zip Code <b>1631 Kelliwood Oaks Dr Katy, TX 77450</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/22/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Andrea Barta</b> Contributor address; City; State; Zip Code <b>1000 Winston Rd Richmond, TX 77469</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/28/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bill Roberts</b> Contributor address; City; State; Zip Code <b>3632 Market St San Francisco, CA 94131</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/07/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Cindy Wingo</b> 6 Contributor address; City; State; Zip Code <b>622 W. Newport Bend Katy, TX 77494</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lisa Musick</b> Contributor address; City; State; Zip Code <b>618 W. Newport Bend Katy, TX 77494</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nancy Eddy</b> Contributor address; City; State; Zip Code <b>619 E. Newport Bend Katy, TX 77494</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/11/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jennifer Miers</b> Contributor address; City; State; Zip Code <b>26831 Mesquite Orchard Ln Katy, TX 77494</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5</b>	
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>01/18/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Regina Johnson</b>	8 Amount of Contribution \$ <b>250.00</b>	9 In-kind contribution description <b>Website &amp; Graphic Design</b>
7 Contributor address; City; State; Zip Code <b>4703 Lake Crest Dr Fulshear, TX 77441</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>02/22/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah &amp; Michael Feigleson</b>	Amount of Contribution \$ <b>178.62</b>	In-kind contribution description <b>T-shirts</b>
Contributor address; City; State; Zip Code <b>26300 Morton Rd Katy, TX 77493</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 2em; font-weight: bold;">5</span>	
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  03/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah &amp; Michael Feigleson</b> ..... 7 Contributor address; City; State; Zip Code <b>26300 Morton Rd Katy, TX 77493</b>	8 Amount of Contribution \$  144.15	9 In-kind contribution description  push cards
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Regina Johnson</b> ..... Contributor address; City; State; Zip Code <b>4703 Lake Crest Fulshear, TX 77441</b>	Amount of Contribution \$  44.54	In-kind contribution description  pencils
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 2em; margin-left: 20px;">5</span>	
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  03/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah &amp; Michael Feigleson</b> ----- 7 Contributor address; City; State; Zip Code <b>26300 Morton Rd Katy, TX 77493</b>	8 Amount of Contribution \$  162.38	9 In-kind contribution description  Campaign Kickoff Party Photo Station  <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Summer Moon Coffee</b> ----- Contributor address; City; State; Zip Code <b>19901 Kingsland Blvd Houston, TX 77094</b>	Amount of Contribution \$  83.33	In-kind contribution description  Campaign Kickoff Party Coffee  <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5</b>	
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>03/07/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Blake &amp; Stacey Beckendorff</b>	8 Amount of Contribution \$ <b>167.00</b>	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <b>28533 Morton Rd Katy, TX 77493</b>	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>03/15/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah &amp; Michael Feigleson</b>	Amount of Contribution \$ <b>100.00</b>	In-kind contribution description
	Contributor address; City; State; Zip Code <b>26300 Morton Rd Katy, TX 77493</b>	Graphic Design Push Cards	
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 2em; font-weight: bold;">5</span>	
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  03/24/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah &amp; Michael Feigleson</b>	8 Amount of Contribution \$  106.63	9 In-kind contribution description  printing
7 Contributor address; City; State; Zip Code <b>26300 Morton Rd Katy, TX 77493</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/01/2023	<b>5</b> Payee name Katy Christian Chamber of Commerce	
<b>6</b> Amount (\$) <b>35.00</b>	<b>7</b> Payee address; City; State; Zip Code 650 W Bough Ln #15-170 Houston, TX 77024	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description February Networking Luncheon
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>02/06/2023</b>	Payee name NBD Graphics	
Amount (\$) <b>90.37</b>	Payee address; City; State; Zip Code 917 S Mason Rd Katy, TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4x4 signs, name badge
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>02/09/2023</b>	Payee name Constant Contact	
Amount (\$) <b>10.65</b>	Payee address; City; State; Zip Code 1601 Trapelo Rd Suite 329 Waltham, MA 02451	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Email Service
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/10/2023	<b>5</b> Payee name NBD Graphics	
<b>6</b> Amount (\$) <b>54.13</b>	<b>7</b> Payee address; City; State; Zip Code 917 S Mason Rd Katy, TX 77450	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Fliers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>02/13/2023</b>	Payee name NBD Graphics	
Amount (\$) <b>289.57</b>	Payee address; City; State; Zip Code 917 S Mason Rd Katy, TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) printing	Description campaign t-shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>02/15/2023</b>	Payee name Walgreens	
Amount (\$) <b>24.85</b>	Payee address; City; State; Zip Code 411 S Mason Rd Katy, TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Candy for Rodeo Parade
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/15/2023	<b>5</b> Payee name Aldi	
<b>6</b> Amount (\$) <b>5.65</b>	<b>7</b> Payee address; City; State; Zip Code 2009 S Mason Rd Katy, TX 77450	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Candy for Rodeo Parade
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>02/21/2023</b>	Payee name Katy Business Association	
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code 5304 E 5th St #104 Katy, TX 77493	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Monthly Networking Mtg (Feb)
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>02/23/2023</b>	Payee name CAZ Consulting	
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code 6255 Willers Way Houston, TX 77057	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Services
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/09/2023	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) <b>10.65</b>	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Rd Suite 329 Waltham, MA 02451	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Email Service
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/07/2023</b>	Payee name Hasta La Pasta	
Amount (\$) <b>790.23</b>	Payee address; City; State; Zip Code 1450 W Grand Parkway S Ste E Katy, TX 77494	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Food / Beverage / Service for Campaign Kickoff Party
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>02/24/2023</b>	Payee name CAZ Consulting	
Amount (\$) <b>33.33</b>	Payee address; City; State; Zip Code 6255 Willers Way Houston, TX 77057	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Services
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2023	<b>5</b> Payee name Total Wine	
<b>6</b> Amount (\$) <b>264.78</b>	<b>7</b> Payee address; City; State; Zip Code 5472 W Grand Parkway South Richmond, TX 77406	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Beverages for Campaign Kickoff Party
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>03/21/2023</b>	Payee name NBD Graphics	
Amount (\$) <b>1,694.03</b>	Payee address; City; State; Zip Code 917 S Mason Katy, TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4x4 signs, yard signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>03/22/2023</b>	Payee name NBD Graphics	
Amount (\$) <b>622.44</b>	Payee address; City; State; Zip Code 917 S Mason Katy, TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description push cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/22/2023	<b>5</b> Payee name The Union Kitchen	
<b>6</b> Amount (\$) <b>25.00</b>	<b>7</b> Payee address; City; State; Zip Code 9920 Gaston Rd #100 Katy, TX 77494	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Food, Beverage, Tip for Meet & Greet
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>03/23/2023</b>	Payee name Tractor Supply Co.	
Amount (\$) <b>116.69</b>	Payee address; City; State; Zip Code 444 FM 1463 Rd Katy, TX 77494	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description tposts
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>03/24/2023</b>	Payee name Tractor Supply Co.	
Amount (\$) <b>40.04</b>	Payee address; City; State; Zip Code 444 FM 1463 Rd Katy, TX 77494	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description post pounder
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>7</b>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/07/2023	<b>5</b> Payee name Amy Thieme Campaign	
<b>6</b> Amount (\$) <b>66.00</b>	<b>7</b> Payee address; City; State; Zip Code 21202 Crescent Star Ct Katy, TX 77450	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Katy ISD FFA Chili Cook Off Booth
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>02/22/2023</b>	Payee name Morgan Calhoun Campaign	
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code 6002 Green Meadows Ln Katy, TX 77450	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Fulshear/Katy Chamber St Patrick's Day Booth
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/23/2023</b>	Payee name Andedot.com	
Amount (\$) <b>107.10</b>	Payee address; City; State; Zip Code 1340 Paydras St. Ste 1770 New Orleans, LA 70112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>6</b>	<b>2</b> FILER NAME <b>Mary Ellen Cuzela</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/01/2023</b>	<b>5</b> Payee name <b>E and G Postal Service</b>	
<b>6</b> Amount (\$) <b>16.24</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>21040 Highland Knolls Ste 200 Katy, TX 77450</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	<b>(b)</b> Description <b>mailbox rental</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>01/24/2023</b>	Payee name <b>Katy Christian Magazine</b>	
Amount (\$) <b>26.41</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>16350 Park Ten PI Houston, TX 77084</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>feature articles</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>02/06/2023</b>	Payee name <b>NBD Graphics</b>	
Amount (\$) <b>1,888.96</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>917 S Mason Rd Katy, TX 77450</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>yard signs</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <u>6</u>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/13/2023	<b>5</b> Payee name Torchy's	
<b>6</b> Amount (\$) 16.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 23501 Cinco Ranch Blvd Katy, TX 77494	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description meeting with constituents
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 02/17/2023	Payee name Walmart	
Amount (\$) 17.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1313 N Fry Rd Katy, TX 77449	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Rodeo Parade Candy
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 02/20/2023	Payee name Target	
Amount (\$) 10.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 19955 Katy Freeway Houston, TX 77094	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office Supplies
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>6</b>	<b>2</b> FILER NAME <b>Mary Ellen Cuzela</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/24/2023</b>	<b>5</b> Payee name <b>Katy Christian Magazine</b>	
<b>6</b> Amount (\$) <b>26.41</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>16350 Park Ten Pl Houston, TX 77084</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>(b)</b> Description <b>feature articles</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>02/28/2023</b>	Payee name <b>Mia's Table</b>	
Amount (\$) <b>20.50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>23235 Kingsplace Dr Katy, TX 77494</b>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Meeting with Constituents</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/01/2023</b>	Payee name <b>E and G Postal</b>	
Amount (\$) <b>16.24</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>21040 Highland Knolls Ste 200 Katy, TX 77450</b>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	Description <b>Mailbox Rental</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>6</b>	<b>2</b> FILER NAME <b>Mary Ellen Cuzela</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/24/2023</b>	<b>5</b> Payee name <b>Katy Christian Magazine</b>	
<b>6</b> Amount (\$) 26.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>16350 Park Ten Pl Houston, TX 77084</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>(b)</b> Description <b>feature articles</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/02/2023</b>	Payee name <b>Ace Hardware</b>	
Amount (\$) 44.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1720 S Mason Katy, TX 77450</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Meet &amp; Greet supplies</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>03/03/2023</b>	Payee name <b>Snappy's</b>	
Amount (\$) 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>5803 Hwy Blvd Katy, TX 77494</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Meeting with Constituents</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>6</b>	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/09/2023	<b>5</b> Payee name First Watch The Daytime Cafe	
<b>6</b> Amount (\$) 15.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 23659 Katy Freeway Katy, TX 77494	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food / Beverage	<b>(b)</b> Description Meeting with Constituents
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/10/2023	Payee name Snappy's	
Amount (\$) 11.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5803 Hwy Blvd Katy, TX 77494	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Meeting with Constituents
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/13/2023	Payee name Clay's Restaurant	
Amount (\$) 16.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 17717 Clay Rd Houston, TX 77084	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meeting with Constituents
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 6	<b>2</b> FILER NAME Mary Ellen Cuzela	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/14/2023	<b>5</b> Payee name Costco
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<b>6</b> Amount (\$) 26.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 23645 Katy Freeway Katy, TX 77494
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Candy for St. Patrick's Day Booth
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/25/2023	Payee name Walmart
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Amount (\$) 11.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1313 N Fry Rd Katy, TX 77449
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description zip ties for 4x4 signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <u>  1  </u>
2 FILER NAME <b>Mary Ellen Cuzela</b>		3 Filer ID (Ethics Commission Filers)
4 Date  02/10/2023	5 Name of person from whom amount is received <b>Amy Thieme Campaign</b>	8 Amount (\$)  <b>18.04</b>
	6 Address of person from whom amount is received; City; State; Zip Code 21202 Cresent Star Ct Katy, TX 77450	
	7 Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> Reimbursement for printing of fliers	
Date  03/17/2023	Name of person from whom amount is received <b>Total Wine &amp; More</b>	Amount (\$)  <b>98.37</b>
	Address of person from whom amount is received; City; State; Zip Code 5472 W Grand Parkway South Richmond, TX 77406	
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> Returned unopened beverages from Campaign Kickoff Event	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**