

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: 44	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Phyllis	MI	OFFICE USE ONLY	
	NICKNAME	LAST Viagran	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4219 S Flores San Antonio TX 78214			Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Olivia	MI		
	NICKNAME	LAST Ortiz	SUFFIX	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 144 Zapata San Antonio TX 78210				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 557-0752	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year Month Day Year 5/26/2021 THROUGH 6/30/2021				
11 ELECTION	ELECTION DATE Month Day Year 6/5/2021		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) City Council District 3		13 OFFICE SOUGHT (if known) Council District 3		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15980.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 28467.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13267.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Phyllis Viagran, this the 15th day of July, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Phyllis Viagran		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15980.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28137.58
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 330.00
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 12

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# _____)
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
5/8/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gabriel Farias

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

Contributor address; City; State; Zip Code
**122 Par Four
San Antonio, TX 78221**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

Date
5/26/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Matthew Vrugink

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

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 12

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
5/27/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Association of Realtors Political Action Committee

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 2248
Austin, TX 78768**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/27/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Richard Garcia

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4243 E Pedras Dr #130
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/27/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Authur Garcia

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4243 E Pedras Dr
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/27/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**711 Louisiana St #2300
Houston, TX 77002**

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: 3 of 12
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Chavez-Thompson 6 Contributor address; City; State; Zip Code 6226 Meadow Haven San Antonio, TX 78239	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 5/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. Joy McGhee Contributor address; City; State; Zip Code 2411 RAVINA ST San Antonio, TX 78222	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Corporate Trainer		Employer (See instructions) ACCD
Date 5/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Martinez Contributor address; City; State; Zip Code 4910 South Flores Street San Antonio, TX 78214	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self employed		Employer (See instructions) R&J Saloon
Date 5/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Rodriguez Contributor address; City; State; Zip Code 5830 Cliffmont Dr San Antonio, TX 78250	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) none		Employer (See instructions) none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 12

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
5/27/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Roland Gonzales

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**5103 Newcastle Ln.
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Cokinos | Young

Date
5/27/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dianne Garcia

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**7311 Belmont Place
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Bexar

Date
5/27/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Walter Martinez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**3014 Whisper Fern Street
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
SACDC

Date
5/27/2021

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Architect

Employer (See instructions)
Munoz and Company

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 12

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
5/27/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Yulanee McKnight

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**4302 Valleyfield Drive
San Antonio, TX 78222**

8 Principal occupation / Job title (See instructions)
Summer Registrar

9 Employer (See instructions)
San Antonio Academy

Date
5/28/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Randy Weisburd

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**733 Lakeview Dr
Miami Beach, FL 33140**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/28/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kenneth Cohen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1556 Windjammer Way
Hollywood, FL 33019**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/28/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mary Gonzalez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**11703 Bridge Hampton
San Antonio, TX 78251**

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: 6 of 12
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard D Cohen Revocable Trust	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1025 Kane Concourse #215 Bay Harbor Islands, FL 33154		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 5/28/2021	Full name of contributor <input type="checkbox"/> 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) Owner		Employer (See instructions) Rockin G Grill / On Par Golf
Date 5/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roland San Miguel	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 12803 Terrace Hollow San Antonio, TX 78259		
Principal occupation / Job title (See instructions) Realtor		Employer (See instructions) San Miguel Realty Group
Date 5/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Luisa Alvarado	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 135 Koehler Ct San Antonio, TX 78223		
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 12

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
5/28/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel Kellum

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**330 E Summit Ave
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
6/1/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charisse Adams

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**614 Many Oaks St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/1/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gordon Hartman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1202 E Bitters
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/1/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 781609
San Antonio, TX 78278**

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: 8 of 12
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harry Adams 6 Contributor address; City; State; Zip Code 614 Many Oaks St San Antonio, TX 78232	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crystal A Viagran Contributor address; City; State; Zip Code 603 ALLEN ST Austin, TX 78702	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Director		Employer (See instructions) Hogg Foundation for Mental Health
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monica Morales Contributor address; City; State; Zip Code 11318 Newkirk Helotes, TX 78023	Amount of contribution (\$) 30.00
Principal occupation / Job title (See instructions) Sr. Claims examiner		Employer (See instructions) Wellmed
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zachary Harris Contributor address; City; State; Zip Code 918 Hays Street San Antonio, TX 78202	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Self Employed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 12

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Emma Guerrero

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3915 Skylark Ave
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
6/1/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jack Walker

Amount of contribution (\$)
200.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/1/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Baltazar Serna Jr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**20403 Terrabianca
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
6/1/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deborah Jean Serna

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**20403 Terrabianca
San Antonio, TX 78258**

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: 10 of 12
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Rose Brown 6 Contributor address; City; State; Zip Code 48 Vineyard San Antonio, TX 78257	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 6/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cristina Bazaldua Contributor address; City; State; Zip Code 2239 W Mistletoe Ave SAN ANTONIO, TX 78201	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Director		Employer (See instructions) WSA
Date 6/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Valdez Contributor address; City; State; Zip Code 5601 Monterey Road Los Angeles, CA 90042	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Principal Planner		Employer (See instructions) City of Los Angeles
Date 6/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Viagran Contributor address; City; State; Zip Code 4219 S Flores St San Antonio, TX 78214	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Elected official		Employer (See instructions) City of San Antonio
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 12
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ina Minjarez 6 Contributor address; City; State; Zip Code 9406 Hazelton Lane San Antonio, TX 78251	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Self-Employed
Date 6/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frates Seeligson Contributor address; City; State; Zip Code 311 West Hollywood Avenue San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Executive Director		Employer (See instructions) San Antonio River Foundation
Date 6/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter J Holt Contributor address; City; State; Zip Code 206 Crescent St. San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) HOLT
Date 6/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. Joy McGhee Contributor address; City; State; Zip Code 2411 RAVINA ST San Antonio, TX 78222	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Corporate Trainer		Employer (See instructions) Alamo Colleges (HPOG)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 12

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
6/24/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
AFSCME People PAC

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

6 Contributor address; City; State; Zip Code
**1625 L Street NW
Washington, DC 20003**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
6/26/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jerome Fallic

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

Contributor address; City; State; Zip Code
**8100 Hollywood Blvd #7
Hollywood, DE 33024**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/26/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martin and Drought PC

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

Contributor address; City; State; Zip Code
**112 E Pecan St #1616
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
6/26/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leon Falic

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

Contributor address; City; State; Zip Code
**8100 Hollywood Blvd #7
Hollywood, FL 33024**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 17		2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)																																																																	
4 Date 5/27/2021		5 Payee name Herospace Digital																																																																			
6 Amount (\$) 400.00		7 Payee address; City; State; Zip Code 1840 Mulberry Ave San Antonio, TX 78201																																																																			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Digital																																																																		
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense																																																																				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH																																																																					
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																																																													
Candidate / Officeholder name	Office sought	Office held																																																																			
<table border="1" style="width:100%"> <tr> <td style="width:20%">Date 5/28/2021</td> <td colspan="5">Payee name Alamo Mailing Co.</td> </tr> <tr> <td>Amount (\$) 1675.78</td> <td colspan="5">Payee address; City; State; Zip Code 13114 Lookout Ru San Antonio, TX 78233</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Advertising Expense</td> <td colspan="3">Description Advertising</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH </td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%"> <tr> <td style="width:20%">Date 5/28/2021</td> <td colspan="5">Payee name Henry Avila</td> </tr> <tr> <td>Amount (\$) 1595.00</td> <td colspan="5">Payee address; City; State; Zip Code 3126 Annarose Ln San Antonio, TX 78211</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor</td> <td colspan="3">Description Blockwalking</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH </td> </tr> </table> </td> </tr> </table>						Date 5/28/2021	Payee name Alamo Mailing Co.					Amount (\$) 1675.78	Payee address; City; State; Zip Code 13114 Lookout Ru San Antonio, TX 78233					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertising			<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						<table border="1" style="width:100%"> <tr> <td style="width:20%">Date 5/28/2021</td> <td colspan="5">Payee name Henry Avila</td> </tr> <tr> <td>Amount (\$) 1595.00</td> <td colspan="5">Payee address; City; State; Zip Code 3126 Annarose Ln San Antonio, TX 78211</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor</td> <td colspan="3">Description Blockwalking</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH </td> </tr> </table>						Date 5/28/2021	Payee name Henry Avila					Amount (\$) 1595.00	Payee address; City; State; Zip Code 3126 Annarose Ln San Antonio, TX 78211					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking			<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 5/28/2021	Payee name Alamo Mailing Co.																																																																				
Amount (\$) 1675.78	Payee address; City; State; Zip Code 13114 Lookout Ru San Antonio, TX 78233																																																																				
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Date 5/28/2021	Payee name Henry Avila																																																																				
Amount (\$) 1595.00	Payee address; City; State; Zip Code 3126 Annarose Ln San Antonio, TX 78211																																																																				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking																																																																		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense																																																																				
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2021	5 Payee name Irma Espinosa		
6 Amount (\$) 420.00	7 Payee address; City; State; Zip Code 1143 Flanders Ave San Antonio, TX 78211		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/28/2021	Payee name Valeria Briseno Espinoza		
Amount (\$) 165.00	Payee address; City; State; Zip Code 3323 Crows Lodge San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/30/2021	Payee name VIVA Politics		
Amount (\$) 4500.00	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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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

1 Total pages Schedule F1: 3 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2021	5 Payee name Laura Barberena		
6 Amount (\$) 457.50	7 Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78201		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 5/30/2021	Payee name Laura Barberena		
Amount (\$) 705.00	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 6/1/2021	Payee name Benjamin Guajardo		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 3518 Pine Bluff Dr San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Field Director
	<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

1 Total pages Schedule F1: 4 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Payee name Rene Vasquez		
6 Amount (\$) 480.00	7 Payee address; City; State; Zip Code 131 Tedder St San Antonio, TX 78211		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 6/1/2021	Payee name Prestige Printing LLC		
Amount (\$) 1007.81	Payee address; City; State; Zip Code 8 Burwood San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 6/1/2021	Payee name Prestige Printing LLC		
Amount (\$) 1104.15	Payee address; City; State; Zip Code 8 Burwood San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 17	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Payee name Rosalinda Ramos	
6 Amount (\$) 285.00	7 Payee address; City; State; Zip Code 8230 Meadow Sun St San Antonio, TX 78251	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 6/1/2021	Payee name Rosemary Merino		
Amount (\$) 285.00	Payee address; City; State; Zip Code 8230 Meadow Sun St San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 6/3/2021	Payee name TOSA Blanks and More		
Amount (\$) 110.00	Payee address; City; State; Zip Code 5423 Jackwood Dr San Antonio, TX 78238		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Advertising	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/2021	5 Payee name Dollar Tree		
6 Amount (\$) 19.49	7 Payee address; City; State; Zip Code 2313 SW Military Dr San Antonio, TX 78224		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Event Decorations
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 6/4/2021	Payee name Office Depot		
Amount (\$) 21.96	Payee address; City; State; Zip Code 2321 SW Military Dr San Antonio, TX 78224		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Event Expense
	<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 6/4/2021	Payee name Walmart		
Amount (\$) 4.97	Payee address; City; State; Zip Code 3302 SE Military Dr San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Event Decorations
	<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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/4/2021	5 Payee name Joann		
6 Amount (\$) 8.10	7 Payee address; City; State; Zip Code 3142 SE Millitary Dr San Antonio, TX 78235		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Event Decorations
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/4/2021	Payee name Dollar Tree		
Amount (\$) 5.41	Payee address; City; State; Zip Code 3127 SE Millitary Dr San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Event Decorations
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/4/2021	Payee name Alamo Mailing Co.		
Amount (\$) 1561.51	Payee address; City; State; Zip Code 13114 Lookout Ru San Antonio, TX 78233		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertising
	<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

1 Total pages Schedule F1: 8 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/4/2021	5 Payee name Henry Avila		
6 Amount (\$) 680.00	7 Payee address; City; State; Zip Code 3126 Annarose Ln San Antonio, TX 78211		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/5/2021	Payee name Irma Espinsoa		
Amount (\$) 150.00	Payee address; City; State; Zip Code 1143 Flanders Ave San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/5/2021	Payee name Irma Espinsoa		
Amount (\$) 630.00	Payee address; City; State; Zip Code 1143 Flanders Ave San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2021	5 Payee name Valeria Briseno Espinoza		
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 3323 Crows Lodge San Antonio, TX 78245		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 6/5/2021	Candidate / Officeholder name Rene Vasquez		
Amount (\$) 630.00	Payee address; City; State; Zip Code 131 Tedder St San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<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 6/5/2021	Candidate / Officeholder name Prestige Printing		
Amount (\$) 1084.67	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Advertising
	<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

1 Total pages Schedule F1: 10 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2021	5 Payee name Caleb Ackerson		
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 6321 Robinsnest San Antonio, TX 78249		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/5/2021	Payee name Juan Contreras		
Amount (\$) 292.50	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/5/2021	Payee name Nancy Garza		
Amount (\$) 330.00	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<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

1 Total pages Schedule F1: 11 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2021	5 Payee name Jerome Boyd		
6 Amount (\$) 292.50	7 Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/5/2021	Payee name Brendan Tackett		
Amount (\$) 60.00	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/5/2021	Payee name Lycian Castello		
Amount (\$) 150.00	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<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

1 Total pages Schedule F1: 12 of 17	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2021	5 Payee name Daniel Oranday	
6 Amount (\$) 127.50	7 Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6/5/2021	Payee name Alexandre Dixon	
Amount (\$) 135.00	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	<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 6/7/2021	Payee name Shaniqueae Williams	
Amount (\$) 352.50	Payee address; City; State; Zip Code 11631 Kintbury San Antonio, TX 78253	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	<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

1 Total pages Schedule F1: 13 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/7/2021	5 Payee name Google		
6 Amount (\$) 62.84	7 Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94043		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/7/2021	Payee name Tandem		
Amount (\$) 133.84	Payee address; City; State; Zip Code 310 Riverside San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Drinks
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/8/2021	Payee name Henry Avila		
Amount (\$) 525.00	Payee address; City; State; Zip Code 3126 Annarose Ln San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<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

1 Total pages Schedule F1: 14 of 17	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Payee name Edward Quevas	
6 Amount (\$) 180.00	7 Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6/8/2021	Candidate / Officeholder name Eslion Rodriguez	
Amount (\$) 37.50	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Blockwalking
	<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 6/8/2021	Candidate / Officeholder name Laura Barberena	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1850 Dawnwood Dr San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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

1 Total pages Schedule F1: 15 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Payee name Xavier Spencer		
6 Amount (\$) 240.00	7 Payee address; City; State; Zip Code 2318 Boxer Palm San Antonio, TX 78213		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Blockwalking
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/8/2021	Payee name Laura Barberena		
Amount (\$) 3000.00	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/9/2021	Payee name Harland Clarke		
Amount (\$) 74.73	Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, TX 78256		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check Printing
	<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

1 Total pages Schedule F1: 16 of 17	2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Date 6/11/2021	5 Payee name City Tower Parking		
6 Amount (\$) 7.00	7 Payee address; City; State; Zip Code 60 N Flores St San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Event Expense
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/13/2021	Payee name Henry Avila		
Amount (\$) 500.00	Payee address; City; State; Zip Code 3126 Annarose Ln San Antonio, TX 78211		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Signs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/14/2021	Payee name Emmanuel Jaimes		
Amount (\$) 60.00	Payee address; City; State; Zip Code 1850 Fredricksburg San Antonio, TX 78252		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalking
	<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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 17 of 17	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 6/17/2021	5 Payee name Mailchimp	
6 Amount (\$) 181.22	7 Payee address; City; State; Zip Code 512 Means St. Atlanta, GA 30318	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Email
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6/23/2021	Payee name Anedot	
Amount (\$) 174.10	Payee address; City; State; Zip Code 5555 Hilton Ave Baton Rouge, TX 70808	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6/26/2021	Payee name Benjamin Guajardo	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 3518 Pine Bluff Dr San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Feild
	<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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0				
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
10 PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See categories listed at the top of this schedule)	(b) Description	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
(a) Category (See categories listed at the top of this schedule)	(b) Description					
(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 50%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		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	
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						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
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 (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

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

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

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

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

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

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

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

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

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

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME Phyllis Viagran	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2021	5 Payee Name Tim Huizar Tumbleweed Lawn Services	
6 Amount (\$) 330.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4219 S Flores St San Antonio, TX 78214	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Lawn Service
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Phyllis Viagran

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 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

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: 1 of 1
2 FILER NAME Phyllis Viagran		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder