CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); CITY: STATE: ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE EXTENSION CAMPAIGN **TREASURER** PHONE REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Month COVERED 30 2022 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description General 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 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ish	Viswanath	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,327.00		
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.00		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 830.45		
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1175.08		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* O		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 19.03		
		affirm, under penalty of perjury, that the accompanying report is true be reported by me under Title 15, Election Code.	and correct and includes all information		
Signature of Candidate or Officeholder					
		Please complete either option below	<i>r</i> :		
(1) Affidavit					
NOTARY STAMP/SEA	AL				
Sworn to and subscribed	d before	me by this the	, day of,		
20, to certify	y which, v	vitness my hand and seal of office.			
Signature of officer administ	ering oath	Printed name of officer administering oath	Title of officer administering oath		
OR (2) Unsworn Declaration					
My name is \angle . \bigvee .	SH	VISWANATH, and my date of birth is	3/3/58		
My address is 2.00	11	(street) (city)	(zip code) (country)		
Executed in	2.0b	County, State of 7 , on the 30 day of 6 (month	21, 20, 22. (year)		
		Signalure of Candio	date/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN	AME	20 Filer ID (Ethics Cor	nmission Filers)
	L.	Vish Viswanath		
21		ILE SUBTOTALS ^ F SCHEDULE	4	SUBTOTAL AMOUNT
1.	4	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 600.
2.	4	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1050.
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4	SCHEDULE E: LOANS		\$ 19.03 \$ 1145.08
5.	√	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1145.08
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 FU	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	ted information is not applicab	le, DO NOT inc	lude th	is page in the	report.
The	Instruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1:
FILER NAME	Vish Viewan	ath			3 Filer ID (Ethics Commission Filers)
4 Date 10/17/3022	5 Full name of contributor Vicky Garcia 6 Contributor address; 1520 Farragel	City;	State;	Zip Code 18040	7 Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	ROM POLITICA	9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor Maxon J. Hores	out-of-state PAC	(ID#:	C OF NAVESTAN	Amount of contribution (\$)
10/14/2082	Contributor address;	City;	State;	Zip Code 18045	100,
	ation / Job title (See Instructions)	ZMORTON PTINO		oyer (See Instruct	
Date	Full name of contributor Stephenie Gar	out-of-state PAC		MICIONECCETÀ	Amount of contribution (\$)
10/19/2002	Contributor address;	city; In Raredo	State;		200.
Principal occup	ation / Job title (See Instructions)			loyer (See Instruc	tions)
Date	Full name of contributor Marcia Twel	out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/21/2022	Contributor address;	city; 3. Ravesto		Zip Code	00.
Principal occup	nation / Job title (See Instructions)			Nover (See Instruc	

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

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

Th	e Instruction Guide explains how to complete this form	ı .	1 Total pages Schedule A2:
2 FILER NAME L. Vish Viswareh			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1050.00
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
Smell	Business Duner	4	eanny's
12 Contributor's	rincipal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
,	Contributor address; City; State;	Zip Code	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL CODIES OF T	THE COLLEDI	II E AS NEEDED

Revised 8/17/2020

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

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
1	Vish Viswandh			
4 TOTAL OF UN	IITEMIZED LOANS		\$	
			0	
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)	
10/24/2022	L Vish Viewand	h	79.93	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y N	2009 Manzanares Rarela	D 72045	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Colla	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	40 Consenter address:	State: 7in Code		
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Y N				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	— 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 Occupati	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.				

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E. y Gift/Awards/Memorials Expense Printing E	expense Wages/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 VISA VISWONTH		3 Filer ID (Ethics Commission Filers)
4 Date 104 Q02 2	5 Payes name Guarter Mile		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
109.38	6420 Polaris. Dulenty	Saralo	TR 78041
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	advertisms Expense	Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	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		
10/17/2022	Postal central Plus		
Amount (\$)	Payee address;	City;	State; Zip Code
917.40	7914 McPherson Sinle 20	5 Saredo	TR. 48095
917,40	1914 McNerson Sicle 20 Category (See Categories listed at the top of this schedule)	5 Saredo Description	R. 48095
PURPOSE OF EXPENDITURE		J	R. 48095
PURPOSE OF		Description	TR. 48005
PURPOSE OF	Category (See Categories listed at the top of this schedule) Odvertising Typense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description	in, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) Odvertising Typense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Lafler Check if Aust	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Category (See Categories listed at the top of this schedule) Odvertisms Typense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Lafler Check if Aust	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Category (See Categories listed at the top of this schedule) Odvertisms Typense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Lafler Check if Aust	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 10 18 3622	Category (See Categories listed at the top of this schedule) Odvertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Nicolas Fores	Description Lafler Check if Aust	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10 18 3622 Amount (\$)	Category (See Categories listed at the top of this schedule) Odvertisms Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address;	Description Lafler Check if Aust	Office held State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10 18 3622 Amount (\$)	Category (See Categories listed at the top of this schedule) Odvertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee andress; Payee address;	Description Lafler Check if Aust Office sought Description Check if Aust Office sought	Office held State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 10 18 3632 Amount (\$) 150 ; PURPOSE OF	Category (See Categories listed at the top of this schedule) Odvertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee andress; Payee address;	Description Lefter Check if Aust Office sought Office sought Tay Say Description Market	Office held State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 10 18 3632 Amount (\$) 150 ; PURPOSE OF	Category (See Categories listed at the top of this schedule) Odvertisms Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Payee address; Category (See Categories listed at the top of this schedule) Odvertisms Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Lefter Check if Aust Office sought Office sought Tay Say Description Market	Office held State; Zip Code Who R 16065