

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; color: red; text-align: center;">1.5</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">VISH</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">VISWANATH</div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="text-align: center; color: blue; font-weight: bold;"> RECEIVED 2018 DEC -5 PM 2:38 CITY SECRETARY'S OFFICE </div> </div> <hr/> Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">2009 MANZANARES Dr. LAREDO TX 78045</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 717 8384</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Dr. DOLORES</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">MEDRANO</div>	Receipt # Amount \$									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">10124 Cabello Dr. Laredo TX 78045</div>	Date Processed									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 645 1757</div>	Date Imaged									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="font-size: 1.5em; text-align: center;">10 / 30 / 18.</td> <td></td> <td style="font-size: 1.5em; text-align: center;">12 / 5 / 18</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	10 / 30 / 18.		12 / 5 / 18		
Month Day Year	THROUGH	Month Day Year									
10 / 30 / 18.		12 / 5 / 18									
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">12 / 13 / 18</div>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.5em;">—</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">CITY COUNCIL DISTRICT 6</div>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME VISH VISWANATH **15** Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 90
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10561
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 599.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 10760.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Viswanath
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vish Viswanath, this the 5 day of December, 2018, to certify which, witness my hand and seal of office.

Angelica Arispe
Signature of officer administering oath

Angelica Arispe
Printed name of officer administering oath

Deputy City Secretary II
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME VISH VISWANATH		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10471
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10160.62
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/8

2 FILER NAME

VISH VISWANATHA

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/18

5 Full name of contributor

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

Anna Menchaca

7 Amount of contribution (\$)

\$200

6 Contributor address;

City; State; Zip Code

5957 No Elston Ave. Chicago IL 60646

8 Principal occupation / Job title (See Instructions)

Firefighter

9 Employer (See Instructions)

CFD

Date

11/20/2018

Full name of contributor

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

Kuppuswami, Rukman

Amount of contribution (\$)

\$101

Contributor address;

City; State; Zip Code

Hillsboro TX 78045

Principal occupation / Job title (See Instructions)

Faculty

Employer (See Instructions)

HCC

Date

11/20/18

Full name of contributor

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

JOSE IVAN SELVA

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

10123 Chalisker Dr. Laredo TX 78045

Principal occupation / Job title (See Instructions)

DISPATCHER

Employer (See Instructions)

EX PEDITORY

Date

11/20/18

Full name of contributor

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

Veronica Vasquez

Amount of contribution (\$)

\$70

Contributor address;

City; State; Zip Code

216 W. Elm Laredo TX 78041

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/8

2 FILER NAME
VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date
11/08/15

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
201 LAGARTO RD GEORGE WISCONSIN 53122

\$750

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

KILLAM OIL CO

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

Amount of contribution (\$)

11/08/15 Rafael Flores
Contributor address; City; State; Zip Code
2079 Quirk Loop Laredo TX 78045

\$25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

Amount of contribution (\$)

11/08/15 Bib Sky Commercial Property Investments LLC
Contributor address; City; State; Zip Code
P.O. Box 499 Laredo TX 78042

\$2500

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

Bib Sky Commercial Property Investments

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

Amount of contribution (\$)

11/11/15 Frank Saldana Jr.
Contributor address; City; State; Zip Code
306 Rite Rd Laredo TX 78041

\$250

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

self.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/8

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

11/14/18

5 Full name of contributor

James J. Newland

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

7 Amount of contribution (\$)

\$75

6 Contributor address;

City; State; Zip Code

416 VICTORIA ST, Laredo TX 78040

8 Principal occupation / Job title (See Instructions)

Bus Driver

9 Employer (See Instructions)

EL METRO

Date

11/14/18

Full name of contributor

Eddie R. Rios

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

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

213 E. Fairview
Kingsville TX 78363

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/14/18

Full name of contributor

Dr. Michael Landedo

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

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

2202 B Fremont St., Laredo TX 78043

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/14/18

Full name of contributor

Jose A. Becerra

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

Amount of contribution (\$)

\$750

Contributor address;

City; State; Zip Code

307 Regal Dr. Laredo, TX 78041

Principal occupation / Job title (See Instructions)

small business owner

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/8

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 (\$)

11/27/18

Esmeralda Hereford

\$200

6 Contributor address; City; State; Zip Code

P.O. Box 2012 Laredo TX 78044

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/27/18

Amelia Ramirez

\$500

Contributor address; City; State; Zip Code

9812 Spindel Dr. Laredo TX 78045

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

Self

Date

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

Amount of contribution (\$)

11/27/18

Glen Jackson

\$200

Contributor address; City; State; Zip Code

309 Ridgely Dr Laredo TX 78041

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

IBOC

Date

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

Amount of contribution (\$)

11/27/18

Rosa I. Acosta

\$100

Contributor address; City; State; Zip Code

306 New castle Dr. Laredo TX 78045

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

518

2 FILER NAME

VISH VISWANATHA

3 Filer ID (Ethics Commission Filers)

4 Date

11/27/18

5 Full name of contributor

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

Marcin O. Javel

7 Amount of contribution (\$)

\$150

6 Contributor address;

City; State; Zip Code

502 Manor Rd Laredo TX 78041

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

11/28/18

Full name of contributor

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

IBC state political action committee

Amount of contribution (\$)

\$1000

Contributor address;

City; State; Zip Code

1306 Travis San Antonio TX 78205

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

Date

11/28/18

Full name of contributor

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

Dennis E. Nixon

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

P.O. Box 17461 1359 Laredo TX 78042

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

IBC

Date

11/29/18

Full name of contributor

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

Juan Jose Vela

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

1609 Adam Blossom Loop Laredo TX 78045

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

IT'S ABOUT TIME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/8

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

11/29/18

5 Full name of contributor

Cecilia Grass

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

7 Amount of contribution (\$)

\$200

6 Contributor address;

8116 Stillmeadow Ct. Laredo TX 78045

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

11/29/18

Full name of contributor

MARIO PENA

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

Amount of contribution (\$)

\$100

Contributor address;

8816 Justice Dr. Laredo TX 78045

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Bank Employee

Employer (See Instructions)

IBOC

Date

11/29/18

Full name of contributor

Quantcorp construction LLC

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

Amount of contribution (\$)

\$400

Contributor address;

6420 polaris Dr. Subot Laredo TX 78041

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Small Business

Employer (See Instructions)

self

Date

12/04/18

Full name of contributor

Jorge Dominguez

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

Amount of contribution (\$)

\$100

Contributor address;

151 Nalib Ave, Laredo TX 78041

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7/8

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

VISH VISWANATH

4 Date

12/4/18

5 Full name of contributor

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

Richard M. Legendokas

6 Contributor address;

City; State; Zip Code

110 Delacade Laredo TX 78041

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

Retired.

9 Employer (See Instructions)

Date

12/4/18

Full name of contributor

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

Julie K. de Leon

Contributor address;

City; State; Zip Code

10115 Montoya Dr. Laredo TX 78045

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

UISD

Date

12/4/18

Full name of contributor

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

Cesar L. Cantu

Contributor address;

City; State; Zip Code

410 Longshadow Laredo TX 78045

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

self.

Date

12/4/18

Full name of contributor

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

Vickal Thomas

Contributor address;

City; State; Zip Code

1502 Clark Blvd Laredo TX 78041

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

self.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8/8

2 FILER NAME

VISH VISWANATH

3 Filer ID (Ethics Commission Filers)

4 Date

1/28/18

5 Full name of contributor

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

Gracie Merkley

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

13827 US Hwy 87 S. Adkins TX 78101

8 Principal occupation / Job title (See Instructions)

Small Business

9 Employer (See Instructions)

Self

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1/4		2 FILER NAME VISH VISWANATH		3 Filer ID (Ethics Commission Filers)	
4 Date 11/6/18		5 Payee name PIZZA PATRON			
6 Amount (\$) 73.86		7 Payee address; City; State; Zip Code 2603 NE Bob Bullock Loop Laredo TX 78045			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Volunteer Food		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/18		Payee name webb county elections Administration			
Amount (\$) 35		Payee address; City; State; Zip Code 1110 Washington St Suite 103 Laredo TX 78042			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) election DATA		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/18		Payee name PIZZA PATRON			
Amount (\$) 58.38		Payee address; City; State; Zip Code 2603 N.E Bob Bullock Loop Laredo TX 78045			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) volunteers food		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/4	2 FILER NAME NISH VISWANATH	3 Filer ID (Ethics Commission Filers)
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4 Date 11/18/18	5 Payee name ALEX Garcia
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6 Amount (\$) 500	7 Payee address; City; State; Zip Code 4902 Marcell Ave Laredo TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Videoproduction	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/18	Payee name Laredo Morning Times
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Amount (\$) \$500	Payee address; City; State; Zip Code 111 Espelanza Dr Laredo TX 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

Date 11/18/18	Payee name provalue media
------------------	------------------------------

Amount (\$) \$2500	Payee address; City; State; Zip Code 1202 E. Delmar Ste 104 Laredo TX 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Direct mail	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F1: 3/4	2 FILER NAME VISH VISWANATH	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/18	5 Payee name provalue medic	
6 Amount (\$) \$1785	7 Payee address; City; State; Zip Code 1202 E. DelmarBlvd 104 Laredo TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Direct mail	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 4/26/18	Payee name provalue medic	
Amount (\$) \$500	Payee address; City; State; Zip Code 1202 E. Delmar Blvd 104 Laredo TX, 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Direct mail letters	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 11/28/18	Payee name provalue medic	
Amount (\$) 162.38	Payee address; City; State; Zip Code 1202 E. Delmar Blvd., 104 Laredo TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Print	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 4/4	2 FILER NAME VISH VISWANATH	3 Filer ID (Ethics Commission Filers)			
4 Date 11/28/18	5 Payee name KONS				
6 Amount (\$) 4046	7 Payee address; City; State; Zip Code 120 W Delmar Blvd. Corvallis TX 78045				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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Amount (\$)	Payee address; City; State; Zip Code				
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