CHARLES E. VIEH

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:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	MI	OFFICE USE ONLY
INAME.	NICKNAME LAST VIPH	SUFFIX Mr.	Date Received RON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 18477 Landrum PKRD Sand	NITY STATE. ZID CODE	JAN 1 4 2020
Change of Address			BY: manufacture and the second
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 367-8302	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Ms. Priscilla	MI	Receipt # Amount \$
NAME .	NICKNAME LAST	SUFFIX	Date Processed
	Casas		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT/SUI 26208 Altas Palmas Rd.	Harlingen TX	ZIP CODE 78552
(Residence or Business)		, , , , , , , , , , , , , , , , , , ,	·
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 493-0055	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec	ction Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	ion Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	7 /22/2019	THROUGH 12	31 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Pripary 11 / 03 / 2020 General	Runoff Other Description	
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Justice of	the Peace.
		1Pct 5 Place,	1 Cameron Caty
	GO TO PA	AGE 2	

4'.15

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	les Cho	ck" Vieh	5 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 OF 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	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		•	
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 2,026
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,026°°° \$ 2,126°°°
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ - 0 -
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3566
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 559		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 3566° DAY \$ 559°9 HE \$ 2,000°2°
18 AFFIDAVIT			
Notary C Comr	LIA MARIE ARAIZA y Public, State of Tex n. Expires 10-29-20: tary ID 130008481	true and correct and includes all information under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAME	-/SEALABOVE	A1	* . 1 M.
Sworn to and subscr	. 20	y the said <u>Charles Vich</u> o certify which, witness my hand and seal of office.	, this the
Atara		Dalia Araiza	Notary Rublic
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER	harles "Chuck" Vieh	20 Filer ID (Ethics Co	mmission Filers)
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$2,12600
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 2,000°
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2,000 \$ 3,566°
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$

		SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Charles "Chuck" Vieh	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; Otty; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions) .
Date	Full name of contributor	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	 uctions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) Employer (See Instru	actions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contributor Ulhorn Tudor \$100 to \$100 to \$201 S.77 Sunshine Striptalized Y 78550 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self employed 7 Amount of contribution (\$) \$ 100,00 \$ 900.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Event - Sell of tickets' Contributor address; City; State 7in Codo Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Vent - Sell of tickets Contributor address; City; State; Zip Code \$ 851.00 10-19-9 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.

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Qut Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME That les "Chick" V	3 Filer ID (Ethics Co	mmission Filers)
4 Date 7-22-19 6 Amount (\$)	5 Payee name RGV Credit Union 7 Payee address; 1221 Margan Blud-		Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Bank Fees	Bank Fees Check if Austin, TX, officeholder living exp	nense
	(c) Check if travel outside of Texas. Complete Schedule T.		fice held
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office adulght	
Date	Payee name PGV Credit	Union)	
7-24-19	Charles Chuck	VIEVI	Zip Code
Amount (\$)	Payee address;	City; State;	i .
\$112.00	RGV Gredit U	mby 1221 Morgan	Blyd, Har
	Category (See Categories listed at the top of this schedule)	Description	7
PURPOSE OF EXPENDITURE	Fox Printing.	T-shirts.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought O	ffice held
Date 7-31-19	Payee name RGV Credit	- thion Viel	
Amount (\$)	Payee address; 1221 Morgan Blut, Han	lingen, TY 78550	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Bank Fees	Bank Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED	

LOANS				SCHEDULE E
The	e instruction Guide explain	s how to con	nplete this form.	1 Total pages Schedule E:
2 FILER NAME	des "Chuck"	Vieh		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	INITEMIZED LOANS	t		\$
5 Date of loan 2-22-19 6 Is lender a financial Institution?	7 Name of lender	out-of-state	State; Zip Code	9 Loan Amount (\$) # 2 000 10 Interest rate
YN	PKRD.	San De	emto 1x 18300	11 Maturity date
12 Principal occupati		s) mie/lata	15	able Buildings
none			Check if personal fundaccount (See Instruct	nds were deposited into political ctions)
6 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	•
0 Principal Occupat	tion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State; Zip Code	Interest rate
Y N		,	!	Maturity date
Principal occupatio	I on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		Check if personal fund account (See Instructi	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupatio	on (See Instructions)		Employer (See Instructions)	
lf lei			PIES OF THIS SCHEDULE AS NEE estruction guide for additional rep	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made 8 Candidate/Officeholder/Politica		Froming Expense I Tavel in District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME // Chu	CD // Viel 3 Filer ID (Ethics Commission Filers)		
4 Date 8-31-2019	5 Payee name RGV Credit	- Umon		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$4,00	1221 Morgan	Blvd. Harlingen TX 78550		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE		Dic		
OF EXPENDITURE	Sank tees	Bank fees		
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
9-20-19	Bernal Diaz			
Amount (\$)	Payee address;	City; State; Zip Code		
\$ 1065,00				
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Printing			
	Check if travel outside of Texas. Complete Sci	nedule T. 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			
9-30-209	REV Credit	Union		
Amount (\$)	Payee address;	City; State; Zip Code		
\$4.00	1221 More	gan Blud. Harlingen, TX 78582		
	Category (See Categories listed at the top of this sc	hedule) Description		
PURPOSE OF EXPENDITURE	Baul Fees	Bank Fees		
	Check if travel outside of Texas. Complete Scr	nedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office C Food/Beverage Expense Polling Y Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The instruction Guide explains how to	o complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Charles ACT	Luck Vich 3 Filer ID (Ethics Commission Filers)		
4 Date 19	Home Depot # 652	2		
6 Åmount (\$)	7 Payee address;	City; State; Zip Code		
# 28.52		Harlingen TX 78550		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising sup	ppies		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10-23-19	HEB # 231			
Amount (\$)	Payee address;	City; State; Zip Code		
199.75		Weslaco TX 7855		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundral's ing Event Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	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			
10-23-19	1+2B. # 231			
Amount (\$)	Payee address;	City; State; Zip Code		
#12.60		Weslaco TX		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Event Expense	Went Expende		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Ove Food/Beverage Expense Polling Ex Y GitVAwards/Memorials Expense Printing Ex			
Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Charles "Chuck	3 Filer ID (Ethics Commission Filers)		
4 Date 10-24-19		.69		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
#303.38	-	Harlingen TX 78550		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought Office held		
Date	Payee name			
10-23-19	Bernardo Diaz	check# 100Z		
Amount (\$)	Payee address;	City; State; Zip Code		
में 784. 81		Edinburg TX 78539		
	Category (See Categories listed at the top of this schedule)	Description J		
PURPOSE OF EXPENDITURE	Printing Advertisi	e's		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10-25-19	HEB # 291			
Amount (\$)	Payee address;	City; State; Zip Code		
#26.85.		Harlingen TX 78550		
`.	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Ey pense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		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)
Ствои Саго науппали	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Charles 11 Ch	wel." Vieh	3 Filer ID (Ethics Commission Filers)
4 Date 10-31-19	5 Payee name R.GV. Credit	t Union	And a second sec
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$4.00	1221 Mor.	gan Blvd. Har	divgen TX 78550
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	J
PURPOSE OF EXPENDITURE	Bank Fee	<u>a</u> ·	
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin,	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11-30-19	RGV Cred	dit Union	
Amount (\$)	Payee address;	City;	State; Zip Code
44.00	1221 Morgan	Blud. Harlin	ngen TX 78550
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Bank Fig	ON	
	Check if travel outside of Texas. Complete Sche	edule T Check if Austin	. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			Office field
Date	Payee name		
12-31-19	RGV Cre	edit limion	
Amount (\$)	Payee address;	City;	State; Zip Code
#4.00	1221 Morgan	Blud. Harl	lingy TX 78550
·	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Bank Feet	٠ .	
	Check if travel outside of Texas. Complete Sche	eduleT. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	Charles 1 Chu	ck! Viel	3 Filer ID (Ethics Commission Filers)
4 Date 7 4-19	5 Payge name RMEYON CON	into Roput	dican Partez
6 Amount (\$)	7 Payee address;	City!	State; Zip Code
\$1000 . W	765 €, 7	th Street Bri	ownsuille TX 7852
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Filing Fee		
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		4444
Amount (\$)	Payee address;	City;	State; Zip Code
-			. `
	Category (See Categories listed at the top of this sci		
PURPOSE	Odiogory (See Categories listed at the top of this so	hedule) Description	•
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	n, 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
	Category (See Categories listed at the top of this sch	redule) Description	·
PURPOSE	·		
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sche	edule T. 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 O	F THIS SCHEDULE AS NEE	DED