

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

Three **3**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
	CHARLES	J
NICKNAME	LAST	SUFFIX
	KARISCH	

OFFICE USE ONLY

Date Received

7.9.02
M.S.
Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
816 WILKINS		HEMPSTEAD, TX		77445

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
	JOHNNIE	S
NICKNAME	LAST	SUFFIX
	HAAK	

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
816 WILKINS		HEMPSTEAD, TX		77445

CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(979)	826-2478	

8 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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month	Day	Year	THROUGH	Month	Day	Year
03	15	02		07	15	02

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 / 05 / 02	

11 OFFICE

OFFICE HELD (if any)
JP# 1

12 OFFICE SOUGHT (if known)
JP#1

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. This listing includes political expenditures 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. ..	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input 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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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 215.50
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



Charles J. Karisch

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles J. Karisch. this the 9 day July, 2002, to certify which, witness my hand and seal of office.

<p style="font-size: 1.5em; font-family: cursive;">Karen Bingham</p> Signature of officer administering oath	<p style="font-size: 1.5em; font-family: cursive;">Karen Bingham</p> Printed name of officer administering oath	<p style="font-size: 1.5em; font-family: cursive;">Notary Public State of Texas</p> Title of officer administering oath
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: One
2 FILER NAME Charles J. Karisch		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name Vinyl Graphics 6 Payee address: City: State: Zip Code 2430 Main Waller, Tx. 77484	7 Amount (\$)
8 Purpose of expenditure (See instructions regarding type of information required.) Magnetic Signs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held Chalres J. KARisch JP#1
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED