# CHARLES VIEH

SEMI-ANNUAL REPORT JANUARY 16, 2024

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	JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM JC/OH COVER SHEET PG 1	
The JC/OH Instruction	Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Charles	£ MI	CAMERON COUNTY OFFICE USE ONLY DEPARTMENT OF ELECTIONS &  Date Received H HEGISTRATION	
4 CANDIDATE/	NICKNAME  ICHUCK  ADDRESS / PO BOX	- 112(1	SUFFIX  CITY; STATE; ZIP CODE	JAN 1 6 2024	
OFFICEHOLDER MAILING ADDRESS	15/11	1. 1. 7. 1.		received 1	
Change of Address	18477	-andrumtark	Kd. San Benitoly	785840	
5 CANDIDATE/ OFFICEHOLDER PHONE	(OSIP)	367-8302	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	7/020450	Receipt # Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed  Date Imaged	
		Deaton		Date imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / St		STATE; ZIP CODE	
(Residence or Business)	2305 N	Minnesota av	le Brownsoille	TUAS 78521	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	•	
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
OOVERED	07.	01/2023	THROUGH 12	31 /2023	
11 ELECTION	ELECTION DA  Month Day	Year Primary	ELECTION TYPE  Runoff Other		
	03/05	24 General	Special Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KNOWN)	Peace Pct. 5. P. 1	
14 NOTICE FROM POLITICAL COMMITTEE(S)				ADE BY POLITICAL COMMITTEES TO SUPPORT NIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME	4444	The state of the s	
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
	2	GO TO F	PAGE 2		

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	harles "Chuck" Viet	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$1000.00
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$1000.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$5000.00
(1) Affidavit	Signature of Candidate.  Please complete either option below:	'Officeholder
NOTARY STAMP/SE	AL	
Sworn to and subscribe	d before me by this the	day of,
20, to certi	y which, witness my hand and seal of office.	
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is	and my date of birth is	785810. USA (zip code) (country) 4_, 20,3,4 (year)
	Signature of Candidate/Of	ficeholder (Declarant)

#### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

19 FILER NAME / 20 Filer ID (Ethics Con			mmission Filers)
Charles "Chuck" Viel			
	LE SUBTOTALS FSCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ D. OO
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0,00
4. 12	SCHEDULE E: LOANS		\$5000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 7.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 70.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 77.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 6.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ D - 00
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## MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

#### SCHEDULE A(J)1

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

1*****			
1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	Charles "Chuck" Vieh		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC	{D#:)	7 Amount of contribution (\$)
11/11/23	Froject Red TX 6 Contributor address; City;	State; Zip Code	1000.00
i i	1108 Laybou ste 110-610 Au		
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	iD#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor's p	orincipal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
2	Contributor address; City;	State: Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		**************************************
	ATTACH ADDITIONAL CORIES O	E TUIC COUEDIN E AC N	EEDED

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

#### MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

#### SCHEDULE A(J)1

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 A(J)1:
FILER NAME	Charles "Chuck" Wieh		3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor  ut-of-state PAC	ID#:	7 Amount of contribution (\$)
11/23	6 Contributor address; City;	State; Zip Code	1000.00
Contributed	1108 Laybou ste 110-610 Au	ISTIN IX 78701	
Continbutors	principal occupation	9 Contributor's job title	
Contributor's	employer/law firm	11 Law firm of contributor	s spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC !	D#:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Pate	Full name of contributor	)#:)	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Contributor's pr	incipal occupation	Contributor's job title	
Contributor's er	nployer/law firm	Law firm of contributor's	spouse (if any)

instruction guide for additional reporting requirements.

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#### LOANS (JUDICIAL)

#### SCHEDULE E(J)

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

The li	nstruction Guide explains how to complete th	is form.	1 Total pages Schedule E(J):
2 FILER NAME	harles "Chuck" Vu	ich i	3 Filer ID (Ethics Commission Filers
TOTAL OF UN	TEMIZED LOANS		\$ 5000.00
Date of loan	7 Name of lender out-of-state P	AC (ID#:)	9 Loan Amount (\$) 5000.00
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	18477 Landrum Park		11 Maturity date
2 Lender's Principal	Occupation	13 Lender's Job Title	
4 Lender's Employer	/Law Firm	15 Law Firm of lender's spot	use (if any)
If lender is a child,	law firm of parent(s) (if any)		
7 Description of Colla	iteral	18  Check if persor account (See i	nal funds were deposited into political
9 GUARANTOR INFORMATION	20 Name of guarantor	L	22 Amount Guaranteed (\$)
not applicable	21 Guarantor address; City;	State; Zip Code	
3 Guarantor's Princip	al Occupation	24 Guarantor's Job Title	
5 Guarantor's Employ	rer/Law Firm	26 Law Firm of guarantor's	spouse (if any)
7 If guarantor is a chi	ld, law firm of parent(s) (if any)		
	Amount April	Wilder transfer of the State of	***************************************

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## 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel In Dis Printing Expense Travel Out C Salaries/Wages/Contract Labor Other (enter

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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; Zip Code (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 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 Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** 

**EXPENDITURE** 

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought