

FORM C/OH
COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Phyllis Viagran	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 15.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15655.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10683.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9998.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

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.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Phyllis Viagran, this the 1st day of April, 2021, 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

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Phyllis Viagran		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15655.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7953.85
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2730.00
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.06

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 17

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
1/1/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Judy Castano

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**4102 Coriander
San Antonio, TX 78261**

8 Principal occupation / Job title (See instructions)
Vice President HR

9 Employer (See instructions)
Munters Corporation

Date
1/5/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Melissa Cabello Havrda

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**PO Box 769777
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
1/9/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Patricia Mejia

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1714 West Summit
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Nonprofit exec

Employer (See instructions)
San Antonio area foundation

Date
1/15/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Marshall

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1915 Broadway #327
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Law Enforcement

Employer (See instructions)
SAPD

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 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 1/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Tiede 6 Contributor address; City; State; Zip Code 3412 Caleche Court Plano, TX 75023	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Leadership Dev		9 Employer (See instructions) Cru
Date 1/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynaldo Gustamente Contributor address; City; State; Zip Code 146 ANTLER CIR SAN ANTONIO, TX 78232-2256	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Director Religious Education		Employer (See instructions) USAF
Date 1/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joey Bara Contributor address; City; State; Zip Code PO Box 1564 Helotes, TX 78023	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enrique Davila Contributor address; City; State; Zip Code 215 N Center St #1808 San Antonio, TX 78202	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Electrician		Employer (See instructions) Self-Employed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Davila 6 Contributor address; City; State; Zip Code 215 N Center St San Antonio, TX 78202	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emma Guerrero Contributor address; City; State; Zip Code 3915 Skylark Ave San Antonio, TX 78210	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy Rodriguez Contributor address; City; State; Zip Code 6827 Rock Road San Antonio, TX 78229	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Self-Employed
Date 2/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Criselda Rivas Contributor address; City; State; Zip Code 1726 Royal Crescent San Antonio, TX 78231	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) President & Producer		Employer (See instructions) Davis Sims Media
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: right;">4 of 17</div>
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judy Castano 6 Contributor address; City; State; Zip Code 4102 Coriander San Antonio, TX 78261	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See instructions) Vice President Human Resources, Americas		9 Employer (See instructions) Munters Corporation
Date 2/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alicia Reyes-Barrientez Contributor address; City; State; Zip Code 8319 Puente San Antonio, TX 78223	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Professor		Employer (See instructions) Texas A&M-San Antonio
Date 2/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Andrade Gonima Contributor address; City; State; Zip Code 222 West Mulberry Ave San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Del Rey Express, Inc.
Date 2/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norma Greenfield-Laborde Contributor address; City; State; Zip Code 1526 S FLORES STREET #200 San Antonio, TX 78204	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Pretrial Operations Chief/The Office of Criminal Justice Depu		Employer (See instructions) Bexar County
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: 5 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baltazar Serna Jr 6 Contributor address; City; State; Zip Code 237 W Travis St #100 San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self
Date 2/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yulanee McKnight Contributor address; City; State; Zip Code 4302 Valleyfield St San Antonio, TX 78222	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 2/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katherine Parra Contributor address; City; State; Zip Code 1326 CANYON RIDGE DR. SAN ANTONIO, TX 78227	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 2/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Laborde Contributor address; City; State; Zip Code 1526 S Flores St #200 SAN ANTONIO, TX 78204	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) CPA		Employer (See instructions) LABORDE AND ASSOCIATES PC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louis Cintron 6 Contributor address; City; State; Zip Code 289 West Hermosa Drive San Antonio, TX 78212	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Linux Engineer		9 Employer (See instructions) huntington ingalls industries
Date 2/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leticia Ozuna Contributor address; City; State; Zip Code 1534 McKinley Ave San Antonio, TX 78210	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Cloud Engineer		Employer (See instructions) Devo
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norma Ramirez Contributor address; City; State; Zip Code 315 W Harlan Ave San Antonio, TX 78214	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ray Garza Contributor address; City; State; Zip Code 1250 Mission Grande San Antonio, TX 78221	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Business Owner		Employer (See instructions) Self-Employed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
2/8/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Minerva Sanchez

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**4002 River Falls
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
2/9/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jim Campbell

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**524 King William
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Board Member

Employer (See instructions)
San Antonio River Authority

Date
2/9/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gerald Lee

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**8127 N. New Braunfels #801
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Associate

Employer (See instructions)
Andrade-Van de Putte & Associates

Date
2/9/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christine Sanchez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5827 Gomer Pyle Dr
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Digital Product Manager

Employer (See instructions)
USAA

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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:
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2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bede Ramcharan

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**85 Northeast Interstate 410 Loop #405
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Indatatech

Date
2/10/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Yvonne Pelayo

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**81 Sistine
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Human Resources

Employer (See instructions)
CPS Energy

Date
2/11/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Melissa Aguillon

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**133 Harriett Drive
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
President/CEO

Employer (See instructions)
Aguillon Creative

Date
2/11/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Teresa Carreon

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**225 E Malone Ave
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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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: 9 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vanessa Said 6 Contributor address; City; State; Zip Code 635 E Nottingham Pl San Antonio, TX 78209	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Director, Partner & Community Business Development		9 Employer (See instructions) Visit San Antonio
Date 2/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd Denton Contributor address; City; State; Zip Code 1 Bitterblue Ln San Antonio, TX 78218	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Denton Communities
Date 2/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Camille Denton Contributor address; City; State; Zip Code 1 Bitterblue Ln San Antonio, TX 78218	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernadette Pena Contributor address; City; State; Zip Code 454 Carroll Street San Antonio, TX 78225	Amount of contribution (\$) 125.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Miella Media
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blake Yantis 6 Contributor address; City; State; Zip Code 12018 Indigo Bend San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Real estate		9 Employer (See instructions) Mosaic
Date 2/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Lazo Contributor address; City; State; Zip Code 7610 New Braunfels San Antonio, TX 78235	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Self-Employed		Employer (See instructions) Self-Employed
Date 2/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Parra Contributor address; City; State; Zip Code 7323 Eagle Ledge San Antonio, TX 78249	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Civil Engineer		Employer (See instructions) Parra & Co., LLC
Date 2/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Figueroa Jones Contributor address; City; State; Zip Code 14449 La Vernia Rd Saint Hedwig, TX 78152	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Coordinator		Employer (See instructions) Southwest ISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
2/23/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Rebecca Viagran

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**4211 S. Flores
San Antonio, TX 78214**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
2/24/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
J W Hernandez Jr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1347 Fair Ave
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
Dentist

Employer (See instructions)
Self-Employed

Date
2/24/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Susan Meyer

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9033 Aero #202
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
2/24/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mitch Meyer

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9 Penny Lane
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Loopy Limited

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: 12 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Martinez 6 Contributor address; City; State; Zip Code 204 Clay St San Antonio, TX 78204	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Creative Director		9 Employer (See instructions) MM Creative
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anamaria Suescun-Fast Contributor address; City; State; Zip Code 360 Pike Road San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Marketing		Employer (See instructions) The DeBerry Group
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JoAnne Wells Contributor address; City; State; Zip Code 610 East Market Street San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Dailey & Wells Comm
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Wells Contributor address; City; State; Zip Code 610 East Market Street San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) Dailey & Wells Comm
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Sidoric 6 Contributor address; City; State; Zip Code 106 Chicago Blvd San Antonio, TX 78210-4040	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Viagran Contributor address; City; State; Zip Code 211 S Flores St San Antonio, TX 78214	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Councilwoman		Employer (See instructions) City of San Antonio
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lori Garay Escamilla Contributor address; City; State; Zip Code 347 N San Ignacio Ave San Antonio, TX 78237	Amount of contribution (\$) 15.00
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions) Unemployed
Date 3/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Yantis Contributor address; City; State; Zip Code 12018 Indigo Bend San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Montessori school
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Pedrotii Jr 6 Contributor address; City; State; Zip Code 203 Kendall Oaks Dr Boerne, TX 78006	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Self-Employed		9 Employer (See instructions) Self-Employed
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joshua Cude Contributor address; City; State; Zip Code 1160 Rodalyn Drive San Antonio, TX 78006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Engineer		Employer (See instructions) Self-Employed
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Crude Contributor address; City; State; Zip Code 1160 Rodalyn Drive San Antonio, TX 78006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self-Employed		Employer (See instructions) Self-Employed
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyssa Ochoa Contributor address; City; State; Zip Code 708 Canterbury Hill Street San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Physician		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: 15 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irene Loza 6 Contributor address; City; State; Zip Code 6923 Country Dawn San Antonio, TX 78240	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Josie Trevino Contributor address; City; State; Zip Code 311 Lorraine San Antonio, TX 78214	Amount of contribution (\$) 300.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 3/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shirley Gonzales Contributor address; City; State; Zip Code 2723 Buena Vista San Antonio, TX 78207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Councilwoman		Employer (See instructions) San Antonio City Council
Date 3/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andi Rodriguez Contributor address; City; State; Zip Code 110 Broadway #230 San Antonio, TX 78205	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Vice President		Employer (See instructions) Centro
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 17
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Basaldua 6 Contributor address; City; State; Zip Code 3 Woltwood San Antonio, TX 78248	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Real estate		9 Employer (See instructions) VersaTerra Development
Date 3/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Figueroa Jones Contributor address; City; State; Zip Code 14449 La Vernia Rd Saint Hedwig, TX 78152	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christine Sanchez Contributor address; City; State; Zip Code 5827 Gomer Pyle Dr San Antonio, TX 78240	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristi Hernandez Contributor address; City; State; Zip Code 4723 Crested Grove San Antonio, TX 78217	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Coordinator		Employer (See instructions) Rebecca J. Viagran
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17 of 17

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Patrick Christiansen

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**826 W Craig Pl
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self-Employed

Date
3/22/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Javier Paredes

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**163 Waxwood Lane
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Development Director

Employer (See instructions)
Munoz and Company

Date
3/22/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bernadette Pena

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**454 Carroll Street
San Antonio, TX 78225**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Miella Media

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm 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 <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 of 2	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 1/29/2021	5 Payee name Prestige Printing LLC	
6 Amount (\$) 217.58	7 Payee address; City; State; Zip Code 8 Burwood San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Push Cards
	(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 2/2/2021	Payee name Herospace Digital	
Amount (\$) 2700.00	Payee address; City; State; Zip Code 1840 Mulberry Ave San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Digital Consulting
	<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 2/16/2021	Payee name City Tower Parking	
Amount (\$) 2.00	Payee address; City; State; Zip Code 60 N Flores St San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Parking Fee
	<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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 of 2	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2021	5 Payee name Alamo Mailing Co.		
6 Amount (\$) 753.41	7 Payee address; City; State; Zip Code 13114 Lookout Ru San Antonio, TX 78233		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Mailing
	(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 3/17/2021	Payee name JVC Media, LLC		
Amount (\$) 4007.96	Payee address; City; State; Zip Code 9335 Lamerton San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Signs
	<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 3/22/2021	Payee name Anedot		
Amount (\$) 272.90	Payee address; City; State; Zip Code 5555 Hilton Ave Baton Rouge, TX 70808		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Andot Fees
	<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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F2: 1 of 1	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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 <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

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F4: 1 of 1	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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 <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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 G: 1 of 1	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 1/27/2021	5 Payee Name Texas Democratic Party	
6 Amount (\$) 730.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Data	(b) Description Database
	(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 3/15/2021	Payee name Sign Busters, LLC		
Amount (\$) 2000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 241018 San Antonio, TX 78224		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Sign installation	
	<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	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 H: 1 of 1	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Business name	
Amount (\$)	Business 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 <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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
1/13/2021

5 Name of person from whom amount is received
Frost Bank

8 Amount (\$)
0.01

6 Address of person from whom amount is received; City; State; Zip Code
PO Box 1600
San Antonio, TX 78296

7 Purpose for which amount is received
Interest on deposited funds

☐ Check if political contribution returned to filer

Date
3/10/2021

Name of person from whom amount is received
Frost Bank

Amount (\$)
0.05

Address of person from whom amount is received; City; State; Zip Code
PO Box 1600
San Antonio, TX 78296

Purpose for which amount is received
Interest on deposited funds

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Phyllis Viagran

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder