

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: <div style="font-size: 2em; text-align: center;">15</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">L VISH</div>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">VISWANATH</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">2009 Manzaneros Dr. Laredo, TX 78045</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 717 8384</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Dr. Dolores</div>	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Medrano</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">10124 Caballo Dr. Laredo TX 78045</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 645 1757</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em;">07 / 01 / 18 THROUGH 10 / 8 / 18</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">11 / 6 / 18</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">CITY COUNCIL District 6.</div>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

VISH V ISWANATH

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 3185

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

\$ 12415

EXPENDITURE
TOTALS

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

\$ 1767.40

4. TOTAL POLITICAL EXPENDITURES

\$ 14884.20

CONTRIBUTION
BALANCE

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

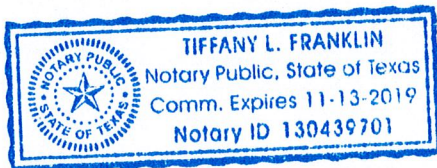
\$ 3688.70

OUTSTANDING
LOAN TOTALS

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

\$ 0

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.

Vishwanath

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lakshmana "Vish" Viswanath, this the 8 day of October, 2018, to certify which, witness my hand and seal of office.

Tiffany L. Franklin
Signature of officer administering oath

Tiffany L. Franklin
Printed name of officer administering oath

Deputy City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

VISH VISWANATH

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6230
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3000
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9329.75
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3787.05
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/6

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

7/1/18

5 Full name of contributor

DANIEL LOPEZ

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

3308 BEGAY LAREDO TX 78045

7 Amount of contribution (\$)

\$1000

8 Principal occupation / Job title (See Instructions)

SMALL BUSINESS OWNER

9 Employer (See Instructions)

SELF

Date

7/28/18

Full name of contributor

Armenjol Guerra III

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

312 Windsor Rd Laredo TX 78041

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Small Business Owner

Employer (See Instructions)

Self

Date

7/25/18

Full name of contributor

Marcia O. Jovel

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

502 Manda Rd Laredo TX 78041

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/28/18

Full name of contributor

Jesús Rodríguez

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

216

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

8/8/18

5 Full name of contributor

GLEN S JACKSON

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

309 Ridge Rd Laredo TX 78041

7 Amount of contribution (\$)

\$150

8 Principal occupation / Job title (See Instructions)

BANK of COMMERCE

9 Employer (See Instructions)

IBOC

Date

8/8/18

Full name of contributor

JOSE CEBALLOS

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

419 Surrey RA Laredo TX 78041

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Small Businessowner

Employer (See Instructions)

self

Date

8/16/18

Full name of contributor

Jessie E. Jacaman

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2012 Manzanares Dr. Laredo TX 78041

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

small Businessowner

Employer (See Instructions)

self

Date

8/15/18

Full name of contributor

Alfredo Gutierrez

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

210 W. oak Laredo Texas 78041

Amount of contribution (\$)

\$80

Principal occupation / Job title (See Instructions)

marketing

Employer (See Instructions)

FALCONBANK

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/6

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Alfredo Espinoza

6 Contributor address;

City; State; Zip Code

112 Colorado circle Laredo TX 78041

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Coach

9 Employer (See Instructions)

UISD

Date

8/22/18

Full name of contributor

out-of-state PAC (ID#: _____)

George Altgelt

Contributor address;

City; State; Zip Code

16 candlewood rd Laredo TX 78045

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

self employed

Date

9/1/18

Full name of contributor

out-of-state PAC (ID#: _____)

Lily Perez

Contributor address;

City; State; Zip Code

406 Surrey Rd Laredo TX 78041

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/1/18

Full name of contributor

out-of-state PAC (ID#: _____)

Seema Suri-Trakra

Contributor address;

City; State; Zip Code

240 Resaca point Rd
Brownsville TX 78526

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/6

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

9/1/18

5 Full name of contributor

Alfonso Perez Jr

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

406 Surrey Rd Laredo TX 78041

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/27/18

Full name of contributor

Stanley Green

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

9807 Sequino Court Laredo TX 78045

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

TAMU

Date

9/29/18

Full name of contributor

Esmelalde Hereford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

P.O. Box 2012 Laredo TX 78044

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/16/18

Full name of contributor

Yolande Gutierrez Garcia

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

2801 Lyon St., Laredo TX 78043

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/6

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

8/25/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Victor Gomez

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

1502 Clark Blvd Laredo TX 78040

8 Principal occupation / Job title (See Instructions)

Small Business owner

9 Employer (See Instructions)

Self

Date

9/26/18

Full name of contributor out-of-state PAC (ID#: _____)

Cesar L. Cantu

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

410 Longshadow, Laredo TX 78041

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

Self

Date

10/3/18

Full name of contributor out-of-state PAC (ID#: _____)

Jose Be Cerra

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

307 Regal Dr, Laredo TX 78041

Principal occupation / Job title (See Instructions)

Small Business owner / president TRY LOCAL

Employer (See Instructions)

Date

10/5/18

Full name of contributor out-of-state PAC (ID#: _____)

Imelda T. Rodriguez

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

211 Belair D. Laredo TX 78045

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6/6**

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Douglas G. macdonald

7 Amount of contribution (\$)

\$2500

6 Contributor address;

City; State; Zip Code

2709 Jones Dr. Laredo TX 78045

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

Texas Community Bank

Date

10/6/18

Full name of contributor

out-of-state PAC (ID#: _____)

Victor Gomez

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1502 Clark Blvd Laredo TX 78040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1/1	
2 FILER NAME VISH VISWANATH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/8/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chander S. Grandhary	8 Amount of Contribution \$ 3000	9 In-kind contribution description Head gaskets space
7 Contributor address; City; State; Zip Code 103 Regal Dr Laredo TX 78041		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Small Business owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) self	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/3	2 FILER NAME VISH VISWANATH	3 Filer ID (Ethics Commission Filers)
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4 Date 7/5/18	5 Payee name VISH VISWANATH
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6 Amount (\$) 5370.85	7 Payee address; City; State; Zip Code 2009 manzanares Dr. Laredo TX 78045
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Repayment of schedule G	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/23/18	Payee name VISH VISWANATH
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Amount (\$) 3167.76	Payee address; City; State; Zip Code 2009 manzanares Dr. Laredo TX 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Repayment of schedule G.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 2/3	2 FILER NAME VISH VISWANATHA	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/18	5 Payee name FACEBOOK	
6 Amount (\$) \$113.81	7 Payee address; City; State; Zip Code Menlo Park CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Facebook	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/19/18	Payee name Rudy's BBQ
Amount (\$) \$227.33	Payee address; City; State; Zip Code 7305 McPherson Rd Laredo TX 78041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign get together	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/8/18	Payee name Adams Printing
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1701 Jacaman Rd #9 Laredo TX 78041

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 3/3	2 FILER NAME VISH VISWANATHU	3 Filer ID (Ethics Commission Filers)
4 Date 9/11/18	5 Payee name Nestor Garcia	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 6301 Case Del Sol #16 Laredo TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Video production	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 1/2	2 FILER NAME VISH VISWANATH	3 Filer ID (Ethics Commission Filers)
4 Date 7/26/18	5 Payee name Quarter Mile Inc	
6 Amount (\$) 62362 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6420 polaris Dr. Ste 4 Laredo TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/19/18	Payee name Laredo Morning Times	
Amount (\$) 250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 111 Esperanza Dr. Laredo TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/8/18	Payee name Pablo Colonado	
Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2948 Fishers Hill Loop Laredo TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Video production	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 2/2	2 FILER NAME VISH VISWANATH	3 Filer ID (Ethics Commission Filers)
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4 Date 9/24/18	5 Payee name PRINT X PRESS
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6 Amount (\$) \$286.86 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4820 McPherson Rd Ste 1 Laredo TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) COPYING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/3/18	Payee name Pro Value Media
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Amount (\$) \$2326.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1202 E. Delmar Blvd., Ste 104 Laredo TX 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MAILING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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