Vieh Charles "Chuck"

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Charles E. NAME Date Received CAMERON COUNTY DEPARTMENTOFELECTIONS & **NICKNAME** LAST VOTERREGISTRATION **SUFFIX** "Chuck" Vieh ADDRESS / PO BOX; APT / SUITE #; CANDIDATE / CITY; ZIP CODE **OFFICEHOLDER** 18477 Landrum Park MAILING Rd. **ADDRESS** Change of Address San Benito, TX 78586 Date Imaged CAMPAIGN MS / MRS / MR FIRST М **TREASURER** Priscilla NAME NICKNAME LAST **SUFFIX** Casas **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 26208 Altas Palmas Rd. **ADDRESS** (Residence or Business) Harlingen, Texas 78552 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER (956) 493-0055 PHONE REPORT TYPE January 15 15th day after campaign treasurer appointment (officeholder only) 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) **PERIOD** Day Year Month Day Year **COVERED** 07/01/2020 THROUGH 10/03/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) None Justice of the Peace Pct 5 Pl. 1 **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0d3681a8

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

| 13 C / OH NAME | Charles "Chuck" Viel | | | 14 Filer ID | | |
|--|---|--|--|--|--------------|------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officenoider. | i nese expenditui | ons accepted or political expend res may have been made withou e required to report this informat | It the candidate's or office. | halder's kna | wladaa ar |
| Additional Pages | COMMITTEE TYPE GENERAL | COMMITTEE N | AME | | | |
| | LI OLINEIVAL | COMMITTEE AL | DDRESS | | | |
| | SPECIFIC | | | | | į |
| | | COMMITTEE CA | AMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CA | AMPAIGN TREASURER ADDRE | ess | | |
| 16 CONTRIBUTION TOTALS | LOANS, OR GUA | RANTEES OF LO | ONS OF \$50 OR LESS (OTHER DANS), UNLESS ITEMIZED | THAN PLEDGES, | \$ | 96.80 |
| | 2. TOTAL POLITICA (OTHER THAN P | AL CONTRIBUTI LEDGES, LOANS | ONS S, OR GUARANTEES OF LOAN | IS) | \$ | 3,968.24 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICA | CAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | | \$ | 0.00 |
| | 4. TOTAL POLITICA | AL EXPENDITUR | RES | | \$ | 2,386.35 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | | | 3,812.81 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPA OF THE REPORT | AL AMOUNT OF A | ALL OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 4,000.00 |
| 17 AFFADAVIT | JAMES COWARD CAN S Notary Public, State of Comm. Expiras 0G-11 Notary ID 128146 Notary ID 128146 Signal Available Signal Available | 3-2024 🕌 | I swear, or affirm, under penalitrue and correct and includes a under Title 15, Election Code. Signature of | y of perjury, that the according to the second seco | be reported | port is by me |
| Sworn to and subscr | ARY STAMP / SEAL ABOVIDED ibed before me, by the said, 20, to certestable, to certestable, and the said, to certestable, to certestable, and the said, to certestable, and the said, and the said | d CNALLI ify which, witness | S my hand and seal of office. | , this the \sqrt{DH} | luxuc | day |
| Signature of office | er administering | Printed name | of officer administering | Title of officer ac | dministering | oath |

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 3 of 9 18 FILER NAME 19 Filer ID Chuck Vieh 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE Х SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 3,968.24 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ Х SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2,386.35 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12, \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/9 2 FILER NAME Filer ID Chuck Vieh Date 5 Full name of contributor ut-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/28/2020 Bilbie, Richard (Mr.) \$150.00 6 Contributor address; City; State; Zip Code 2817 Cypress Dr. Harlingen, TX 78550 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/05/2020 Cameron County Republican Women \$378.24 Contributor address; City; State; Zip Code 403 Lancer Lake Dr. Brownsville, TX 78521 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/28/2020 Gonzalez Jr., Ramiro (Mr.) \$1,000.00 Contributor address; City; State; Zip Code 2690 N. Sam Houston San Benito, TX 78586 Principal occupation / Job title (See Instructions) Employer (See Instructions) MR GY FINEWORKS Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/14/2020 Kruse, Jim (Mr.) \$250.00 Contributor address; City; State; Zip Code 3401 Wiesepape Rd. Brenham, TX 77833 Principal occupation / Job title (See Instructions) Employer (See Instructions) BANK OF BROWNSOM METIPENT Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/21/2020 McBroom, Mary (Mrs.) \$90.00 Contributor address; City; State; Zip Code 2715 Welborn Ct. Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) REMAIN N/A Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0d3681a8

| MONEI | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDU | LE A1 |
|----------------------------|--|------------------------------------|-----------------------------|---------------------------------------|------------|
| | ction Guide explains how to complete this | form. | 1 Total pages Sch: 2/2 R | | |
| 2 FILER NAME Chuck Vieh | | | 3 Filer ID | | |
| 4 Date 08/02/2020 | Full name of contributor | 7 Amount of 0 | Contribution (\$) | \$400.0 | |
| | 34279 Quail Drive San Benito, TX 78586 | | | | |
| 8 Principal occup | eation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> s) | | |
| Row | ev | NA | | | |
| Date 09/22/2020 | Full name of contributor |) | Amount of C | Contribution (\$) | \$200.00 |
| Principal occup | Harlingen, TX 78550 ation / Job title (See Instructions) | Employer (See Instructions | | · · · · · · · · · · · · · · · · · · · | |
| BAUFF | | Employer (See Instructions | COURT | | |
| Date 09/01/2020 | Full name of contributor out-of-state PAC (ID#:_ Thompson, Donnie (Mr.) Contributor address; City; State; Zip Code 21248 FM 508 | | | Contribution (\$) | \$1,000.00 |
| Principal occupa | Harlingen, TX 78550 ation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| Date | Full name of contributor out-of-state PAC (ID#: | \ | Amount of C | ontribution (\$) | |
| 08/18/2020 | Vieh, Chuck (Mr.) Contributor address; City; State; Zip Code 18477 Landrum Park Rd. San Benito, TX 78586 | | | | \$500.00 |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| Shop Manage | r | Premier Buildings | , | | |
| | | , | | | |
| orms provided by | Texas Ethics Commission www.ethics | state ty us | | Version V1. | 1 0-10004 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats Expense Legal Services The Instruction Guide explair | Office Overhe Polling Expen Printing Exper Salaries/Wage | ense ges/Contract Labor | Transpo Travel in Travel O | itlon/Fundraising Expense ontation Equipment & Related Expense in District Out of District R (enter a category not listed above) |
|---|---|--|---|---|----------------------------|----------------------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAV | /E | |] | 3 Filer ID | D |
| | Sch: 1/4 Rpt: 6/9 | Chuck Viel | | | • | Ī | |
| 4 | Date | 5 Payee name | e | ··· | 1 | | |
| | 09/01/2020 | Benchmarl | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ress; City; Star | ate; Zip Code | , | | |
| | \$449.24 | 1 ' | • | <i>,</i> . | | | |
| L | | Harlingen, | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (s Advertising | See Categories listed at the top of this s g Expense | chedule) (b) | <u></u> | , TX, officehold | xas. Complete Schedule T. Ider living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | fficeholder name | Office sought | | Off | ffice held |
| | Date | Payee name | е | | | | |
| | 08/14/2020 | Cracker Ba | arrel | | | | |
| | Amount (\$) | Payee addre | ess; City; Stat | te; Zip Code | | | |
| | \$37.73 | 110 Bass F | Pro Drive | | | | |
| | | Harlingen, | | T ₂ | | | |
| | PURPOSE OF EXPENDITURE | | See Categories listed at the top of this si erage Expense | chedule) (b) | <u>lunud</u> | TX, officehold | tas, Complete Schedule T. der living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ficeholder name | Office sought | | Off | ffice held |
| | Date | Payee name |) | | | | |
| _ | 08/16/2020 | Cracker Ba | rrel | - | · | | |
| | Amount (\$) \$34.26 | Payee addre 110 Bass P | | te; Zip Code | | | |
| L | | Harlingen, " | | | | | |
| : | PURPOSE OF EXPENDITURE | P. Contraction of the contractio | See Categories listed at the top of this so rage Expense | (b) | <u> </u> | TX, officeholds | as. Complete Schedule T. der fiving expense |
| | Complete ONLY if direct expenditure to benefit C/OH | | ficeholder name | Office sought | | Offi | fice held . |
| : | | | | | | I | |

Payee address;

SCHEDULE F1

Advertising Expense Accounting/Banking

1

4

6 Amount (\$)

EXPENDITURE

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Rela

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labo Salaries/Wages/Contract Labo The Instruction Guide explains how to complete this form | | | Travel in District Travel Out of District OTHER (enter a category not listed above) | |
|--|---|---|---|--|---|----------|
| Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID |
| Sch: 2/4 Rpt: 7/9 | | Chuck Vieh | 1 | | | |
| Date | 5 | Payee name | | | • | |
| 08/31/2020 | | Dairy Quee | n | | | |

State; Zip Code

\$31.00 1613 N 77 Sunshine Strip Harlingen, TX 78550

City;

PURPOSE (a) Category (See Categories listed at the top of this schedule)

Food/Beverage Expense

| (D) | Description |
|-----|--|
| | Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Campaign Meeting |
| | |

| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|--|-----------------------------|---------------|-------------|
| | Date · | Payee name | | |
| | 08/30/2020 | Don Kuco's | | |

| Amount (\$) \$17.18 | Payee address; City; 603 W Tyler Ave | State; Zip Code | |
|------------------------|---|-----------------|--|
| | Harlingen, TX 78550 | | |

PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Meeting

Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/24/2020 Murphy USA Amount (\$) Payee address; City; State; Zip Code \$112.00 2205 Ruben M Torres Blvd

Brownsville, TX 78526 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Travel Out of District Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel Out of District Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Expen Printing Expel Salaries/Wag | ense ges/Contract Labor | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
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| · · | er es sias | The Instruction Guide expl | ains how to comp | - | |
| 1 Total pages Schedule F1 | 1: 2 FILER NAM Chuck Viel | | | 3 | Filer ID |
| Sch: 3/4 Rpt: 8/9 | | | | | |
| 4 Date | 5 Payee name | | | | |
| 09/23/2020 | Sam's Clui | | | | |
| 6 Amount (\$) | 7 Payee addre | • • • | State; Zip Code | , | |
| \$66.00 |) 651 M EXP | oressway, 77 | | | |
| | Harlingen, | TX 78550 | | | |
| 8 PURPOSE OF | | (See Categories listed at the top of thi | ils schedule) (b' | Description | |
| EXPENDITURE | Travel In D | District | | | side of Texas, Complete Schedule T. |
| | | | | Travel In District | X, officeholder living expense Ct |
| | | | | , , , , , , , , , , , , , , , , , , , | |
| Complete ONLY if direct expenditure to benefit C/o | | fficeholder name | Office sought | t | Office held |
| Date | Payee name | e | | | |
| 08/15/2020 | 1 ' | eal Tech & Multimedia | | | |
| Amount (\$) | Payee addre | | State; Zip Code | | |
| \$351.70 | 1 1 | | , | | |
| | | | | | |
| | Brownsville | e, TX 78520 | | | |
| PURPOSE | | See Categories listed at the top of this | (d) (altibadas - |) Description | |
| OF EXPENDITURE | Advertising | | 3 SCReuure) | Check if travel outsi | side of Texas. Complete Schedule T. |
| EVL PHANK COM | | • | | | , officeholder living expense |
| | | | | Advertising Expe | ense |
| Control Vif direct | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | ficeholder name | Office sought | | Office held |
| | 1 | | | | |
| Date | Payee name | | | | |
| 09/18/2020 | | al Tech & Multimedia | | | |
| Amount (\$) | Payee addres | - · | tate; Zip Code | | |
| \$1,050.00 | 1793 Green | ıbriar Ave | | | |
| | Brownsville | | | | |
| PURPOSE OF | | See Categories listed at the top of this | s schedule) (b) | Description | |
| EXPENDITURE | Advertising | Expense | | _ | ide of Texas. Complete Schedule T. |
| | | | | Advertising Expe | , officeholder living expense BNSE |
| | | | | Mayornon y mp | nise |
| Complete ONLY if direct | | iceholder name | Office sought | | Office held |
| expenditure to benefit C/O | | Worlden | Omes . | | Ошое нец |
| | , | | | | |
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| | | | | | |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Ву - | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Office Overl Politing Expe Printing Exp | | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|--|--|--|---|------------------|--|
| • | The same of the sa | The Instruction Guide expla | lins how to com | plete this form. | |
| 1 Total pages Schedule F1: | 1 | | | | 3 Filer ID |
| Sch: 4/4 Rpt: 9/9 | Chuck Vieh | | | | |
| 4 Date | 5 Payee name | | | | |
| 08/17/2020 | Stripes | | | | |
| 6 Amount (\$) \$106.30 | 7 Payee addres 702 E US-28 | 31 | tate; Zip Cod | Э | |
| | Los Indios, T | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Travel In Dis | e Categories listed at the top of this trict | schedule) (t | | outside of Texas. Complete Schedule T. TX, officeholder living expense rict |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Office H | eholder name | Office sough | ıt | Office held |
| Date | Payee name | | | | |
| 09/12/2020 | Texas Road | iouse | | | |
| Amount (\$) | Payee address | s; City; Sta | ate; Zip Code | } | |
| \$30.94 | 4805 South E Harlingen, TX | Expressway 77/83 K 78550 | | | |
| PURPOSE OF | (a) Category _{(See} Food/Bevera | Categories listed at the top of this | schedule) (b | Description | utside of Texas, Complete Schedule T. |
| EXPENDITURE | | go Experide | | | TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Office | holder name | Office sough | t | Office held |
| Date | Payee name | | | | |
| 09/22/2020 | Zavaleta, Jan | nes (Mr.) | | | |
| Amount (\$) \$100.00 | Payee address 1793 Greenbr | • | te; Zip Code | | |
| | Brownsville, T | TX 78520-8515 | | | |
| PURPOSE OF EXPENDITURE | | Categories listed at the top of this s es/Contract Labor | chedule) (b) | | utside of Texas. Complete Schedule T. TX, officeholder living expense T |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officel | holder name | Office sought | | Office held |
| | | | | | |