

# 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: <div style="text-align: right; font-size: 24px; margin-top: 5px;">14</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: Charles MI NICKNAME: Vincent LAST: Vincent SUFFIX:	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 236de 62nd St. Port Arthur TX 77640	Date Received: APR 28 '23 8:28AM	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 540-0477	Date Hand-delivered or Date Postmarked:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST: Charles MI NICKNAME: Vincent LAST: Vincent SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 236de 62nd St. Port Arthur TX 77640		Date Processed:
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 540-0477		Date Imaged:
9 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 02/01/23    THROUGH    04/28/23		
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Seat 6 City Council	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Charles Vincent</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3314.57</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3314.57</i>
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	\$

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

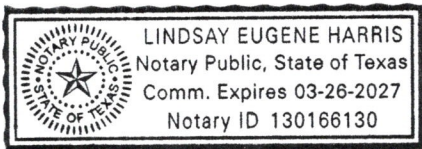
**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <u>Charles Vincent</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3314.52</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3314.57</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>- .05</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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 Vincent*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Charles Vincent this the 28th day of April, 2023, to certify which, witness my hand and seal of office.  
*Lindsay E. Harris* Lindsay E. Harris Executive Secretary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# 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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Charles Vincent</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/18/23</i>	5 Payee name <i>Harbor Freight</i>
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6 Amount (\$) <i>\$16.17</i>	7 Payee address: <i>7735 Memorial Port Arthur TX 77640</i>	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supplies</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/13/23</i>	Payee name <i>Wal Mart</i>
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Amount (\$) <i>\$50.00</i>	Payee address: <i>8585 Memorial Port Arthur TX 77640</i>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Poll expense</i>	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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PURPOSE OF EXPENDITURE	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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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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Charles Vincent</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/15/23</i>	5 Payee name <i>Vista Print</i>
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6 Amount (\$) <i>\$440.00</i>	7 Payee address: <i>Internet</i>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Cards</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/16/23</i>	Payee name <i>Vista Print</i>
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Amount (\$) <i>180.00</i>	Payee address: <i>Internet</i>	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>T-shirts</i>	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 <i>4/10/23</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>\$45.00</i>	Payee address: <i>Internet</i>	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Supplies</i>	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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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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Charles Vincent</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/10/23</i>	5 Payee name <i>Buidesign</i>
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6 Amount (\$) <i>3/ \$913.13</i>	7 Payee address: <i>Internet</i>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Signs</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/31/23</i>	Payee name <i>Buidesign</i>
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Amount (\$) <i>\$1708.31</i>	Payee address: <i>Internet</i>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	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 <i>4/7/23</i>	Payee name <i>Buidesign</i>
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Amount (\$) <i>\$361.96</i>	Payee address: <i>Internet</i>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <i>1 of 8</i>
2 FILER NAME <i>Charles T. "Chuck" Vincent</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/4/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James Nixdorf</i>	7 Amount of contribution (\$)  <i>\$ 50.00</i>
6 Contributor address: City: State: Zip Code <i>3533 Boyd Ave Groves TX 77649</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Connie Broussard</i>	Amount of contribution (\$)
Contributor address: City: State: Zip Code <i>6378 Alice Ave Port Arthur TX 77640</i>		<i>\$ 100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rosalind Queen</i>	Amount of contribution (\$)
Contributor address: City: State: Zip Code <i>2294 Bayou Dr. Port Arthur TX 77640</i>		<i>\$ 150.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rhonda Hall</i>	Amount of contribution (\$)
Contributor address: City: State: Zip Code <i>2353 Orchid St. Port Arthur TX 77640</i>		<i>\$ 200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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

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 A1: <i>2068</i>
2 FILER NAME <i>Charles T. "Chuck" Vincent</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kathy Walters</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address: City: State: Zip Code <i>2908 60th St. Port Arthur TX 77640</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cathy Knott</i>	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address: City: State: Zip Code <i>2407 Lilac St. Nederland TX 77627</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dan Ward</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Glen Dowden</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <i>3 of 8</i>
2 FILER NAME <i>Charles T. "Chuck" Vincent</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Floyd Batiste</i>	7 Amount of contribution (\$) <i>\$ 300.00</i>
6 Contributor address; City: State: Zip Code <i>121 Dryden Place Dr. Port Arthur TX 77640</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Christa Glorioso</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City: State: Zip Code <i>3020 36th St. Port Arthur TX 77640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brenda Phillips</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City: State: Zip Code <i>2699 61st St. Port Arthur TX 77640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jeanette Baird-Luce</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City: State: Zip Code <i>126 1st Ave. Nederland TX 77627</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <b>4088</b>
2 FILER NAME <b>Charles T. "Chuck" Vincent</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Loddie Valka</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address: City: State: Zip Code <b>3288 62nd St. Port Arthur TX 77640</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tanya Mills</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address: City: State: Zip Code <b>6145 Hazel Ave. Port Arthur TX 77640</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tami Carlos</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address: City: State: Zip Code <b>2232 62nd St. Port Arthur TX 77640</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert Baird</b>	Amount of contribution (\$) <b>\$ 19.52</b>
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <i>5 of 8</i>
2 FILER NAME <i>Charles T. "Chuck" Vincent</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/10/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kurt England</i>	7 Amount of contribution (\$) <i>\$ 75.00</i>
6 Contributor address: City: State: Zip Code <i>131 Rustic Pines Dr. Lufkin TX 75904</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Diana Abshire</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address: City: State: Zip Code <i>2777 61st St. Port Arthur TX 77640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Yvette Champagne</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address: City: State: Zip Code <i>2232 Mimosa St. Port Arthur TX 77640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sabrina Ball</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address: City: State: Zip Code <i>2496 165th St. Port Arthur TX 77640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1 <i>6 of 8</i>
2 FILER NAME <i>Charles T. "Chuck" Vincent</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Matt Anderson</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address: City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert Baird</i>	Amount of contribution (\$) <i>\$ 20.00</i>
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jerry LaBove</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address: City: State: Zip Code <i>8000 Tom Dr. Port Arthur TX 77640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Morris Albright</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address: City: State: Zip Code <i>8018 Tom Dr. Port Arthur TX 77640</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <i>7058</i>
2 FILER NAME <i>Charles T. "Chuck" Vincent</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cathy Knott</i>	7 Amount of contribution (\$)  <i>\$25.00</i>
6 Contributor address; City: State: Zip Code <i>2407 Lilac St. Nederland TX 77627</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gail Garrett</i>	Amount of contribution (\$)
Contributor address; City: State: Zip Code <i>6033 Jack Ave. Port Arthur TX 77640</i>		<i>\$200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tim Walters</i>	Amount of contribution (\$)
Contributor address; City: State: Zip Code <i>6245 Diamond Ave. Port Arthur TX 77640</i>		<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Susie &amp; John Chirafis</i>	Amount of contribution (\$)
Contributor address; City: State: Zip Code <i>P.O. Box 1893 Nederland TX 77627</i>		<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <b>1088</b>
2 FILER NAME <b>Charles T. "Chuck" Vincent</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Phil Hallmark</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address: City: State: Zip Code <b>6265 Diamond Ave. Port Arthur TX 77640</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/4/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Troy Brdussard</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address: City: State: Zip Code <b>6379 Jade Ave. Port Arthur TX 77640</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/15/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shelby Arnold</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address: City: State: Zip Code <b>3025 61st St. Port Arthur TX 77640</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/23/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shirley Bobbitt</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address: City: State: Zip Code <b>258 61st St. Port Arthur TX 77640</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		