

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:

12

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
<u>VISH VUSWANATH</u>		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	REC'D CITY SEC OFF DEC 9 '22 PM 1:45	
	<u>2009 Manzanares Dr. Laredo, TX 78045</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
<u>(98) 717 5384</u>		Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Processed	
	NICKNAME LAST SUFFIX	Date Imaged	
<u>Beatrice</u> <u>"B" FLORES</u>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
<u>2052 Buenas Aires Dr. Laredo, TX 78045</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
<u>(956) 285 6959</u>			
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
<u>10 / 30 / 2022</u> <u>12 / 08 / 2022</u>			
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<u>12 / 17 / 22</u>			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
<u>—</u>		<u>CITY Council District</u>	
14 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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

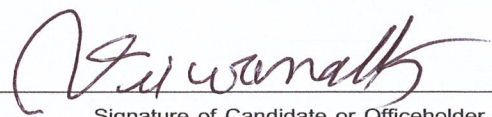
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME L. VISH 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,722.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9122.96

18 SIGNATURE 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.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

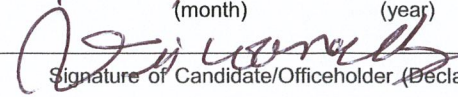
OR

(2) Unsworn Declaration

My name is L. VISH VISWANATH, and my date of birth is 3/3/58.

My address is 2009 manzanara Dr (street), Laredo (city), Tx (state), 78045 (zip code), _____ (country).

Executed in Webb County, State of Tx, on the 9 day of dec (month), 20 22 (year).



 Signature of Candidate/Officeholder (Declarant)

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: 1/4
2 FILER NAME L. VISH VISWANATH		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Quiroz	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 2407 Boros ct.	
8 Principal occupation / Job title (See Instructions) Archiver		9 Employer (See Instructions) self
Date 11/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Gomez	Amount of contribution (\$) \$ 500.00
	Contributor address; City; State; Zip Code 1502 Clark Blvd Laredo TX 78040	
Principal occupation / Job title (See Instructions) small Business owner		Employer (See Instructions) self
Date 11/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) East Laredo Homeplay LTD	Amount of contribution (\$) \$ 500.00
	Contributor address; City; State; Zip Code P.O. BOX 450050 Laredo TX 78045	
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self
Date 11/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laredo Amanecer Homeplay LTD	Amount of contribution (\$) \$ 500.00
	Contributor address; City; State; Zip Code P.O. BOX 450050 Laredo TX 78045	
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 2/4
2 FILER NAME L. VISH VISWANATH		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth C O'CONNOR	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 8111 Stillmeadow Ln Laredo TX 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
N/A		N/A
Date 11/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Garza	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 506 Mellin Laredo TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
N/A		N/A
Date 11/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David E. Garza	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 506 Mellin Laredo TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
N/A		N/A
Date 11/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crissell M. Garza	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 506 Mellin Laredo TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
N/A		N/A

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/4
2 FILER NAME L. VISH VISWANATH		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAN E. Garza	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 506 Merlin Laredo TX 1		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 11/21/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura R. Llanes	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3203 Windfall		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) —
Date 11/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellie Hernandez	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code P.O. Box 2012 Laredo TX 78640		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) —
Date 11/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mtz, Franklin, Madala, LLC	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Att of new		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 4/4
2 FILER NAME L. VISH VISWANATH		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley Green	7 Amount of contribution (\$) \$ 100.00
	6 Contributor address; City; State; Zip Code 9807 Sequin Laredo TX 78045	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) —
Date 11/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul C. Santos	Amount of contribution (\$) \$ 500.00
	Contributor address; City; State; Zip Code 1718 Reynolds Laredo TX 78040	
Principal occupation / Job title (See Instructions) Small Business owner		Employer (See Instructions) self
Date 12/07/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shashi Vaswani	Amount of contribution (\$) \$ 300.00
	Contributor address; City; State; Zip Code 101 Canterbury Laredo, TX 78041	
Principal occupation / Job title (See Instructions) Small Business owner		Employer (See Instructions) self
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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 complete this form.		1 Total pages Schedule E:
2 FILER NAME L. VISH VISWANATH		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/8/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) L. VISH VISWANATH	9 Loan Amount (\$) \$ 9122.96
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 2009 manzaneros Dr Lodi TX 78042	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions) _____
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input 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? Y N	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.

1 Total pages Schedule F1: 1/4	2 FILER NAME L. VISH VISWANATH	3 Filer ID (Ethics Commission Filers)
4 Date 12/5/22	5 Payee name Televisa Star channel	
6 Amount (\$) \$1000	7 Payee address; City; State; Zip Code XHBR-TV, 4909 N. McCulla McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad
	(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 11/14/22	Payee name Quotemile Inc	
Amount (\$) \$5280.72	Payee address; City; State; Zip Code 6420 Polaris Dr. Ste 4 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Brochure, mailouts
	<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 11/16/22	Payee name Quotemile Inc	
Amount (\$) \$914.98	Payee address; City; State; Zip Code 6420 Polaris Dr. Ste 4 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Flyer, sign
	<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: 2/4	2 FILER NAME L. VISH VISWANATHA	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/22	5 Payee name POSTAL CENTER PLUS	
6 Amount (\$) 975.80	7 Payee address; City; State; Zip Code 7917 McPherson Rd Loredo TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description mail outs
	(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 11/18/22	Payee name Adams Printing		
Amount (\$) \$504.00	Payee address; City; State; Zip Code 1701 Tacamen RA St 9 Loredo TX 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description T Shirts	
	<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 11/21/22	Payee name Latiny Promotions		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 7511 McPherson Rd suite B Loredo TX 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ad	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3/4	2 FILER NAME L. VISH VISWANATH	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/22	5 Payee name K GNS	
6 Amount (\$) \$1952.12	7 Payee address; City; State; Zip Code 1801 Halstead Blvd, 2nd Floor, Tallahassee, FL 32309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad
	(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 11/24/22	Payee name Facebook		
Amount (\$) \$411.07	Payee address; City; State; Zip Code Hookerway mentopark CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ad	
	<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 11/24/22	Payee name Laredo Morning Times		
Amount (\$) \$750.00	Payee address; City; State; Zip Code 111 Espalza Dr. Laredo TX 78041		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ad	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4/4	2 FILER NAME L. VISH VISWANATH	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/22	5 Payee name Nicholas Flores Photography	
6 Amount (\$) \$1220.00	7 Payee address; 2438 monardh dr ste A-30 #127 Laredo TX 78045	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description videos
	(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 12/05/22	Payee name Lama Advertising CO	
Amount (\$) 1214.27	Payee address; 5543 TX-359, Laredo TX 78043	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description AA
	<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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

L. 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	\$ 5600
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	\$ 9122.96
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14722.96
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	\$