# CHARLES E. VIEH

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH COVER SHEET PG 1 **CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** E **CHARLES** Date Received NAME SUFFIX NICKNAME LAST VIEH CHUCK CAMERON COUNTY DEPARTMENT OF ELECTIONS & APT / SUITE #; STATE; ZIP CODE 4 CANDIDATE / CITY: ADDRESS / PO BOX; VOTER REGISTRATION 18477 LANDRUM PARK SAN BENITO, TX 78526 **OFFICEHOLDER** MAILING 1 5 2022 **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER Date Hand-delivered of Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (956 3678302 PHONE Amount Receipt MI FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** MIRLA Date Processed NAME SUFFIX LAST NICKNAME Date Imaged DEATON ZIP CODE STATE; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; CAMPAIGN 2305 N MINNESOTA AVE BROWNSVILLE TX 78521 **TREASURER ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN **TREASURER** PHONE *(* 956 2435099 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year Dav 10 PERIOD Day Month Month COVERED 30 22 22 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Day Description Special General 22 11 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE CAMERON COUNTY COMMISSIONER PRECINCT 4 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME CHARLES "CHUCK"		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 12,379.01
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,532.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,105.90
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,887.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 14,387.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 10,000.00
	Signature of Can Please complete either option below	ndidate or Officeholder
(1) Affidavit  NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the _	day of,
	which, witness my hand and seal of office.	
Signature of officer administr	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on ^ .	
My name is <u>Chai</u>	des Chuck Viph and my date of birth is	- /
My address is 1847	7-LANDRUMPARK SANBERATO , 7	TX : 48526, LISA.
Executed in <u>Cam</u>	County, State of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tate) (zip code) (country)  L/y, 2022 (year)  late/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	LER NAME ARLES "CHUCK" VIEH	20 Filer ID (Ethics Cor	nmissi	on Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	650.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	IONS	69	5,503.85
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$	2,781.87
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	ITICAL CONTRIBUTIONS	\$	
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	NAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON TO FILER	NTRIBUTIONS RETURNED	\$	

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

If the requ	ested information is not applicable, DO NOT	include this page in the I	report.
Th	e Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAM	ES E. "CHUCK" VIEH		3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) DONNIE THOMPSON		7 Amount of contribution (\$)
	6 Contributor address; City: 21248 FM 508 HARLINGEN		400.00
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		PAC (ID#:)	Amount of contribution (\$)
	GERALD HORTZOG  Contributor address; City;	State; Zip Code	250.00
	P.O. BOX 249 RIO HO	NDO TEXAS	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	 	Employer (See Instruc	tions)
		1	
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS N	NEEDED

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

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
<sup>2</sup> FILER NAME CHARLES E. "CHUCK" VIEH		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1083.85		
5 Date 06/27/2022	6 Full name of contributor ☐ out-of-state PAC (ID#:	Zip Code 78701	8 Amount of   9 In-kind contribution   description   1,083.85   PRINTING -   SIGNS		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fin	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>			
Date	Full name of contributor	)	Amount of   In-kind contribution   Contribution \$   description		
	Contributor address; City; State;	Zip Code	.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	rer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor'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)				

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

<u> </u>	• •				
Th	e instruction Guide explains how to complete this form	n.		1 Total pages Sched	ule A2:
2 FILER NAMI				3 Fiter ID (Ethics Co	mmission Filers)
CHARLE	S "CHUCK" VIEH				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTION	18	\$ 600.00	)
5 Date	6 Full name of contributor				9 In-kind contribution
	RUDY'S ADVENTURE FISHING CHARTI	ER		Contribution \$	description
05/01/2022	7 Contributor address: City; State;	Zip Code		300.00	GIFT/AWARD
		with code			! 
	ARROYO CITY, TEXAS	<u> </u>			de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Em	ıployeı	· (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	<b>13</b> Co	ntribul	or's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		w firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
D-t-	Full name of contributor			Amount of	In-kind contribution
Date	SUNSET CHARTERS			Contribution \$	description
05/01/2022	- CONCET OFFICE CONTRACTOR			300.00	GIFT/AWARD
03/01/2022	Contributor address; City; State;	; Zip Code		300.00	] 
	ARROYO CITY, TEXAS			Check if travel outsi	ide of Texas, Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Em	nploye	r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Со	ntribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Lav	w firm	of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if апу) (FOR JUDICIAL)	•			

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

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Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:	
<sup>2</sup> FILER NAMI	S "CHUCK" VIEH		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1,150.	00	
5 Date	Date  6 Full name of contributor			9 In-kind contribution description	
05/01/2022	7 Contributor address; City; State;	Zip Code	Check if travel outs	,      ide of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law fil			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		Amount of Contribution \$	In-kind contribution description	
05/01/2022	Contributor address; City; State;	Zip Code	250.00	GII 1/AWAND   	
		ı	Check if travel outs	ide of Texas. Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JI	JDICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spot	use (if any) (FOR JUDICIAL)	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	ne Instruction Guide explains how to complete this form	٦.	1 Total pages Schedu	ıle A2:
2 FILER NAM	E		3 Filer ID (Ethics Cor	nmission Filers)
CHARLE	S "CHUCK" VIEH			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 850.00	
5 Date	6 Full name of contributor		8 Amount of Contribution \$ ]	9 In-kind contribution description  AWARD/GIFT
05/01/2022	7 Contributor address; City; State;	Zip Code		l de of Texas, Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	e employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of	In-kind contribution
	DR. JOHN MONTALBANO		Contribution \$	description GIFT/AWARD
05/01/2022	Contributor address; City; State;	Zip Code		1 1
		1	1	de of Texas, Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
<sup>2</sup> FILER NAME CHARLES "CHUCK" VIEH		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 370.00		
<b>5</b> Date 05/01/2022	MURPHYS FISHING		8 Amount of   9 In-kind contribution   description   120.00   AWARD/GIFT   Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employ	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 05/01/2022	Full name of contributor	Zip Code	Amount of Contribution \$ In-kind contribution description  250.00   GIFT/AWARD  Check if travel cutside of Texas, Complete Schedule T.		
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME CHARLE	S "CHUCK" VIEH		3 Filer ID (Ethics Co	mmíssion Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 850.00		
5 Date 6 Full name of contributor out-of-state PAC (ID#:)  KEVIN WICK			8 Amount of Contribution \$	9 In-kind contribution description GIFT/AWARD	
05/01/2022	7 Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
05/01/2022	SIX SHOOTER JUNCTION  Contributor address; City; State;	Zip Code	250.00	GIFT/AWARD	
	Contributor address, Only, Cideo,	2.0000	Check if travel outsi	de of Texas, Complete Schedule T,	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
<sup>2</sup> FILER NAME CHARLE	S "CHUCK" VIEH		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 600.00		
5 Date 05/01/2022	6 Full name of contributor  ut-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ In-kind contribution description 300.00 GIFT/AWARD		
			Check if travel outside of Texas. Complete Schedule T		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 05/01/2000	Full name of contributor	Zip Code	Amount of Contribution \$   In-kind contribution description   GIFT/AWARD		
	Contributor address; City; State;	Zip Oodo	Check if travel outside of Texas, Complete Schedule T		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	ributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	irm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			·		

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Glft/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.

	The manucion dutie explains now to o	ompiece and ion	.,	
1 Total pages Schedule F1:	2 FILER NAME CHARLES E. "CHUCK" VIEH		3 Filer ID (Ethics	Commission Filers)
4 Date 06/13/2022	5 Payee name LANE GRAMILLION			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,000.00	HOUSTON, TEXAS			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	FOOD EXPENSE	CRAWFISH B	BOIL FUNDRA	AISER
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
04/01/2022	EXCLUSIVE DESIGNS			
Amount (\$)	Payee address;	City;	State;	Zip Code
998.00	3705 N LA HOMA RD. MISSION, TX	78572		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	Description SIGNAGE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name ਜ	Office sought		Office held
Date	Payee name			
05/23/2022	SAMS CLUB			
Amount (\$)	Payee address;	City;	State;	Zip Code
283.87	HARLINGEN TEXAS	3		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE	FOR FUNDRA	AISER EVENT	7
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, TX. officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Glft/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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	<b></b> (	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME CHARLES E. "CHUCK" VIEH		3 Filer ID (Ethic	s Commission Filers)
4 Date 06/13/2022	5 Payee name MIRLA VERONICA DEATON			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	2305 N MINNESOTA AVE BROWNS	SVILLE, TX 785	521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	CONTRIBUTION	CANDIDATE I	NOITANOC	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED	

## 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 i	narked "Final Report" ••	
1 (	C/OH I	NAME	2 Filer ID (Ethics Commission Filers)	
3 5	SIGNA	IGNATURE		
(	designa	ot expect any further political contributions or political expenditures in contacting a report as a final report terminates my campaign treasurer appointing contributions or make any campaign expenditures without a campaign	tment. I also understand that I may not accept any	
			Signature of Candidate / Officeholder	
	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder. ••			
,	۵.	CAMPAIGN FUNDS		
	Chec	ck only one:		
		I do not have unexpended contributions or unexpended interest or inc	ome earned from political contributions.	
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand may not convert unexpended political contributions or unexpended interest or income earned on political contributions personal use. I also understand that I must file an annual report of unexpended contributions and that I may unexpended contributions or unexpended interest or income earned on political contributions longer than six years filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpendent or income earned on political contributions in accordance with the requirements of Election Code, § 254.20			
I	В.	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 of that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchas requirements of Election Code, § 254.204.	interest or other income from political contributions to	
5 (	OFFIC	CEHOLDER		
		mplete this section <i>only</i> if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		
			Signature of Officeholder	