

**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.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  8
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Charles                      E. <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX Chuck                      Vieh	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received: CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION                      1:57pm FEB 24 2020                      RECEIVED                      By: <i>[Signature]</i> </div>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 18477 Landrum Park Rd.                      San Benito Texas                      78586		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )                      367-8302		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Ms.                      Priscilla <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX Casas		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 26208 Altas Palmas Rd.                      Harlingen                      Texas                      78552		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 956 )                      493-0055		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year 1 / 24 / 2020                      THROUGH                      2 / 22 / 2020		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year 3 / 3 / 2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)  None	<b>13</b> OFFICE SOUGHT (if known)  Justice of the Peace Pct. 5 Pl. 1	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME** Charles "Chuck" Vieh **15 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 / 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

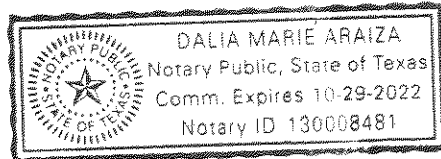
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 774.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 760.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 223.73
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2357.17
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,000

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Charles E. Vieh*

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles E. Vieh, this the 24th day of February, 20 20, to certify which, witness my hand and seal of office.

*Dalia Araiza*

Signature of officer administering oath

Dalia Araiza

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

**19** FILER NAME

Charles "Chuck" Vieh

**20** Filer ID (Ethics Commission Filers)

**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 760.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 223.73
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
2

2 FILER NAME  
Charles "Chuck" Vieh

3 Filer ID (Ethics Commission Filers)

4 Date  
2/6/20

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Earl Batterson

6 Contributor address; City; State; Zip Code  
1501 N. Loop 499 # 572 Harlingen, Texas 78552

7 Amount of contribution (\$)  
40.00

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)  
None

Date  
2/6/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Winifred Marshall

Contributor address; City; State; Zip Code  
1022 Avenida de Estrellas Rancho Viejo Texas 78575

Amount of contribution (\$)  
40.00

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Marshall E-Commerce

Date  
2/6/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Wanda Morrow

Contributor address; City; State; Zip Code  
16087 FM 800 San Benito Texas 78586

Amount of contribution (\$)  
80.00

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
RGV Credit Union

Date  
2/8/20

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Barbara Louise Boulter

Contributor address; City; State; Zip Code  
29338 White Ranch Rd. La Feria Texas 78559

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions)  
Landlord Relations

Employer (See Instructions)  
Avant Water

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Charles "Chuck" Vieh		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Gary Montalbano	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1813 Martha St. Harlingen Texas 78550		
8 Principal occupation / Job title (See Instructions) Veterinarian		9 Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 1
<b>2</b> FILER NAME Charles "Chuck" Vieh		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0
<b>5</b> Date of loan 1/24/20	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles E. Vieh	<b>9</b> Loan Amount (\$) 1000.00
<b>6</b> Is lender a financial Institution?  Y N	<b>8</b> Lender address; City; State; Zip Code  18477 Landrum Park Rd. San Benito Texas 78586	<b>10</b> Interest rate 0
		<b>11</b> Maturity date 12/01/20
<b>12</b> Principal occupation / Job title (See Instructions) Shop Manager		<b>13</b> Employer (See Instructions) Premier Portable Buildings
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Charles "Chuck" Vieh	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1/24/20	<b>5</b> Payee name Sam's Club
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<b>6</b> Amount (\$) 87.37	<b>7</b> Payee address; 621 N Expressway 77,	City; Harlingen,	State; Texas	Zip Code 78550
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In-District	<b>(b)</b> Description Travel In-District
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/30/20	Payee name Sam's Club
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Amount (\$) 88.00	Payee address; 621 N Expressway 77,	City; Harlingen,	State; Texas	Zip Code 78550
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In-District	Description Travel In-District
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date 2/8/20	Payee name Logan's Roadhouse
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Amount (\$) 24.38	Payee address; 2809 W Expressway 83,	City; Harlingen,	State; Texas	Zip Code 78552
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food/Beverage Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Charles "Chuck" Vieh	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/18/20	<b>5</b> Payee name Khan's Grill
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<b>6</b> Amount (\$) 23.98	<b>7</b> Payee address; 610 Maco Dr, Harlingen, Texas 78550
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Food/Beverage Expense
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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