# CHARLES 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	FIRST CHARLES	MI E	OFFICE USE ONLY U	
TV-TVIL	NICKNAME "CHUCK"			Date Regized N COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 18477 LAND		CITY; STATE; ZIP CODE SAN BENITO TX 78586	001 14-2022	
Change of Address	ADEA CODE	DUANE AUTHORD	FVTT4(0(0x) //		
5 CANDIDATE/ OFFICEHOLDER PHONE	(956 )	3678302	EXTENSION	V Date Mand delivered of Defe Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST MIRLA	MI	Receipt # Amount \$	
NAME	hiokhare	••••••	V	Date Processed	
	NICKNAME	DEATON	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	(NO PO BOX PLEASE); APT / NESOTA AVE BI		STATE; ZIP CODE	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	( 956 )	2435099	20.2.000		
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	7	/ 1 / 22	THROUGH 9	/ 30 / 22	
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		
	Month Day Year Primary Runoff Other Description				
	11 / 8	✓ 22 Genera	al Special		
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  CAMERON COUNTY COMMISSIONER PRECINCT 4				
POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITUR		DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE O	
	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITUR	RES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE O	
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQ	RES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF	
	THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQ	RES MAY HAVE BEEN MADE WITHOUT THE CAN BUIRED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO SUPPOR DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	artes "Chuck" Viett	Filer ID (E	ithics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	1,680.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	2,129.58
	4. TOTAL POLITICAL EXPENDITURES	\$	300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	Y \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1 <b>6</b> ,000.00
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, that the accompanying report is true and	correct	and includes all information
	quired to be reported by me under Title 15, Election Code.		
101	^ / /		
	1 / / . / .		
	<u> </u>		
	✓	ate or Of	ficeholder
	Please complete either option below:		
(1) Affidavit			
(1) Alliansis			
NOTARY STAMP/SEA	AL.		
			<b></b>
Sworn to and subscribed	before me by this the	da	y of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administr	ering oath Printed name of officer administering oath	Title	of officer administering oath
	OR		
(2) Unsworn Declarat	ion		
///	1.7.00 cm f	<i></i>	
My name is	and my date of birth is	12.1	7.67
My address is 1847	Flandrum Parkko. San Finito. TX	1. 182	586. USA.
	(street) (city) (state	) (zip (	code) (country)
Executed in Carra	County, State of TWAS, on the Hay day of MANN	. 2	11
LACCULED III	County, State of, of the, of the, (month)	,	(year)
	Signature of Candidate/	Officehold	fer (Declarant)
i .	gignature or Caltituater	マニロ・タロリンド	ioi (Doulaiant)

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 C	FILER NAME harles "Chuck" Vieh	20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 300·00
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

## 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)**

The Instruction Guide explains how to complete this form.

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

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

1 Total pages Schedule F1:	2 FILER NAME Charles "Chuck" Vieh		3 Filer ID (Ethics	Commission Filers)	
4 Date 09/26/2022	5 Payee name La Placita LLC				
<b>6</b> Amount (\$)	7 Payee address;	City;	State;	Zip Code	
300.00	222 West Harrison Ste. B Harlingen	Texas 78550			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Commercial Advertising			
	(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 H	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder livin	g 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 Austin, TX, officeholder living expense		g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		