FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 20 MS / MRS MR МІ FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME LAST SUFFIX VISA ADDRESS / PO BOX: ZIP CODE CANDIDATE / STATE **OFFICEHOLDER** MAILING 2000 **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (O156) PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); CITY; CAMPAIGN TREASURER **ADDRESS** 2052 (Residence or Business) PHONE NUMBER EXTENSION AREA CODE CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit Day 10 PERIOD Month Day Year Month COVERED 29 2022 2022 **THROUGH** ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General OS 2022 Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	Vish Viswanath	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	4720.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,095.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY \$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	\$ 8305.54
	Signature of Signa	of Candidate or Officeholder
(1) Affidavit NOTARY STAMP/SE	ANGELICA ARISPE Notary ID #131412425 My Commission Expires February 3, 2026	
Sworn to and subscribe	ed before me by L.VISh VISWanah this	the 11th day of October, Deputy City Secretary
20 ft, to certif	fy which, witness my hand and seal of office. Angelice Angre	
Signature of officer adminis	<u> </u>	Title of officer administering oath
(2) Unsworn Declara	tion	
My name is $\frac{1}{\sqrt{1}}$	SH VISWANATH, and my date of b	irth is 3/3/58
	(city)	(state) (zip code) (country)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19						
	L. Vish Viswanath					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4740.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$ 8305.54				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8305,54 \$ 13025.54				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	н \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				
-						

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	1 Total pages Schedule A1:				
2 FILER NAME	115H VISWANA	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state F	AC (ID#:)	7 Amount of contribution (\$)			
7/18/22	Mellie Herefald 6 Contributor address; City;	State; Zip Code	\$1000			
	P. O. BOX 2012 Lared	7×79044	l			
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date		PAC (ID#:)	Amount of contribution (\$)			
118/32	Rodoffo Morales III Contributor address; City;	State; Zip Code	\$ 250.			
	1219 South Merica Revedo	TV 18840	91			
	ation / Job title (See Instructions)	Employer (See Instruc	1			
Date	0	PAC (ID#:)	Amount of contribution (\$)			
7/20/22	Noe Hinojosa Contributor address; City;	State; Zip Code	\$ 100.00			
	1420 Palmer Rarado	TR 18045	on 100.			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)			
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)			
8/21/22	Contributor address, City;	State; Zip Code	A 1000 -00			
		TR 78040				
	Dation / Job title (See Instructions)	Employer (See Instruc	ctions)			

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

SCHEDULE A1

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

The Ins	truction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME	Vish Viswanath		3 Filer ID (Ethics Commission Filers)
4 Date 5	Full name of contributor out-of-	state PAC (ID#:)	7 Amount of contribution (\$)
8/22/182 6	Rosy Javsta Contributor address; City;	State; Zip Code	£ 200.00
	by New Castle Dr. Sa	1000 TR 78045	
4 0	on / Job title (See Instructions) USMESS OWNER	9 Employer (See Instruc	tions)
Date	Full name of contributor ut-of-	state PAC (ID#:)	Amount of contribution (\$)
8/22/22	Contributor address; City;	State; Zip Code	\$ 200.00
	409 Shillph Dr.#3 5	Water 12 18045	
	on / Job title (See Instructions)	Employer (See Instruc	tions)
Date		state PAC (ID#:)	Amount of contribution (\$)
8/20/22	Chuy Cerbriquez City;	State; Zip Code	\$ 1002
	al settle br.	de 12 16049	
Principal occupati	on / Job title (See Instructions)	Employer (See Instruc	otions)
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupati	on / Job title (See Instructions)	Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
L. Vish Viswanach	
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8/3/ 122 6 Contributor address; City; State; Zip Code	\$ 200.00
2052 Quenos arista Lordo TR 78045	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Wells Forgo N.A (Banber Wolfs Farge	N.4
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
The total and	
8)23)22 Contributor address; City; State; Zip Code	\$ 500
2012 Manzaneres Rando IZ 78045	A 300 !
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Smell Business Dwar Self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
RataeL Flores	, and an earling a continuous (4)
8 23 22 Contributor address; City; State; Zip Code	8
	A 00 00
2019 Auito Lag Sarado te 12045	300 2
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Macio Horaz	
City; State; Zip Code	12 877)
Contributor address; City; State; Zip Code	\$ 100.00
1813 Orange Blossom State; Zip Code 78045	• • • • • • • • • • • • • • • • • • • •
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Retiled	

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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:
2 FILER NAME	Vish Vasquanath	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
9/25/22	Qu'illermo Cavazos 6 Contributor address; City; State; Zip Code 2808 Seve Ln Rarado D 78045	\$ 250.00
C 00	pation / Job title (See Instructions) 9 Employer (See Instructions) Set	etions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/26/22	Contributor address; City; State; Zip Code 3100 Moon Dance Lavedo TR 72041	\$ 200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions) Self	ctions)
Date	Full name of contributor	Amount of contribution (\$)
9 36 82	Contributor address; City; State; Zip Code	\$ 200,00
	6405 Conrad Rd Racodo TR 78041	otions)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	cuons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
0/26/22	Contributor address; City; State; Zip Code	\$ 200. ac
	16405 Con raled Davalo R 78941 Destructions Employer (See Instructions)	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ionoris

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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:
2 FILER NA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) Code \$\delta \text{ \text{\text{000}}} \text{ \text{\text{\text{000}}}} \text{ \text{\text{\text{000}}}} \text{ \text{\text{\text{000}}}}
8 Principal	occupation / Job title (See Instructions) 9 Employer	(See Instructions)
Date	Full name of contributor	
Principal	occupation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	
Principal	occupation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip	
Principal	occupation / Job title (See Instructions) Employer	(See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.						
The	1 Total pages Schedule E:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	sh Viswanoth					
	NITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
01. 1	L. Vish Viswanoth		8305. 54			
4 30 3032		.	10 Interest rate			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	11 Maturity date			
Y (N)	2009 Manzanares	Karado TR 48045	hone			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Coll	ateral	15 /	I donocitod into political			
none		account (See Instructi	ds were deposited into political cons)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
		01-1 7'- 0-1-				
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)			
Is lender	Lender address; City;	State; Zip Code	Interest rate			
a financial	Lender daniese,	,				
Institution?			Maturity date			
Y N		T				
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Coll	lateral	Check if personal fund	ds were deposited into political			
none		account (See Instruct				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable		-				
Principal Occupat	ion (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.						

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		elated Expense
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME L. VISH Viswanath		3 Filer ID (Ethics Commi	ssion Filers)
4 Pate 118 22	5 Payee name Rueensboo			ı
6 Amount (\$)	7 Payee address;	City;	State; Zip	Code
104.99	1400 marstallarst	w: Imington	NC 20	401
8	(a) Category (See Categories listed at the top of this so			
PURPOSE OF EXPENDITURE	advertising Expens	se Pole	5	
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held
Date	Payee name			
4119/92	Texas Democrat	S		
Amount (\$)	Payee address;	City;	State; Zip	Code
\$ 135.00	P.O. Box 15707	austin	TZ 78	761
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Fees	Votes	file	
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held
Date	Payee name			
7/19/12	B-Boys Gothing L	C		
Amount (\$)	Payee address;	City;	State; Zip	Code
\$ 515.07	809 goldwire Way SW	Birmingham	AL 3	5211
	Category (See Categories listed at the top of this so	chedule) Description		
PURPOSE OF EXPENDITURE	advertising Eupens	e Tshir	+	
	Check if travel outside of Texas. Complete Sc	chedule T. Check if Aust	tin, TX, officeholder living expense	e
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office	e held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	
Forms provided by Texas Etl		s.state.tx.us		vised 8/17/2020

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	g/Banking Fees Office Overhege Expense Food/Beverage Expense Polling Expense		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense		
Credit Card Payment	The Instruction Guide explains how t	o complete this form.				
1 Total pages Schedule F1:	2 FILER NAME L. Vish Viswanath	3 Filer ID (Ethic	s Commission Filers)			
4 Date 19 33	5 Payee name Ploces Photog	zraphy				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$ 200.00	2438 Nonarch Dr. Ac A-30	Raredo	T	48045		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	advertising Expense	Brach	we			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
7/19/22	Low e's					
Amount (\$)	Payee address;	City;	State;	Zip Code		
d 213.9D	66 23 Son Dario Ave	Porcedo	10	78041		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	advartising Expense	Stake	S			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
4/19/22	Vista Print					
Amount (\$)	Payee address;	City;	State;	Zip Code		
	275 Wyman St.	Wal than	n Ma	02451		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	advertising Expense	- Broch	we			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	orials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
			on Guide expla	ains how to co	omplete this form.		
Total pages Schedule F1:	2 FILER NA	Wish	Visw	anath	¥	3 Filer ID (Ethic	s Commission Filers)
1 Date 1 19 22	5 Payee nar	plas F	Toves	Photo	graphes		
6 Amount (\$)	7 Payee ad	dress;			City;	State;	Zip Code
\$ 100.00	2438	Monard	h.Dr. S	Re A-30		包	78045
8	(a) Category	/ (See Categories lis	sted at the top of tl	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	adve	retising	Eup	ense	Broch	wes	
	(c)	Check if travel outside	of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	er name		Office sought		Office held
Date	Payee na	me					
7/20/22	Vis	ata P	runt				
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
\$ 47.46	275	ivy man o	£.		Walthan	Ma	02451
	Category	(See Categories list	ted at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE	adver	tising	Exp	19nse	Busines	s Cards	5
		Check if travel outside	of Texas. Complet	e Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	er name		Office sought		Office held
Date	Payee na	ıme					
7/20/22	Qu	arter	mile				
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
\$ 3503.32	6420	Polar	ris Dr	W=#4	Saredo	K	78041
	Category	(See Categories list	ted at the top of th	nis schedule)	Description		
PURPOSE OF EXPENDITURE	adver	tising :	Expens	e-	Bign	5	
		Check if travel outside	e of Texas. Comple	te Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officehold	ler name		Office sought		Office held
	AT	TACH ADDITIO	DNAL CORU	EQ OF THIS	SCHEDULE AS NE	EDED	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Characters restorance that a power.

Candidate/Officeholder/Political Credit Card Payment			r (enter a category not listed above)
			los ID (Ethica Commission Eilers)
1 Total pages Schedule F1:	2 FLER NAME Vish Vish anat		ler ID (Ethios Commission Filers)
4 Date 7 20 22	5 Payer name BOOK		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
d 93.79	Hacker Way i	Mento Park	Ca 94025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	advertising Eupense	Marketing	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1X,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/21/22	Home Dopot		
Amount (\$)	Payee address;	City;	State; Zip Code
A 26.63	5910 Gan Bernardo Ave	Paredo	TR 48041
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising Expense	Material	5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/21/22	0 1 2 1 0 1 0	5	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 840.00	7917 Mapherson Suite	aos Sucado	TR 78045
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising Expense	Letters	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDEL	D

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	ages/Contract Labor	Other (enter a categor	y not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)	
5/11	L. Vish VISWanath			,	
4 Date 7 21 22	5 Payee name Dannus				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
JY5.41	9720 Mapherson Rd.	Laredo	V	72045	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food Expense	Meals	for volu	ntéers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
1/21/22	Frontera Radio				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 600:00	1312 Horston St.	Saredo	TR	48040	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	advertising Expense	Promot	ion		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
8122/22	Nicolas Flores Photogra	Lehu			
Amount (\$)	Payee address;	city;	State;	Zip Code	
3 380°°	2093 Monarch Dr. Ste-A-30*16	17 Rared	o TR	78045	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	advertising Expense	Market	ina		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica		kpense //ages/Contract Labor	Travel Out Of District Other (enter a categorial)		
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
Total pages Schedule F1:	2 FILER NAME L. VISH VISWAROSH		3 Filer ID (Ethic	s Commission Filers)	
Date 8 32 32	5 Payee name				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$ 875.00	2418 Wilfrandot.	Laredo	TR	18046	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food	kid off	Food		
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
8/22/22	Royal Recortion -	.Castilian	Royale		
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 500.00	9202 Maphorson Rd	Sovedo	te	78045	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event	Kickoff	Event	-	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
8/22/22	adam's Printing				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 300.00	1701 Jacaman Rd Su	de 9 Loud	bot	MBOY	
	Category (See Categories listed at the top of this schedule)	Description)	
PURPOSE OF EXPENDITURE	advertisma Expense	Market	me		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, 🗘 officeholder livi	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/O	Н				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (extension until listed above)

Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor	Other (enter a categ	ory not listed above)
	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME VISWAROW		3 Filer ID (Ethic	s Commission Filers)
4 Date 8 22 22	5 Payer name Quarter Mile			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 866.35	6420 Polaris Dive #4	Sovedo	TR	18041
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	advoctisma Expanse	Slane		
EXPENDITURE		200		
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/23/22	Postal Central Phis			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$171.50	7917 Mcherson Suite 205	. Saredo	te	78045
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising Expense	Lete	15	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8 23 22	Home Depots			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 9.18	51710 San Bernardo Ne	Laredo	te	78041
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Odvertising Expense	materi	als	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

		EXPEN	DITURE CATE	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee	Legal Services	Expense emorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Credit Card Payment		The Instruc	tion Guide expla	ins how to co	omplete this form.	Γ	
1 Total pages Schedule F1:	2 FILER N	ich	Viswa	nath	۷	3 Filer ID (Ethics	Commission Filers)
4 08 23/2022	5 Payee na	me					
6 Amount (\$)	7 Payee ad	dress;			City;	State;	Zip Code
\$ 15.00	9101	Maph	owen A	اد	Rardo	K	B041
8	(a) Categor	y (See Categorie	s listed at the top of the	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Be	verage	s		Soff di	rinks	
	(c)	Check if travel out	side of Texas. Complet	e Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sought		Office held
8 24 3022		mily a	Pollar		City;	State;	Zip Code
Amount (\$)	Payee a	daresa			^		
A 3.25	905	M	Phessa	- Ale	Karedo	TIL	78041
	Categor	y (See Categorie	s listed at the top of th	nis schedule)	Description		
PURPOSE OF EXPENDITURE	adve	rtising	Exper	nse	Mase	rids	
		Check if travel ou	itside of Texas. Comple	te Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeho	older name		Office sought		Office held
Date	Payee r	ame					
8/24/2022	Vi	sta	Print	-			
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
40.0ps	275	Wygran	nSP.		Vatham	ma	0245
PURPOSE	Categor	y (See Categorie	es listed at the top of t	nis schedule)	Description		
OF EXPENDITURE	advar	otismy	Expens	e	Brock	we	
		Check if travel or	utside of Texas. Compl	ete Schedule T.	Check if Au	ıstin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/O		date / Officel	holder name		Office sought		Office held
	Δ	TTACH ADD	ITIONAL COP	IES OF THIS	S SCHEDULE AS N	EEDED	

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SCHEDULE F1

		EXPE	NDITURE CATE	GORIES FC	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expen Fees Food/Bevera Gift/Awards/I Legal Service	ge Expense Memorials Expense	Office Overhe Polling Exper Printing Expe		Travel In District Travel Out Of Distri	oment & Related Expense
Credit Card Payment		The Instr	uction Guide explair	ns how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME				3 Filer ID (Ethic	s Commission Filers)
4 Pate 2032	5 Payee na	Stal	Central	Plus			
6 Amount (\$)	7 Payee ad	ddress;			City;	State;	Zip Code
\$ 322.00	4917	map	hervan Sei	descr	Laredo	12	78045
8	(a) Categor	y (See Catego	ries listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	adver	tisms	. Expans	e_	Letters	•	
	(c)	Check if travel of	outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officel	nolder name		Office sought		Office held
Date	Payee na	ame					
9/24/2022	E	Ruerte	a mile				
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
\$ 1194.68	6420	Poleris	Diletti	t	Rarado	T	Boy
	Categor	y (See Categor	ies listed at the top of this	schedule)	Description		,
PURPOSE OF	01.1.	, ,	1-00	0	O.		
EXPENDITURE	adver	tions	Expens	e	Sign	5	
		Check if travel	outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officel	holder name		Office sought		Office held
Date	Payee n	ame					
9/25/2022	He	me D	epot				
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
\$ 249.66	TIO	San	Berarde 1	we	Aredo	TR	1804)
	Categor	y (See Categor	ries listed at the top of this	schedule)	Description		
PURPOSE OF	0 :				MaD	Λ.	
EXPENDITURE	adve	Hison	x Exper	se	Nuter	els	
		Check if travel	outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Office	eholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	kpense Vages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense	
4 T. (.)		complete this form.	3 Filer ID (Ethics	Commission Filers)	
1 Total pages Schedule F1:	2 FILER NAME VISH VISUAMA	th	3 Filer ID (Etilles		
1 25 2029	5 Pave name Hotes Photo	graphy			
6 Amount (\$)	7 Payee address;	City()	State;	Zip Code	
\$ 450.00	2428 Monarch Dr. St	EA 20 Pen	alo te	78045	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Video's			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name				
9/25/2029	Volunteer Food	"Fussian	V		
Amount (\$)	Payee address;	City;	State;	Zip Code	
A 35.00	8511 Maphoran Rd	Saredo	, te	18005	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Volumba	End		
EXPENDITURE	Food	· o white	4 TOUR	_	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
9/26/2022	La carreta lest.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
85.00	9109 Masherson Pd	Ravedo	, TD	48041	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food	Volunte	eer Food	_	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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					
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Office Ove Food/Beverage Expense Printing Expense Office Ove	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	-\0	3 Filer ID (Ethics Commission Filers)				
11 / 11	2 FILER NAME VISA VISWAND	cOPV					
4 024 2022	5 Payee name El Querreque arill						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
90°	9701 McPherson Rd	Raredo	TR 78045				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Food	Vo lunteer	Food				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
0/26/2022	Micolas Flores Photo	graphy					
Amount (\$)	Payee address;	City:	State; Zip Code				
\$ 200.5	2438 Menarch Dy Se-A-32	ton Saled	0 12 78045				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF		M. 1 1.					
EXPENDITURE	advertising Expense	Mar keti	ing				
	Check if travel obtside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	1						
Date	Pavee name						
Date	r ayou name						
Amount (\$)	Payee address;	City;	State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF							
EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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							