

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <div style="text-align: center; font-size: 1.2em;">20</div>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">L.</div> <hr/> NICKNAME      LAST      SUFFIX Vish      Viswanath	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 2009      Manzanases Laredo TX      78045	Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (956)      717-8384	RECEIVED CITY SEC OFF OCT 11 '22 AM 10:57	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;">Beatrice</div> <hr/> NICKNAME      LAST      SUFFIX "B"      Flores	Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 2052      Buenos Aires Jr.      Laredo TX      78045		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (956)      285-6959		
<b>9</b> 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)		
<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 7 / 01 / 2022      THROUGH      9 / 29 / 2022		
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year 11 / 08 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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.		
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>L. Vish Viswanath</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4720.<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>8305.54</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>13025.54</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

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>1-5</b>
2 FILER NAME <b>L VISH VISWANATHI</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/18/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mellie Hereford</b>	7 Amount of contribution (\$) <b>\$1000</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 2012 Laredo TX 78044</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>7/18/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rodolfo Morales III</b>	Amount of contribution (\$) <b>\$250.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1219 Santa Maria Laredo TX 78040</b>		
Principal occupation / Job title (See Instructions) <b>Attorney- self</b>		Employer (See Instructions) <b>Self-employed</b>
Date <b>7/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Noe Hinojosa</b>	Amount of contribution (\$) <b>\$100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1420 Palmer Laredo TX 78045</b>		
Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		Employer (See Instructions) <b>Self</b>
Date <b>8/21/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Victor Gomez</b>	Amount of contribution (\$) <b>\$1000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1502 Clark Blvd Laredo TX 78040</b>		
Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		Employer (See Instructions) <b>Self</b>

**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

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>2-5</b>
2 FILER NAME <b>L. Vish Viswanath</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/22/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosy Acosta</b>	7 Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>306 New Castle Dr. Saco TX 78045</b>		
8 Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>8/22/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marcia Javel</b>	Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>409 Shiloh Dr #3 Saco TX 78045</b>		
Principal occupation / Job title (See Instructions) <b>House wife</b>		Employer (See Instructions)
Date <b>8/22/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chuy Padriqnoz</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>211 Delaire Dr. Saco TX 78045</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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>3 - 5</b>
2 FILER NAME <b>L. Vish Viswanath</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/31/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beatrice Flores</b>	7 Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>2052 Buena Vista Sordo TX 78045</b>	
8 Principal occupation / Job title (See Instructions) <b>Wells Fargo N.A (Banker)</b>		9 Employer (See Instructions) <b>Wells Fargo N.A</b>
Date <b>8/23/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jessie Tacaanan</b>	Amount of contribution (\$) <b>\$ 500.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>2012 Manzaneras Sordo TX 78045</b>	
Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		Employer (See Instructions) <b>Self</b>
Date <b>8/23/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rafael Flores</b>	Amount of contribution (\$) <b>\$ 00.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>2079 Auto Loop Sordo TX 78045</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>9/24/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mario Flores</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>1813 Orange Blossom Sordo TX 78045</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 - 5</b>
2 FILER NAME <b>L. Vish Vasawanath</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/25/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guillermo Cavazos</b>	7 Amount of contribution (\$) <b>\$ 250.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2808 Seve Ln Saredo TX 78045</b>		
8 Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>9/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Diez</b>	Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3100 Moon Dance Ct Saredo TX 78041</b>		
Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		Employer (See Instructions) <b>Self</b>
Date <b>9/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesus Homero Silva Salazar</b>	Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6405 Conrad Rd Saredo TX 78041</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>9/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis Guerra</b>	Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6405 Conrad Rd Saredo TX 78041</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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>5-5</b>
2 FILER NAME <b>L. Vish Viswanath</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/26/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Servando Rodriguez Mendoza</b>	7 Amount of contribution (\$) <b>\$ 200.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>6405 Conrad Pt. Sabido TX 78041</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# LOANS

# SCHEDULE E

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 E: <b>1</b>
2 FILER NAME <b>L. Vish Viswanath</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>9/30/2022</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>L. Vish Viswanath</b>	9 Loan Amount (\$) <b>8305.54</b>
6 Is lender a financial Institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>2009 Manzanares Laredo TX 78045</b>	10 Interest rate <b>0%</b>
		11 Maturity date <b>none</b>
12 Principal occupation / Job title (See Instructions) <b>Retired</b>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

# 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: 1 / 11	<b>2</b> FILER NAME L. Vish Viswanath	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/18/22	<b>5</b> Payee name Queensboro	
<b>6</b> Amount (\$) \$ 107.99	<b>7</b> Payee address; City; State; Zip Code 1400 Marstellerst Wilmington NC 28401	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising Expense	<b>(b)</b> Description Polos
	<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 7/19/22	Payee name Texas Democrats	
Amount (\$) \$ 135. <sup>00</sup>	Payee address; City; State; Zip Code P.O. Box 15707 Austin TX 78761	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Voter file
	<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 7/19/22	Payee name B-Boys Clothing LLC	
Amount (\$) \$ 515.07	Payee address; City; State; Zip Code 809 Goldwire Way SW Birmingham AL 35211	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising Expense	Description TSHIRT
	<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

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: 2/11	<b>2</b> FILER NAME L. Vish Viswanath	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/19/22	<b>5</b> Payee name Nicolas Flores Photography	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 2438 Monach Dr. #107 Perledo TX 78045	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Brochure
	<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 7/19/22	Payee name Low e's	
Amount (\$) \$213.90	Payee address; City; State; Zip Code 6623 San Dario Ave Perledo TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stakes
	<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 7/19/22	Payee name Vista Print	
Amount (\$)	Payee address; City; State; Zip Code 275 Wyman St. Waltham MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Brochure
	<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

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.

1 Total pages Schedule F1: <b>3/11</b>	2 FILER NAME <b>L. Vish Viswanath</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7/19/22</b>	5 Payee name <b>Nicolas Flores Photography</b>	
6 Amount (\$) <b>\$100.00</b>	7 Payee address; City; State; Zip Code <b>2438 Monarch Dr. Ste A-30 Sarcob TX 78045</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Brochures</b>
	(c) <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 <b>7/20/22</b>	Payee name <b>Visata Print</b>		
Amount (\$) <b>\$47.46</b>	Payee address; City; State; Zip Code <b>275 Wyman St. Waltham MA 02451</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Business Cards</b>	
	<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 <b>7/20/22</b>	Payee name <b>Quarter Mile</b>		
Amount (\$) <b>\$3503.32</b>	Payee address; City; State; Zip Code <b>6400 Polaris Drive #4 Sarcob TX 78041</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>	
	<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

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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: 4/11	<b>2</b> FILER NAME L. Vish Viswanath	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/20/22	<b>5</b> Payee name FaceBook	
<b>6</b> Amount (\$) \$193.79	<b>7</b> Payee address; Hacker Way	City; State; Zip Code Mentto Park Ca 94025
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Marketing
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/21/22	Payee name Home Depot	
Amount (\$) \$26.63	Payee address; 5910 San Bernarado Ave	City; State; Zip Code Saredo TR 78041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Materials
	<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 9/21/22	Payee name Postal Central Plus	
Amount (\$) \$840. <sup>00</sup>	Payee address; 7917 Mapherson Suite 205	City; State; Zip Code Saredo TR 78045
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Letters
	<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

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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>5/11</b>	<b>2</b> FILER NAME <b>L. VISH VISWANATH</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/21/22</b>	<b>5</b> Payee name <b>Danny's</b>	
<b>6</b> Amount (\$) <b>\$175.41</b>	<b>7</b> Payee address; <b>9720 McPherson Rd.</b>	City; State; Zip Code <b>Saredo TX 78045</b>
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	<b>(b)</b> Description <b>Meals for volunteers</b>
	<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>7/21/22</b>	Payee name <b>Frontera Radio</b>	City; State; Zip Code <b>Saredo TX 78040</b>
Amount (\$) <b>\$600.<sup>00</sup></b>	Payee address; <b>1312 Houston St.</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Promotion</b>
	<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 <b>8/22/22</b>	Payee name <b>Nicolas Flores Photography</b>	City; State; Zip Code <b>Saredo TX 78045</b>
Amount (\$) <b>\$380.<sup>00</sup></b>	Payee address; <b>2438 Monarch Dr. Ste-A-30 #127</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Marketing</b>
	<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**

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 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.

<b>1</b> Total pages Schedule F1: 6/11	<b>2</b> FILER NAME L. VISHA VISWANATH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/22/22	<b>5</b> Payee name Noe Chapa	
<b>6</b> Amount (\$) \$ 875. <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 2418 Wilfrando Dr. Saredo TX 78046	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food	
	<b>(b)</b> Description kickoff Food	
	<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
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Date 8/22/22	Payee name Royal Reception - Castilian Royale		
Amount (\$) \$ 500. <sup>00</sup>	Payee address; City; State; Zip Code 9802 McPherson Rd Saredo TX 78045		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event		Description kickoff event
	<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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Date 8/22/22	Payee name adam's Printing		
Amount (\$) \$ 300. <sup>00</sup>	Payee address; City; State; Zip Code 1701 Tacaman Rd Suite 9 Saredo TX 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Marketing
	<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: 7/11	<b>2</b> FILER NAME L. Vish Viswanath	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/22/22	<b>5</b> Payee name Quarter Mile	
<b>6</b> Amount (\$) \$ 865.35	<b>7</b> Payee address; City; State; Zip Code 6420 Polaris Drive #4 Sareado TX 78041	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Signs
	<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 8/23/22	Payee name Postal Central Plus	
Amount (\$) \$ 171.50	Payee address; City; State; Zip Code 7917 McPherson Suite 205 Sareado TX 78045	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Letters
	<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 8/23/22	Payee name Home Depot	
Amount (\$) \$ 9.18	Payee address; City; State; Zip Code 5110 San Bernardo Ave Sareado TX 78041	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description materials
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8/11</b>		2 FILER NAME <b>L. Vish Viswanath</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>8/23/2022</b>		5 Payee name <b>Exxon</b>			
6 Amount (\$): <b>\$15.<sup>00</sup></b>		7 Payee address;		City;	State; Zip Code
		<b>9101 McPherson Ave</b>		<b>Raredo</b>	<b>TX 78041</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Beverages</b>		(b) Description <b>Soft drinks</b>		
	(c) <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
Date <b>8/24/2022</b>		Payee name <b>Family Dollar</b>			
Amount (\$) <b>\$3.25</b>		Payee address;		City;	State; Zip Code
		<b>905 McPherson Ave</b>		<b>Raredo</b>	<b>TX 78041</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Materials</b>		
	<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 <b>8/24/2022</b>		Payee name <b>Vista Print</b>			
Amount (\$) <b>\$240.96</b>		Payee address;		City;	State; Zip Code
		<b>245 Wyman Sp.</b>		<b>Waltham</b>	<b>MA 02451</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Brochure</b>		
	<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**

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 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.

<b>1</b> Total pages Schedule F1: <i>9 / 11</i>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>9/24/2022</i>	<b>5</b> Payee name <i>Postal Central Plus</i>	
<b>6</b> Amount (\$) <i>\$ 322.<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>4917 McPherson Side 205 Laredo TX 78045</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Letters</i>
	<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 <i>9/24/2022</i>	Payee name <i>Quarter Mile</i>	
Amount (\$) <i>\$ 1197.68</i>	Payee address; City; State; Zip Code <i>6420 Polaris Drive #4 Laredo TX 78041</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs</i>
	<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 <i>9/25/2022</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>\$ 249.66</i>	Payee address; City; State; Zip Code <i>5710 San Bernardo Ave Laredo TX 78041</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Materials</i>
	<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 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: 10 / 11	2 FILER NAME L. Visha Viswanath	3 Filer ID (Ethics Commission Filers)
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4 Date 9/25/2022	5 Payee name Nicolas Flores Photography
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6 Amount (\$) \$ 450. <sup>00</sup>	7 Payee address; 2438 Monarch Dr. Ste A-30 Saredo TX 78045	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Video's
	(c) <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
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Date 9/25/2022	Payee name Volunteer Food "Fusion"
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Amount (\$) \$ 35. <sup>00</sup>	Payee address; 8511 Mepheron Rd	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food	Description Volunteer Food
	<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
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Date 9/26/2022	Payee name La Carreta Rest.
-------------------	--------------------------------

Amount (\$) 85. <sup>00</sup>	Payee address; 9109 Mepheron Rd	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food	Description Volunteer Food
	<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
-----------------------------------------------------	-------------------------------	---------------	-------------

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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.

1 Total pages Schedule F1: <b>11 / 11</b>	2 FILER NAME <b>L. VISA VISWANATH</b>	3 Filer ID (Ethics Commission Filers)
----------------------------------------------	------------------------------------------	---------------------------------------

4 Date <b>9/26/2022</b>	5 Payee name <b>El Querreque Grill</b>
----------------------------	-------------------------------------------

6 Amount (\$) <b>90.00</b>	7 Payee address; <b>9701 McPherson Rd</b>	City; <b>Rareado</b>	State; <b>TX</b>	Zip Code <b>78045</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food</b>	(b) Description <b>Volunteer Food</b>
	(c) <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 <b>9/26/2022</b>	Payee name <b>Nicolas Flores Photography</b>
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Amount (\$) <b>\$200.00</b>	Payee address; <b>2438 March Dr. Ste A-30</b>	City; <b>127 Rareado</b>	State; <b>TX</b>	Zip Code <b>78045</b>
--------------------------------	--------------------------------------------------	-----------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Marketing</b>
	(c) <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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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
	(c) <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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