

# 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: <b>51</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Phyllis</b>	MI	OFFICE USE ONLY	
	NICKNAME	LAST <b>Viagran</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4219 S Flores San Antonio TX 78214</b>			Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( )	PHONE NUMBER -	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Olivia</b>	MI		
	NICKNAME	LAST <b>Ortiz</b>	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>144 Zapata St San Antonio TX 78210</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	<b>8th Day Before Runoff Election</b>				
10 PERIOD COVERED	Month Day Year Month Day Year <b>4/22/2021</b> THROUGH <b>5/26/2021</b>				
11 ELECTION	ELECTION DATE Month Day Year <b>6/5/2021</b>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Council District 3</b>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <b>Phyllis Viagran</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 36750.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$ 24883.56</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 22362.34</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 5000.00</b>

## 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 28th day of May, 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

<b>19</b> FILER NAME <b>Phyllis Viagran</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 35750.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 1000.00</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 24721.25</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 162.31</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0.10</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/22/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Dion Cortez**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**1507 Mission Road #5210  
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)  
**Medic**

9 Employer (See instructions)  
**US Army**

Date  
**4/23/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Steven Lee**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**120 Austin Hwy #105  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Albert Honigblum**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**624 ALTA  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Partner**

Employer (See instructions)  
**Avant Interest**

Date  
**4/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jack Spector**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**227 Devine Rd  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Hixon Properties Incorporated**

**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 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/26/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**S.A. Apartment Association PAC**

7 Amount of contribution (\$) **500.00**

6 Contributor address; City; State; Zip Code  
**7825 Babcock Rd  
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**4/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Atenogenes Villarreal**

Amount of contribution (\$) **50.00**

Contributor address; City; State; Zip Code  
**6010 East Jolie Ct.  
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)  
**Marketing**

Employer (See instructions)  
**MHM**

Date  
**4/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Hope Andrade**

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code  
**123 Lexington Avenue  
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)  
**Entrepreneur**

Employer (See instructions)  
**Self**

Date  
**5/3/2021**

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**

**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: <b>3 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Frank Burney</b> ..... 6 Contributor address; City; State; Zip Code <b>112 E. Pecan St. #1616</b> <b>San Antonio, TX 78205</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Partner</b>		9 Employer (See instructions) <b>Martin &amp; Drought, P.C.</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Laura Hernandez</b> ..... Contributor address; City; State; Zip Code <b>6000 Lonesome Valley Trail</b> <b>Austin, TX 78731</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Consultant</b>		Employer (See instructions) <b>Self</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nicole Merritt</b> ..... Contributor address; City; State; Zip Code <b>607 Vermont Road</b> <b>Austin, TX 78702</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Lawyer</b>		Employer (See instructions) <b>Indeed</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alelhie Valencia</b> ..... Contributor address; City; State; Zip Code <b>3900 Threadgill Street #7</b> <b>Austin, TX 78723</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Demographer</b>		Employer (See instructions) <b>City of Austin</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>4 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Deena Estrada Salinas</b> ..... 6 Contributor address; City; State; Zip Code <b>10551 Bilbrook Place</b> <b>Austin, TX 78748</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Deputy chief of staff</b>		9 Employer (See instructions) <b>Travis County</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Crystal Viagran</b> ..... Contributor address; City; State; Zip Code <b>603 ALLEN ST</b> <b>Austin, TX 78702</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Director</b>		Employer (See instructions) <b>UT Austin</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joey Bara</b> ..... Contributor address; City; State; Zip Code <b>PO Box 1564</b> <b>Helotes, TX 78023</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andrea Rodriguez</b> ..... Contributor address; City; State; Zip Code <b>222 East Houston Street</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Cultural Placemaking</b>		Employer (See instructions) <b>Centro SA</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>5 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Elizabeth Barratachea</b> ..... 6 Contributor address; City; State; Zip Code <b>431 Woodway Forest Dr</b> <b>San Antonio, TX 78216</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>consultant</b>		9 Employer (See instructions) <b>Bexar Facts</b>
Date <b>5/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lyssa Ochoa</b> ..... Contributor address; City; State; Zip Code <b>708 Canterbury Hill Street</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Physician</b>		Employer (See instructions) <b>Self</b>
Date <b>5/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Kaliski</b> ..... Contributor address; City; State; Zip Code <b>5107 Ozark Street</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Augerman, Inc</b>
Date <b>5/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cindy Taylor</b> ..... Contributor address; City; State; Zip Code <b>4251 Valleyfield St</b> <b>San Antonio, TX 78222</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>The Cindy Taylor Group</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/4/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mary Mora**

7 Amount of contribution (\$)  
**150.00**

6 Contributor address; City; State; Zip Code  
**557 Kendalia Ave  
San Antonio, TX 78221**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**5/4/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jack Walker**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**733 13th Street  
Boulder, CO 80302**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/5/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jamie Garza**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**7664 Burshard Rd  
San Antonio, TX 78263**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/5/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Erik Garza**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**4126 Sunrise Terrace  
San Antonio, TX 78263**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**7 of 27**

**2** FILER NAME  
**Phyllis Viagran**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/5/2021**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Sylvia Garcia**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**343 Schmeltzer Ln  
San Antonio, TX 78213**

**8** Principal occupation / Job title (See instructions)

**9** Employer (See instructions)

Date  
**5/5/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Erika Riley**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**367 Gilbert Ln  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/5/2021**

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**

Date  
**5/5/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ray Garza**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**1250 Mission Grande  
San Antonio, TX 78221**

Principal occupation / Job title (See instructions)  
**Self Employed**

Employer (See instructions)  
**On Par Golf**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**8 of 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/5/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lloyd Denton**

7 Amount of contribution (\$)  
**500.00**

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

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**5/5/2021**

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)

Employer (See instructions)

Date  
**5/6/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Brenda Figueroa Jones**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**14449 La Vernia Rd  
Saint Hedwig, TX 78152**

Principal occupation / Job title (See instructions)  
**Coordinator**

Employer (See instructions)  
**Southwest ISD**

Date  
**5/6/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Linda Ruiz**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**410 Cliff Ave  
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)  
**Construction**

Employer (See instructions)  
**LJC Painting, LLC**

**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 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/6/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Lisa Sosa**

7 Amount of contribution (\$)  
**50.00**

6 Contributor address; City; State; Zip Code  
**330 Teakwood Ln  
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)  
**Self employed**

9 Employer (See instructions)  
**Self**

Date  
**5/7/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jen Yantis**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**12018 Indigo Bend  
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)  
**mom**

Employer (See instructions)  
**none**

Date  
**5/7/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Blake Yantis**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**12018 Indigo Bend  
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)  
**real estate**

Employer (See instructions)  
**mosaic**

Date  
**5/7/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kenneth Brown**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2454 Toftrees Dr.  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Attorney**

Employer (See instructions)  
**Brown & Ortiz**

**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:  
**10 of 27**

**2** FILER NAME  
**Phyllis Viagran**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/7/2021**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Leslie Brown**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**2454 Toftrees Dr.  
San Antonio, TX 78209**

**8** Principal occupation / Job title (See instructions)  
**Attorney**

**9** Employer (See instructions)  
**USAF**

Date  
**5/7/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Daniel Ortiz**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**9103 Melbrook St  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Attorney**

Employer (See instructions)  
**Brown & Ortiz**

Date  
**5/7/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Casandra Ortiz**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**9103 Melbrook St  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/7/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Brenda Armstrong**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2510 Inwood View Dr  
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>11 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/8/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Teresa Carreon</b> ..... 6 Contributor address; City; State; Zip Code <b>225 E Malone Ave</b> <b>San Antonio, TX 78214</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>5/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Greg Kowalski</b> ..... Contributor address; City; State; Zip Code <b>PO Box 1461</b> <b>San Antonio, TX 78295</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>President and CEO</b>		Employer (See instructions) <b>The RK Group</b>
Date <b>5/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>H. Analco Gonzalez</b> ..... Contributor address; City; State; Zip Code <b>11703 Bridge Hampton</b> <b>San Antonio, TX 78251</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Co-Founder and Managing Partner</b>		Employer (See instructions) <b>OCI Group</b>
Date <b>5/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Leo Pacheco</b> ..... Contributor address; City; State; Zip Code <b>639 Kopplow Place</b> <b>San Antonio, TX 78221</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>State Representative</b>		Employer (See instructions) <b>State of Texas</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>12 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/9/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Pat Frost</b> ..... 6 Contributor address; City; State; Zip Code <b>520 Geneseo Rd</b> <b>San Antonio, TX 78209</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>President</b>		9 Employer (See instructions) <b>Frost Bank</b>
Date <b>5/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>B. Scott Teeter</b> ..... Contributor address; City; State; Zip Code <b>15522 Clover Rdg</b> <b>San Antonio, TX 78248</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate Development</b>		Employer (See instructions) <b>Bitterblue, Inc</b>
Date <b>5/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sandra Teeter</b> ..... Contributor address; City; State; Zip Code <b>15522 Clover Rdg</b> <b>San Antonio, TX 78248</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Audrey Brunner</b> ..... Contributor address; City; State; Zip Code <b>1002 North Flores Street</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Consulting</b>		Employer (See instructions) <b>SATX Consultants</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>13 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/10/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anita Fernandez</b> ..... 6 Contributor address; City; State; Zip Code <b>1714 Arroya Vista Dr</b> <b>San Antonio, TX 78213</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Founder and Co-Owner</b>		9 Employer (See instructions) <b>OCI Group</b>
Date <b>5/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert Worth</b> ..... Contributor address; City; State; Zip Code <b>270 Terrell Rd</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Founder and Chairman</b>		Employer (See instructions) <b>Worth &amp; Associates</b>
Date <b>5/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Pedrotii Jr</b> ..... Contributor address; City; State; Zip Code <b>203 Kendall Oaks Dr</b> <b>Boerne, TX 78006</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate Development</b>		Employer (See instructions) <b>Self</b>
Date <b>5/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Ernst</b> ..... Contributor address; City; State; Zip Code <b>9386 Huebner Rd #107A</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Contractor</b>		Employer (See instructions) <b>Self</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/11/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Colleen Ernst**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**9368 Huebner Rd #107A  
San Antonio, TX 78240**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**5/12/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rebecca Oneil**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**854 Fawnway  
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/12/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Casey Oneil**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**854 Fawnway  
San Antonio, TX 78260**

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

Employer (See instructions)  
**San Antonio Operations at Glacier Homes**

Date  
**5/12/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jamie Kowalski**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**21218 Harvest Hls  
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)  
**Director of Relationship Marketing**

Employer (See instructions)  
**The RK Group**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**15 of 27**

**2** FILER NAME  
**Phyllis Viagran**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/12/2021**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Patrick Christensen**

**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**

Date  
**5/12/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ayda Gonzalez**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**2707 Forest Spur  
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/12/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ronnie Villanueva**

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**1906 Olimito  
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/12/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ernest Mora**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2511 Old gate Rd  
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/12/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Paul Basaldua</b> ..... 6 Contributor address; City; State; Zip Code <b>3 Woltwood</b> <b>San Antonio, TX 78248</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>President/CEO</b>		9 Employer (See instructions) <b>VersaTerra Development</b>
Date <b>5/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Norma Denham</b> ..... Contributor address; City; State; Zip Code <b>15706 Knollcliff</b> <b>San Antonio, TX 78247</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>President</b>		Employer (See instructions) <b>Norma Denham &amp; Associates</b>
Date <b>5/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thomas Adkisson</b> ..... Contributor address; City; State; Zip Code <b>128 Golden Crown Dr</b> <b>San Antonio, TX 78223</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Lawyer</b>		Employer (See instructions) <b>Self</b>
Date <b>5/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jay Johnson</b> ..... Contributor address; City; State; Zip Code <b>152 E Pecan St #1001</b> <b>San Antonio, TX 78205</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Development Director</b>		Employer (See instructions) <b>Texas at Cohen-Esrey</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>17 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/12/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Olivia Travieso</b> . . . . . 6 Contributor address; City; State; Zip Code <b>508 Channing Ave</b> <b>San Antonio, TX 78210</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Founder and Co-Owner</b>		9 Employer (See instructions) <b>OCI Group</b>
Date <b>5/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Vanessa Van de Putte</b> . . . . . Contributor address; City; State; Zip Code <b>1204 West Magnolia Avenue</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>President/CEO</b>		Employer (See instructions) <b>Dixie Flag &amp; Banner Company</b>
Date <b>5/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Albert Honigblum</b> . . . . . Contributor address; City; State; Zip Code <b>120 Austin Highway</b> <b>Alamo Heights, TX 78209</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate</b>		Employer (See instructions) <b>Self</b>
Date <b>5/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bradley Carson</b> . . . . . Contributor address; City; State; Zip Code <b>128 West Mistletoe Avenue</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Kruger Carson PLLC</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>18 of 27</b>
<b>2</b> FILER NAME <b>Phyllis Viagran</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/13/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Blake Honigblum</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>708 Morningside Drive</b> <b>San Antonio, TX 78209</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Commercial Real Estate</b>		<b>9</b> Employer (See instructions) <b>Abiso Development, LLC</b>
Date <b>5/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Teresa Menendez Myers</b> ..... Contributor address; City; State; Zip Code <b>2423 Greencrest</b> <b>San Antonio, TX 78213</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Chief of Staff</b>		Employer (See instructions) <b>Shirley Gonzales</b>
Date <b>5/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>shirley gonzales</b> ..... Contributor address; City; State; Zip Code <b>2723 Buena Vista Street</b> <b>San Antonio, TX 78207</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Business owner</b>		Employer (See instructions) <b>Self</b>
Date <b>5/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kevin Barton</b> ..... Contributor address; City; State; Zip Code <b>2723 Buena Vista Street</b> <b>San Antonio, TX 78207</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Profesor</b>		Employer (See instructions) <b>Tamusa</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**19 of 27**

**2** FILER NAME  
**Phyllis Viagran**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**5/13/2021**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Gerald Lee**

**7** Amount of contribution (\$)  
**100.00**

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

**8** Principal occupation / Job title (See instructions)  
**Lobbyist**

**9** Employer (See instructions)  
**Andrade-Van de Putte**

Date  
**5/13/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mark Acuna**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2829 Goliad #125  
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/13/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ricardo Rodriguez**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2829 Goliad #125  
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/14/2021**

Full name of contributor ☒ out-of-state PAC (ID# **C00002089**)  
**CWA**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**501 3rd Street  
Washington, DC 20001**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20 of 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/16/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Cristina J. Bazaldua**

7 Amount of contribution (\$)  
**125.00**

6 Contributor address; City; State; Zip Code  
**2239 West Mistletoe Avenue  
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)  
**Director**

9 Employer (See instructions)  
**WSA**

Date  
**5/16/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Michelle Moreno**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**300 Moursund Boulevard  
San Antonio, TX 78221**

Principal occupation / Job title (See instructions)  
**Director**

Employer (See instructions)  
**LEE**

Date  
**5/16/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Marialuisa Casso**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**203 Nogalitos Unit 6  
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**Manager**

Employer (See instructions)  
**Toyota Motor North America**

Date  
**5/17/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**David Marquez**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**3614 Manchester Drive  
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)  
**Executive Director**

Employer (See instructions)  
**Bexar County**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>21 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/17/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yvette Boatwright</b> ..... 6 Contributor address; City; State; Zip Code <b>3202 Rivercrest Drive Austin, TX 78746</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>Real Estate Broker</b>		9 Employer (See instructions) <b>Self</b>
Date <b>5/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward E. (Sonny) Collins III</b> ..... Contributor address; City; State; Zip Code <b>114 Camp Street #301 San Antonio, TX 78204</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
Date <b>5/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michelle Martinez</b> ..... Contributor address; City; State; Zip Code <b>618 Sacramento San Antonio, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>PR</b>		Employer (See instructions) <b>Self-employed</b>
Date <b>5/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Christian</b> ..... Contributor address; City; State; Zip Code <b>1800 McCullough Avenue San Antonio, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>22 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/17/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CEC PAC</b> ..... 6 Contributor address; City; State; Zip Code <b>11550 W Interstate 10 #395</b> <b>San Antonio, TX 78230</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>5/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stonewall Democrats of San Antonio</b> ..... Contributor address; City; State; Zip Code <b>PO Box 12814</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mark Wolf</b> ..... Contributor address; City; State; Zip Code <b>30899 Venturer Lane</b> <b>Boerne, TX 78015</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>real estate and finance</b>		Employer (See instructions) <b>self</b>
Date <b>5/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hilda Aguilar</b> ..... Contributor address; City; State; Zip Code <b>123 Montpelier dr</b> <b>San Antonio, TX 78228</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Account Manager</b>		Employer (See instructions) <b>Catto &amp; Catto</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:  
**23 of 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/20/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**JoAnne Wells**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**610 East Market Street #3302  
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)  
**Executive**

9 Employer (See instructions)  
**Dailey & Wells Comm**

Date  
**5/20/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Richard Wells**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**610 East Market Street  
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)  
**Executive**

Employer (See instructions)  
**Dailey & Wells Comm**

Date  
**5/20/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Killen Griffin & Farrimond Political Committee**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**100 NE Loop 410 #550  
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/20/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Andrew Hernandez**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**311 Club Dr  
San Antonio, TX 78201**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>24 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/21/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christine Sanchez</b> ..... 6 Contributor address; City; State; Zip Code <b>5827 Gomer Pyle</b> <b>San Antonio, TX 78240</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Senior Digital Product Mgr</b>		9 Employer (See instructions) <b>USAA</b>
Date <b>5/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Trey Embrey</b> ..... Contributor address; City; State; Zip Code <b>405 Wiltshire Avenue</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate Developer</b>		Employer (See instructions) <b>Embrey Partners</b>
Date <b>5/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Walter Embrey</b> ..... Contributor address; City; State; Zip Code <b>1020 NE Loop 410 #700</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate Developer</b>		Employer (See instructions) <b>Embrey Partners, Ltd.</b>
Date <b>5/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lori Castillo</b> ..... Contributor address; City; State; Zip Code <b>6 Andover Creek Drive</b> <b>San Antonio, TX 78254</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>VP - Marketing</b>		Employer (See instructions) <b>NatureSweet Tomatoes</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>25 of 27</b>
2 FILER NAME <b>Phyllis Viagran</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marilu Reyna</b> ..... 6 Contributor address; City; State; Zip Code <b>1207 Bailey Avenue</b> <b>San Antonio, TX 78210</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>EVP of Publication Affairs &amp; Communications</b>		9 Employer (See instructions) <b>BCFS System</b>
Date <b>5/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Melissa Aguillon</b> ..... Contributor address; City; State; Zip Code <b>133 Harriett Drive</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See instructions) <b>Marketing/advertising</b>		Employer (See instructions) <b>Aguillon Creative</b>
Date <b>5/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Avelardo Valdez</b> ..... Contributor address; City; State; Zip Code <b>329 West Avenue 42</b> <b>Los Angeles, CA 90065</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>
Date <b>5/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marco Barros</b> ..... Contributor address; City; State; Zip Code <b>14018 Sage Blf</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See instructions) <b>Business Development and Governmental Affairs</b>		Employer (See instructions) <b>Marco Barros Management</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:  
**26 of 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/24/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jeannette Gerka**

7 Amount of contribution (\$)  
**250.00**

6 Contributor address; City; State; Zip Code  
**23910 W Interstate 10 #13201  
San Antonio, TX 78257**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**5/24/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Tamara Benavides**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**PO Box 690710  
San Antonio, TX 78269**

Principal occupation / Job title (See instructions)  
**Director Of Sales And Business Development**

Employer (See instructions)  
**ABH Hospitality Management, LLC**

Date  
**5/25/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**ATU**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1901 N. Flores  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/25/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ileticia Hernandez**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**903 SW 39TH. St.  
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)  
**manager**

Employer (See instructions)  
**true Flavors**

**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:  
**27 of 27**

2 FILER NAME  
**Phyllis Viagran**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/25/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**jessica stein**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**214 Regent  
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)  
**sales**

9 Employer (See instructions)  
**Mars**

Date  
**5/25/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**johnny hernandez**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**411 e cevallos  
san antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**CHEF**

Employer (See instructions)  
**self**

Date  
**5/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**matthew vruggink**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**6727 Sunnyland lane  
Dallas, TX 75214**

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

Employer (See instructions)  
**Ojala Holdings**

Date  
**5/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Johnathan Rodriguez**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**903 Southwest 39th Street  
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)  
**Manager**

Employer (See instructions)  
**True flavors**

**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 5/12/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane Macon 7 Contributor address; City; State; Zip Code 230 W. Elsmere Place San Antonio, TX 78212	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Event Expense <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) Bracewell LLP
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 5/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosemary Kowalski Contributor address; City; State; Zip Code 1 Towers Park Ln #1512 San Antonio, TX 78209	Amount of Contribution \$ 500.00 In-kind contribution description Event Expense <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired
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

<b>1</b> Total pages Schedule F1: <b>1 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/26/2021</b>	<b>5</b> Payee name <b>Facebook</b>		
<b>6</b> Amount (\$) <b>201.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertising</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>4/27/2021</b>	Payee name <b>Prestige Printing</b>		
Amount (\$) <b>1258.95</b>	Payee address; City; State; Zip Code <b>8 Burwood Lane San Antonio, TX 78216</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertising</b>
	<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 <b>4/29/2021</b>	Payee name <b>Alamo Mailing Co.</b>		
Amount (\$) <b>2505.96</b>	Payee address; City; State; Zip Code <b>13114 Lookout Ru San Antonio, TX 78233</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertising</b>
	<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

<b>1</b> Total pages Schedule F1: <b>2 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagan</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/5/2021</b>	<b>5</b> Payee name <b>Google</b>		
<b>6</b> Amount (\$) <b>294.77</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Ampitheatre Pkwy Mountain View, CA 94043</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertising</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/11/2021</b>	Payee name <b>Herospace Digital</b>		
Amount (\$) <b>2716.50</b>	Payee address; City; State; Zip Code <b>1840 Mulberry Ave San Antonio, TX 78201</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Digital</b>
	<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 <b>5/14/2021</b>	Payee name <b>Henry Avila Jr</b>		
Amount (\$) <b>284.50</b>	Payee address; City; State; Zip Code <b>3126 Annarose Ln San Antonio, TX 78211</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		Description <b>Blockwalking</b>
	<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 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

<b>1</b> Total pages Schedule F1: <b>3 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/14/2021</b>	<b>5</b> Payee name <b>Henry Avila Jr</b>		
<b>6</b> Amount (\$) <b>1677.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>3126 Annarose Ln San Antonio, TX 78211</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		<b>(b)</b> Description <b>Blockwalk</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

  

Date <b>5/17/2021</b>	Payee name <b>Laura Barberena</b>		
Amount (\$) <b>2091.25</b>	Payee address; City; State; Zip Code <b>8314 Dawnwood Dr San Antonio, TX 78250</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting</b>
	<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 <b>5/17/2021</b>	Payee name <b>Culebra Meat Market</b>		
Amount (\$) <b>4.58</b>	Payee address; City; State; Zip Code <b>4601 S Flores San Antonio, TX 78214</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Food</b>
	<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

<b>1</b> Total pages Schedule F1: <b>4 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/17/2021</b>	<b>5</b> Payee name <b>Mailchimp</b>	
<b>6</b> Amount (\$) <b>6.04</b>	<b>7</b> Payee address; City; State; Zip Code <b>512 Means St. Atlanta, GA 30318</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Email</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>5/17/2021</b>	Payee name <b>Alamo Mailing Co.</b>		
Amount (\$) <b>2080.26</b>	Payee address; City; State; Zip Code <b>13114 Lookout Ru San Antonio, TX 78233</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Advertising</b>	
	<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 <b>5/18/2021</b>	Payee name <b>Herospace Digital</b>		
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>1840 Mulberry Ave San Antonio, TX 78201</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Consulting</b>	
	<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

<b>1</b> Total pages Schedule F1: <b>5 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/18/2021</b>	<b>5</b> Payee name <b>VIVA Politics</b>	
<b>6</b> Amount (\$) <b>497.12</b>	<b>7</b> Payee address; City; State; Zip Code <b>1850 Fredricksburg San Antonio, TX 78201</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Advertising</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>5/18/2021</b>	Payee name <b>Benjamin Guajardo</b>		
Amount (\$) <b>1000.00</b>	Payee address; City; State; Zip Code <b>3518 Pine Bluff Dr San Antonio, TX 78230</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Field Director</b>	
	<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 <b>5/18/2021</b>	Payee name <b>JVC Media, LLC</b>		
Amount (\$) <b>3481.11</b>	Payee address; City; State; Zip Code <b>9335 Lamerton San Antonio, TX 78250</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Advertising</b>	
	<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 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

<b>1</b> Total pages Schedule F1: <b>6 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/19/2021</b>	<b>5</b> Payee name <b>Rene Vasquez</b>		
<b>6</b> Amount (\$) <b>150.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>131 Tedder St San Antonio, TX 78211</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		<b>(b)</b> Description <b>Blockwalking</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/21/2021</b>	Payee name <b>Henry Avila Jr</b>		
Amount (\$) <b>1535.50</b>	Payee address; City; State; Zip Code <b>3126 Annarose Ln San Antonio, TX 78211</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		Description <b>Blockwalking</b>
	<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 <b>5/24/2021</b>	Payee name <b>Rene Vasquez</b>		
Amount (\$) <b>345.00</b>	Payee address; City; State; Zip Code <b>131 Tedder St San Antonio, TX 78211</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		Description <b>Blockwalking</b>
	<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 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

<b>1</b> Total pages Schedule F1: <b>7 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/24/2021</b>	<b>5</b> Payee name <b>Rosalinda Ramos</b>	
<b>6</b> Amount (\$) <b>210.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>8230 Meadow Sun St San Antonio, TX 78251</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <b>Blockwalking</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>5/24/2021</b>	Candidate / Officeholder name <b>Alamo Mailing Co.</b>	
Amount (\$) <b>2083.26</b>	Payee address; City; State; Zip Code <b>13114 Lookout Ru San Antonio, TX 78233</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Advertising</b>
	<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		
Date <b>5/24/2021</b>	Candidate / Officeholder name <b>Prestige Printing</b>	
Amount (\$) <b>1104.15</b>	Payee address; City; State; Zip Code <b>8 Burwood Lane San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Advertising</b>
	<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		

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# 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

<b>1</b> Total pages Schedule F1: <b>8 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/25/2021</b>	<b>5</b> Payee name <b>Frost Bank</b>		
<b>6</b> Amount (\$) <b>15.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 1600 San Antonio, TX 78296</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/25/2021</b>	Payee name <b>Justin Chalmers</b>		
Amount (\$) <b>110.00</b>	Payee address; City; State; Zip Code <b>403 Kayton Ave San Antonio, TX 78210</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		Description <b>Blockwalking</b>
	<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 <b>5/26/2021</b>	Payee name <b>Rosemary Merino</b>		
Amount (\$) <b>210.00</b>	Payee address; City; State; Zip Code <b>8230 Meadow Sun St San Antonio, TX 78251</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		Description <b>Blockwalking</b>
	<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			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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

<b>1</b> Total pages Schedule F1: <b>9 of 9</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/26/2021</b>	<b>5</b> Payee name <b>Anedot</b>		
<b>6</b> Amount (\$) <b>608.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>5555 Hilton Ave Baton Rouge, TX 70808</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> 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		
<b>PURPOSE OF EXPENDITURE</b>	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 (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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 (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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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# 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

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

<b>11</b> 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
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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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# 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 (\$)

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# 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

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

<b>11</b> 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
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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	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

<b>1</b> Total pages Schedule G: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/3/2021</b>	<b>5</b> Payee Name <b>Facebook</b>	
<b>6</b> Amount (\$) <b>162.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Advertising</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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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# 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

<b>1</b> Total pages Schedule H: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Phyllis Viagran</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;                      City;        State;        Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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.

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

2 FILER NAME

Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date  
5/12/2021

5 Name of person from whom amount is received  
Frost Bank

8 Amount (\$)  
0.10

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 ☐ Check if political contribution returned to filer  
Bank Interest

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

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

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# 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: <b>1 of 1</b>
2 FILER NAME <b>Phyllis Viagran</b>		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)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
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>		
Dates of travel	Name of person(s) traveling	
	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)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
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>		
Dates of travel	Name of person(s) traveling	
	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)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
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>		
Dates of travel	Name of person(s) traveling	
	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)	

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# 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