

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: 34 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Rebecca | MI J | OFFICE USE ONLY | |
| | NICKNAME | LAST Viagran | SUFFIX | | |
| | Date Received | | | | |
| 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 Hand-delivered or Date Postmarked | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE () | PHONE NUMBER - | EXTENSION | Receipt # | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Pat | MI | Amount \$ | |
| | NICKNAME | LAST Jasso | SUFFIX | Date Processed | |
| | Date Imaged | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 326 Anton Drive San Antonio TX 78223 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE () | PHONE NUMBER - | EXTENSION | | |
| 9 REPORT TYPE | 30th Day Before General Election | | | | |
| 10 PERIOD COVERED | Month Day Year 1/1/2019 | | THROUGH | Month Day Year 3/25/2019 | |
| 11 ELECTION | ELECTION DATE Month Day Year 5/4/2019 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) 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 Rebecca J Viagran | 15 Filer ID (Ethics Commission Filers) |
|---|---|

| | | |
|--|---|--------------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

| | | |
|-------------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 9135.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5453.72 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 41971.93 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 AFFIDAVIT

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

***** Electronically Certified *****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca J Viagran, this the 4th day of April, 2019, 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 Rebecca J 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 | | \$ 9135.00 |
| 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 | | \$ 5453.72 |
| 6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0 |
| 7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 0 |
| 10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0 |
| 11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 10

2 FILER NAME
Rebecca J Viagan

3 Filer ID (Ethics Commission Filers)

4 Date
1/29/2019

5 Full name of contributor out-of-state PAC (ID# _____)
Martha Martinez-Flores

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**204 Clay St
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)
Director

9 Employer (See instructions)
Leadership SAISD

Date
1/30/2019

Full name of contributor out-of-state PAC (ID# _____)
George Block

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**127 Burr Rd. #4
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)

Date
2/7/2019

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

Amount of contribution (\$)
50.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/7/2019

Full name of contributor out-of-state PAC (ID# _____)
Tara Snowden

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**775 Flightline
Spring Branch, TX 78070**

Principal occupation / Job title (See instructions)
Director

Employer (See instructions)
Zachry Construction

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 10 |
| 2 FILER NAME Rebecca J Viagran | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/8/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynaldo Gustamente | 7 Amount of contribution (\$) 25.00 |
| 6 Contributor address; City; State; Zip Code 146 ANTLER CIR SAN ANTONIO, TX 78232 | | |
| 8 Principal occupation / Job title (See instructions) | | 9 Employer (See instructions) |
| Date 2/9/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lani Esparza | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 70 I Street Se #1024 Washington, DC 20003 | | |
| Principal occupation / Job title (See instructions) Executive Admin | | Employer (See instructions) General Aviation Manufacturers Association |
| Date 2/21/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Magallanez | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 4121 S Flores San Antonio, TX 78214 | | |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date 2/22/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Zachry | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code PO Box 33240 San Antonio, TX 78265 | | |
| Principal occupation / Job title (See instructions) President | | Employer (See instructions) Zachry Construction |

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 10

2 FILER NAME
Rebecca J Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
2/22/2019

5 Full name of contributor out-of-state PAC (ID# _____)
Joanne Wells

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**9515 Farm To Market Rd #1863
San Antonio, TX 78266**

8 Principal occupation / Job title (See instructions)
Executive

9 Employer (See instructions)
Dailey and Wells Communications

Date
2/22/2019

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**600 East Market St #3302
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Dailey and Wells Communications

Date
2/25/2019

Full name of contributor out-of-state PAC (ID# _____)
George Block

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**127 Burr Rd Unit 4
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)

Date
2/25/2019

Full name of contributor out-of-state PAC (ID# _____)
Davidson Trolio Ream and Garza Committee for Civic Awareness

Amount of contribution (\$)
250.00

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

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: 4 of 10 |
| 2 FILER NAME Rebecca J Viagran | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/26/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tamara Tapman 6 Contributor address; City; State; Zip Code 3401 Ridge Country St San Antonio, TX 78247 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See instructions) VP | | 9 Employer (See instructions) SWBC Mortgage |
| Date 3/1/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bracewell PAC Contributor address; City; State; Zip Code 711 Louisiana St #2300 Houston, TX 77002 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date 3/2/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renee Joy Mcghee Contributor address; City; State; Zip Code 2411 Ravina San Antonio, TX 78222 | Amount of contribution (\$) 25.00 |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date 3/3/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Martinez-Flores Contributor address; City; State; Zip Code 204 Clay St San Antonio, TX 78204 | Amount of contribution (\$) 150.00 |
| Principal occupation / Job title (See instructions) Director | | Employer (See instructions) Leadership SAISD |



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 10

2 FILER NAME
Rebecca J Viagran

3 Filer ID (Ethics Commission Filers)

4 Date
3/3/2019

5 Full name of contributor out-of-state PAC (ID# _____)
Maria Luisa Casso

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**119 Paddington Way
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Manager

9 Employer (See instructions)
Toyota Motor Manufacturing

Date
3/3/2019

Full name of contributor out-of-state PAC (ID# _____)
Lisa Anderson

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**711 Executive Dr
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/3/2019

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)

Date
3/3/2019

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Vice President

Employer (See instructions)
Frost Bank

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 10 |
| 2 FILER NAME Rebecca J Viagran | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/3/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anna Weissman | 7 Amount of contribution (\$) 150.00 |
| 6 Contributor address; City; State; Zip Code 627 W Mistletoe Ave San Antonio, TX 78212 | | |
| 8 Principal occupation / Job title (See instructions) | | 9 Employer (See instructions) |
| Date 3/3/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phyllis Viagran | Amount of contribution (\$) 275.00 |
| Contributor address; City; State; Zip Code 4219 S Flores San Antonio, TX 78212 | | |
| Principal occupation / Job title (See instructions) Membership Sales Coordinator | | Employer (See instructions) Visit San Antonio |
| Date 3/3/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michele Moreno | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 300 Morsund San Antonio, TX 78221 | | |
| Principal occupation / Job title (See instructions) Consultant | | Employer (See instructions) Self Employed |
| Date 3/3/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alicia Lopez | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code PO Box 23751 San Antonio, TX 78223 | | |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 7 of 10 |
| 2 FILER NAME Rebecca J Viagran | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/3/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teresa Nino | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 529 Elsmere Pl San Antonio, TX 78212 | | |
| 8 Principal occupation / Job title (See instructions) Director of Communication | | 9 Employer (See instructions) University Health System |
| Date 3/3/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilda Myal | Amount of contribution (\$) 200.00 |
| Contributor address; City; State; Zip Code 541 Hot Wells Blvd San Antonio, TX 78223 | | |
| Principal occupation / Job title (See instructions) Teacher | | Employer (See instructions) |
| Date 3/4/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beverly Davis | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 230 Balboa Dr Universal City, TX 78148 | | |
| Principal occupation / Job title (See instructions) Chief, Program Support and Resource Development | | Employer (See instructions) Westcare |
| Date 3/6/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alicia Reyes-Barrientez | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 8319 Puente San Antonio, TX 78223 | | |
| 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 10 |
| 2 FILER NAME Rebecca J Viagran | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/14/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Wurgler | 7 Amount of contribution (\$) 10.00 |
| 6 Contributor address; City; State; Zip Code 6827 Atlas St San Antonio, TX 78223 | | |
| 8 Principal occupation / Job title (See instructions) | | 9 Employer (See instructions) |
| Date 3/18/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Davila | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 215 N Center St #1808 San Antonio, TX 78202 | | |
| Principal occupation / Job title (See instructions) could not find | | Employer (See instructions) |
| Date 3/19/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Kennedy | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 225 Greenfield Pkwy #202 Liverpool, NY 13068 | | |
| Principal occupation / Job title (See instructions) Owner | | Employer (See instructions) Edgewater |
| Date 3/21/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Patrella | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 312 Pearl Pkwy Bldg 5 #5402 San Antonio, TX 78215 | | |
| Principal occupation / Job title (See instructions) President | | Employer (See instructions) Hotel Emma |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 9 of 10 |
| 2 FILER NAME Rebecca J Viagran | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/21/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zachary Harris | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; City; State; Zip Code 1221 Broadway St #209 San Antonio, TX 78215 | | |
| 8 Principal occupation / Job title (See instructions) project developer | | 9 Employer (See instructions) One80 Solar |
| Date 3/21/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Block | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 127 Burr Rd #4 San Antonio, TX 78209 | | |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Date 3/22/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Josh and Annie Cude | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 1160 Rodalyn Dr Boerne, TX 78006 | | |
| Principal occupation / Job title (See instructions) Owner | | Employer (See instructions) Cude Engineers |
| Date 3/25/2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey and Rebecca ONeil | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 854 Fawnway San Antonio, TX 78260 | | |
| Principal occupation / Job title (See instructions) President | | Employer (See instructions) Glacier Homes |



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 10

2 FILER NAME
Rebecca J Viagran 3 Filer ID (Ethics Commission Filers)

| | | |
|----------------------------|--|--|
| 4 Date 3/25/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IBC State PAC | 7 Amount of contribution (\$) 500.00 |
| | 6 Contributor address; City; State; Zip Code 130 E Travis San Antonio, TX 78205 | |

| | |
|---|-------------------------------|
| 8 Principal occupation / Job title (See instructions) | 9 Employer (See instructions) |
|---|-------------------------------|

| | | |
|------|--|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
|------|--|-----------------------------|

| | |
|---|-----------------------------|
| Principal occupation / Job title (See instructions) | Employer (See instructions) |
|---|-----------------------------|

| | | |
|------|--|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
|------|--|-----------------------------|

| | |
|---|-----------------------------|
| Principal occupation / Job title (See instructions) | Employer (See instructions) |
|---|-----------------------------|

| | | |
|------|--|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
|------|--|-----------------------------|

| | |
|---|-----------------------------|
| 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 Rebecca J 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

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: 1 of 1 |
| 2 FILER NAME Rebecca J 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 Rebecca J Viagran | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none | | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions) |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation (See instructions) | | 21 Employer (See instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | Loan Amount (\$) |
| Is lender a financial institution? | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See instructions) | | Employer (See instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal occupation (See instructions) | | Employer (See instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 9 | 2 FILER NAME Rebecca J Viagan | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/3/2019 | 5 Payee name Stripe, Inc | |
| 6 Amount (\$) 60.20 | 7 Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | (b) Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date 1/3/2019 | Payee name Merchant Services | |
| Amount (\$) 39.90 | Payee address; City; State; Zip Code 890 Mountain Ave New Providene, NJ 79749 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 1/30/2019 | Payee name St Leos Hall | |
| Amount (\$) 200.00 | Payee address; City; State; Zip Code 4415 S Flores San Antonio, TX 78214 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description event space |
| | | <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 Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 2 of 9 | 2 FILER NAME Rebecca J Viagan | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/31/2019 | 5 Payee name Stripe, Inc | |
| 6 Amount (\$) 21.25 | 7 Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | (b) Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 2/1/2019 | Payee name Stripe, Inc | |
| Amount (\$) 0.89 | Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date 2/4/2019 | Payee name Merchant Services | |
| Amount (\$) 39.90 | Payee address; City; State; Zip Code 890 Mountain Ave New Providence, NJ 79749 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 3 of 9 | 2 FILER NAME Rebecca J Viagan | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/6/2019 | 5 Payee name Becky Viagan | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 4211 S Flores San Antonio, TX 78214 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | (b) Description supplies for event |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date 2/6/2019 | Payee name St Leos Hall | |
| Amount (\$) 640.00 | Payee address; City; State; Zip Code 4415 S Flores San Antonio, TX 78214 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description event space |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date 2/7/2019 | Payee name Nick Villegas | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 734 W Harding San Antonio, TX 78221 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description voter contact |
| | | <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 Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 4 of 9 | 2 FILER NAME Rebecca J Viagran | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/9/2019 | 5 Payee name Nick Villegas | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 734 W Harding San Antonio, TX 78221 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | (b) Description voter contact |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 2/9/2019 | Payee name Anthony Silva | |
| Amount (\$) 75.00 | Payee address; City; State; Zip Code 0 could not find San Antonio, TX 78214 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description DJ at event |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 2/12/2019 | Payee name Stripe, Inc | |
| Amount (\$) 3.25 | Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

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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 Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 5 of 9 | 2 FILER NAME Rebecca J Viagan | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/13/2019 | 5 Payee name Stripe, Inc | |
| 6 Amount (\$) 20.38 | 7 Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | (b) Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|---|
| Date 2/14/2019 | Payee name City of San Antonio | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 100 Military Plaza San Antonio, TX 78205 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description filing fee |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|--|---|
| Date 2/17/2019 | Payee name Harbor Freight | |
| Amount (\$) 20.30 | Payee address; City; State; Zip Code 181 SW Military San Antonio, TX 78221 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description supplies |
| | | <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 Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 6 of 9 | 2 FILER NAME Rebecca J Viagran | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/26/2019 | 5 Payee name Stripe, Inc | |
| 6 Amount (\$) 6.20 | 7 Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | (b) Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 2/27/2019 | Payee name Stripe, Inc | |
| Amount (\$) 6.20 | Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 2/28/2019 | Payee name Stripe, Inc | |
| Amount (\$) 59.60 | Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

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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 Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 7 of 9 | 2 FILER NAME Rebecca J Viagan | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/1/2019 | 5 Payee name Harold Orosco | |
| 6 Amount (\$) 418.93 | 7 Payee address; City; State; Zip Code 8015 W 2nd St Somerset, TX 78069 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | |
| | (b) Description t-shirts <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|--|-------------|
| Date 3/6/2019 | Payee name Albert Gonzales | |
| Amount (\$) 1785.04 | Payee address; City; State; Zip Code 1913 S Flores San Antonio, TX 78204 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | |
| | Description fiesta medals <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|-------------|
| Date 3/6/2019 | Payee name Stripe, Inc | |
| Amount (\$) 15.05 | Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | |
| | Description online processing fees <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 8 of 9 | 2 FILER NAME Rebecca J Viagran | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/8/2019 | 5 Payee name Stripe, Inc | |
| 6 Amount (\$) 11.23 | 7 Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | (b) Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date 3/8/2019 | Payee name USPS | |
| Amount (\$) 118.00 | Payee address; City; State; Zip Code 6302 S Flores San Antonio, TX 78214 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description post office box |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 3/18/2019 | Payee name Stripe, Inc | |
| Amount (\$) 6.20 | Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 9 of 9 | 2 FILER NAME Rebecca J Viagan | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/19/2019 | 5 Payee name San Antonio Womens Hall of Fame | |
| 6 Amount (\$) 1500.00 | 7 Payee address; City; State; Zip Code PO Box 461104 San Antonio, TX 78246 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Other: | (b) Description donation |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|---|
| Date 3/25/2019 | Payee name Stripe, Inc | |
| Amount (\$) 6.20 | Payee address; City; State; Zip Code 185 Berry St San Francisco, TX 94107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Other: | Description online processing fees |
| | | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

| | | |
|--|---|--|
| 1 Total pages Schedule F2: 1 of 1 | 2 FILER NAME Rebecca J 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 | (a) Category (See categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|---|---|

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

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

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

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

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

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

| |
|---|
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |
|---|

**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
Rebecca J 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 | 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 Candidate/Officeholder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | 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 Rebecca J Viagran | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

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

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

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

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

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

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

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

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

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

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

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

| |
|--|
| |
|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME
Rebecca J 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: 1 of 1 |
| 2 FILER NAME Rebecca J Viagran | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| 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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| 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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| 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) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

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

C/OH NAME
Rebecca J Viagran

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder