



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

<b>14 C/OH NAME</b> CHARLES J. KARISCH	<b>15 ACCOUNT #</b> (Ethics Commission filers)
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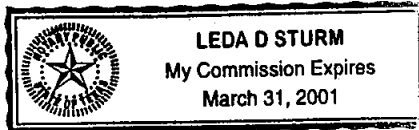
<b>16 SUPPORTING POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>17 NO REPORTABLE ACTIVITY</b>	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$200.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$799.97
<b>OUTSTANDING LOAN TOTALS</b>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

### 19 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.



\_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHARLES J. KARISCH, this the 9th day of February, 1998, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath

**LEDA D. STURM**  
 \_\_\_\_\_  
 Print name of officer administering oath

**NOTARY**  
 \_\_\_\_\_  
 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CHARLES J. KARISCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

Otis Styer, III

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$200.00

6 Contributor address; City; State; Zip Code

1133 Galveston, Hempstead, Texas 77445

9 Principal occupation Construction

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

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

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

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

CHARLES J. KARISCH

**3** ACCOUNT # (Ethics Commission filers)**4** Date

12/8/97

**5** Payee name

Waller County Democratic Party

**7** Amount  
(\$)

\$300.00

**6** Payee address; City; State; Zip Code**8** Purpose of expenditure

Filing Fee

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

12/8/97

Payee name

Hempstead Printing

Amount  
(\$)

\$ 77.39

Payee address; City; State; Zip Code

900 12th Street, Hempstead, Texas 77445

Purpose of expenditure

Posters

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

1/12/98

Payee name

Waller County News Citizen

Amount  
(\$)

\$104.32

Payee address; City; State; Zip Code

705 12th Street, Hempstead, Texas 77445

Purpose of expenditure

Political Ad

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

1/12/98

Payee name

Hempstead Hometown Hardware

Amount  
(\$)

\$ 64.95

Payee address; City; State; Zip Code

Purpose of expenditure

Stakes

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

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

**POLITICAL EXPENDITURES****SCHEDULE F**  
(continuation)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME CHARLES J. KARISCH		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/14/98	5 Payee name Waller County News Citizen 6 Payee address; City; State; Zip Code 705 12th Street, Hempstead, Texas 77445	7 Amount (\$) \$ 32.60
8 Purpose of expenditure Political Ad		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/15/98	Payee name Hotline Press Payee address; City; State; Zip Code 1116 Austin Street, Hempstead, Texas 77445	Amount (\$) \$ 21.00
Purpose of expenditure Political Ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/21/98	Payee name J & L Printing Payee address; City; State; Zip Code 12th Street, Hempstead, Texas 77445	Amount (\$) \$133.48
Purpose of expenditure Cards-advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/02/98	Payee name Wal-Mart Payee address; City; State; Zip Code U.S. Highway 290, Hempstead, Texas 77445	Amount (\$) \$ 7.56
Purpose of expenditure staples		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES****SCHEDULE F**

(continuation)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

## 2 FILER NAME

CHARLES J. KARISCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/23/97

5 Payee name

Shirts, Caps and Moore

7 Amount  
(\$)

\$ 53.09

6 Payee address; City; State; Zip Code

31315 FM 2920, Waller, Texas 77484

8 Purpose of expenditure

Signs

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

9/16

Payee name

Wal-Mart

Amount  
(\$)

\$ 5.58

Payee address; City; State; Zip Code

U.S. Highway 290, Hempstead, Texas 77445

Purpose of expenditure

Tape and balloons

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

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