

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: 31	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Phyllis		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX Viagran				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4219 S Flores San Antonio TX 78214				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Olivia		Date Received		
	NICKNAME LAST SUFFIX Ortiz		Date Hand-delivered or Date Postmarked		
			Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 144 Zapata San Antonio TX 78210				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 557-0752	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 1/1/2022 THROUGH 6/30/2022				
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE	OFFICE HELD (if any) City Councilwoman District 3		13 OFFICE SOUGHT (if known) Council District 3		

GO TO PAGE 2

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)	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.
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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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10155.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6055.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24690.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 15th day of July, 2022, 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	\$ 10155.00
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	\$ 6055.55
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	\$ 0
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	\$ 1.45

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 9

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
1/14/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Cynthia Matson

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**522 West Mally Boulevard
San Antonio, TX 78221**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Texas A&M University-San Antonio

Date
1/14/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lupita Corbeil

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**16 Duxbury Park
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Vice President Of Human Resources

Employer (See instructions)
Den-Tex Central, Inc.

Date
1/15/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Edward Collins

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**114 Camp St. #301
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/15/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Louis Cintron

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**289 West Hermosa Drive
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Linux Engineer

Employer (See instructions)
Huntington ingalls industries

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 9

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
1/16/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Thad Rutherford

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**8205 Asmara Court
Austin, TX 78750**

8 Principal occupation / Job title (See instructions)
Real Estate

9 Employer (See instructions)
SouthStar Communities

Date
1/18/2022

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

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**8319 Meadow Forest
San Antonio, TX 78251**

Principal occupation / Job title (See instructions)
Compensation Analyst

Employer (See instructions)
Alamo Colleges District

Date
1/28/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Landrys Restaurants, PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1510 West Loop South
Houston, TX 77027**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/7/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vanessa Smeberg

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2010 W Kings Hwy
San Antonio, TX 78201**

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:
3 of 9

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
3/7/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ronald Smeberg

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2010 W Kings Hwy
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
The Smeberg Law Firm, PLLC

Date
5/11/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Camille Denton

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1 Bitterblue Ln
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Business Developemnet

Employer (See instructions)
Self-Employed

Date
5/12/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ray Garza

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**108 North Abrego Crossing
Floresville, TX 78114**

Principal occupation / Job title (See instructions)
Golf Instructor

Employer (See instructions)
On Par Golf

Date
5/13/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ernesto Gomez M.D.

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**208 Bentley Manor
Shavano Park, TX 78249**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
CentroMed

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 of 9
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2022	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 (\$) 100.00
8 Principal occupation / Job title (See instructions) Business Development		9 Employer (See instructions) Barnes & Nobel
Date 5/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) H. Analco Gonzalez Contributor address; City; State; Zip Code 11703 Bridge Hampton San Antonio, TX 78251	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Partner		Employer (See instructions) OCI
Date 5/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Christiansen Contributor address; City; State; Zip Code 826 W Craig Pl San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self-Employed
Date 5/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Campbell Contributor address; City; State; Zip Code 524 King William San Antonio, TX 78204	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Self-Employed

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 9
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Marshall 6 Contributor address; City; State; Zip Code 1915 Broadway #327 San Antonio, TX 78215	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Law Enforcement Office		9 Employer (See instructions) City of San Antonio Police
Date 5/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Basaldua Contributor address; City; State; Zip Code 3 Woltwood San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate Development		Employer (See instructions) Self-Employed
Date 5/18/2022	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 (\$) 50.00
Principal occupation / Job title (See instructions) Senior Digital Product Manager		Employer (See instructions) USAA
Date 5/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay Johnson Contributor address; City; State; Zip Code 152 E Pecan St #1001 San Antonio, TX 78205	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Community Housing Consultant		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:
6 of 9

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
5/18/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Anita Fernandez

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**1714 Arroya Vista Dr
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Self-Employed

Date
5/18/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Olivia Travieso

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**508 Channing Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)
OCI

Date
5/18/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sylvia Cruz

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**7726 Nimrod
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/18/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Edward Collins

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**114 Camp St. #301
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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 of 9
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronald Smeberg 6 Contributor address; City; State; Zip Code 2010 W Kings Hwy San Antonio, TX 78201	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) The Smeberg Law Firm, PLLC
Date 5/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clifton Douglas Contributor address; City; State; Zip Code 606 Garraty Rd San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self-Employed
Date 5/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Ramos Contributor address; City; State; Zip Code 5910 Wales St San Antonio, TX 78223	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Business Development Manager		Employer (See instructions) Half Associates
Date 5/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yolanda Diaz Contributor address; City; State; Zip Code 1200 Southeast Military Drive San Antonio, TX 78214	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Optometrist		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:
8 of 9

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
5/19/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Nancy Poppoom

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**145 Grand Dam St
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)
Affordable Housing Consultant

9 Employer (See instructions)
Self-Employed

Date
5/19/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pat Jasso

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**326 Anton
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
5/24/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
S & B PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 265245
Houston, TX 77207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/3/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jeffrey Czar

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**307 Huntington Place
San Antonio, TX 78231**

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: 9 of 9
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shad Schmid 6 Contributor address; City; State; Zip Code 316 Waxberry Trl San Antonio, TX 78256	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) Manager		9 Employer (See instructions) King Fish Development, LLC
Date 6/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marilyn Reyna Contributor address; City; State; Zip Code 1207 Bailey Avenue San Antonio, TX 78210	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Executive Vice President		Employer (See instructions) Baptist Child and Family Services
Date 6/23/2022	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 (\$) 100.00
Principal occupation / Job title (See instructions) Communications		Employer (See instructions) Centro
Date 6/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Brown Contributor address; City; State; Zip Code 106 Samoth Dr San Antonio, TX 78223	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<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>		

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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 F1: 1 of 6	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2022	5 Payee name Anedot	
6 Amount (\$) 37.20	7 Payee address; City; State; Zip Code 5555 Hilton Ave Baton Rouge, TX 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Service Charge
	(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 1/18/2022	Payee name Anedot	
Amount (\$) 20.30	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) Accounting/Banking	Description Service Charge
	<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 1/18/2022	Payee name Mailchimp	
Amount (\$) 181.22	Payee address; City; State; Zip Code 512 Means St. Atlanta, GA 30318	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Service Charge
	<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 6	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/2022	5 Payee name Anedot		
6 Amount (\$) 1.50	7 Payee address; City; State; Zip Code 5555 Hilton Ave Baton Rouge, TX 70808		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Service charge
	(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 2/17/2022	Payee name Mailchimp		
Amount (\$) 201.47	Payee address; City; State; Zip Code 512 Means St. Atlanta, GA 30318		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Service Charge
	<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 3/11/2022	Payee name Celebrate Excelence		
Amount (\$) 4209.38	Payee address; City; State; Zip Code 2130 Jackson Keller Rd San Antonio, TX 78213		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Fiesta Medals
	<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: 3 of 6	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2022	5 Payee name Mailchimp		
6 Amount (\$) 201.47	7 Payee address; City; State; Zip Code 512 Means St. Atlanta, GA 30318		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Service Charge
	(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 4/18/2022	Payee name Mailchimp		
Amount (\$) 201.47	Payee address; City; State; Zip Code 512 Means St. Atlanta, GA 30318		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Service Charge
	<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 5/14/2022	Payee name Anedot		
Amount (\$) 24.60	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 Credit Card processing 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

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: 4 of 6	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 5/17/2022	5 Payee name Mailchimp	
6 Amount (\$) 201.47	7 Payee address; City; State; Zip Code 512 Means St. Atlanta, GA 30318	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Service Charge
	(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 5/18/2022	Payee name Anedot		
Amount (\$) 14.60	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 Credit Card Processing 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

Date 5/20/2022	Payee name Anedot		
Amount (\$) 44.50	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 Credit Card Processing 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

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: 5 of 6	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/11/2022	5 Payee name Anedot		
6 Amount (\$) 6.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Baton Rouge, TX 70808		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Credit Card Processing Fees
	(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 6/17/2022	Payee name Mailchimp		
Amount (\$) 201.47	Payee address; City; State; Zip Code 512 Means St. Atlanta, GA 30318		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Service Charge
	<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 6/25/2022	Payee name Anedot		
Amount (\$) 4.30	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 Credit Card Processing 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

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: 6 of 6	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2022	5 Payee name Anedot	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Baton Rouge, TX 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Credit Card Processing Fees
	(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 6/30/2022	Payee name Ronald Smeberg	
Amount (\$) 500.00	Payee address; City; State; Zip Code 2010 W Kings Hwy San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Return contribution because donor reached the max donation
	<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 (\$)	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

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

Amount (\$)	Payee address; City; State; Zip Code
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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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 G: 1 of 1	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee 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	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
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		

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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.)	

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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 2

2 FILER NAME

Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date

1/12/2022

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

0.18

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

2/10/2022

Name of person from whom amount is received

Frost Bank

Amount (\$)

0.17

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

3/10/2022

Name of person from whom amount is received

Frost Bank

Amount (\$)

0.17

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

4/12/2022

Name of person from whom amount is received

Frost Bank

Amount (\$)

0.28

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

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:

2 of 2

2 FILER NAME

Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/2022

5 Name of person from whom amount is received

Frost Bank

8 Amount (\$)

0.29

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

6/10/2022

Name of person from whom amount is received

Frost Bank

Amount (\$)

0.36

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;"> <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)	
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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