

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / #P	FIRST	MI
	NICKNAME	LAST	SUFFIX
CHARLES		J.	
KARISCH			
OFFICE USE ONLY			
Date Received			
Date Hand Delivered or Date Postmarked			
10/9/06			
Receipt #			
Amount			
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (NO PO BOX)	APT / SUITE #	CITY STATE ZIP CODE
816 WILKINS		HEMPSTEAD, TX 77445	
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(979)		826-2478	
6 CAMPAIGN TREASURER NAME	MS / MRS / #P	FIRST	MI
JOHNNIE			
HAAK			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
816 WILKINS		HEMPSTEAD, TX 77445	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(979)		826-2478	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 3th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
07 / 16 / 06		THROUGH	10 / 07 / 2006
11 ELECTION	ELECTION DATE		ELECTION TYPE
11 / 07 / 2006		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
JP #1		JP #1	
14 NOTICE OF 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			
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS **FORM C/OH COVER SHEET PG 2**

14 C/OH NAME: **CHARLES J. KARISCH** 15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

.. 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,097.73
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.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 9th day of October, 2006, to certify which, witness my hand and seal of office.

Jessica L. Weaver JESSICA L. WEAVER NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

CHARLES J. KARISCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/20/06

5 Full name of contributor

WALLER COUNTY DEMOCRATIC CLUB

out-of-state PAC

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

28070 RICE RD., HOCKLEY, TX 77447

9 Principal occupation (Optional)

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 (Optional)

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 (Optional)

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 (Optional)

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 (Optional)

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: 1 of 3
2 FILER NAME CHARLES J. KARISCH		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/1/06	5 Payee name VOTES UNLIMITED 6 Payee address: City: State: Zip Code P. O. BOX 188, FERNDALE, NY 12734-0188	7 Amount (\$) \$ 171.13
8 Purpose of expenditure (See instructions regarding type of information required.) BOOKMARKS, 1000		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 8/21/06	Payee name JOYCO PRINTING Payee address: City: State: Zip Code 27644 HWY, 6, Hempstead, TX 77445	Amount (\$) \$ 102.19
Purpose of expenditure (See instructions regarding type of information required.) PRINTING DOOR HANGERS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date /19/06	Payee name WALLER COUNTY NEWSCITIZEN Payee address: City: State: Zip Code 705 12th St., Hempstead, TX 77445	Amount (\$) \$ 150.00
Purpose of expenditure (See instructions regarding type of information required.) Newspaper Ad		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/25/06	Payee name WALLER COUNTY FAIR ASSOCIATION Payee address: City: State: Zip Code P. O. Box 911, Hempstead, TX 77445	Amount (\$) \$ 50.00
Purpose of expenditure (See instructions regarding type of information required.) TRASH CAN ADVERTISEMENT		-- 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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 3
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/25/06	5 Payee name SIGNS AND MORE 6 Payee address: City: State: Zip Code P. O. Box 206 , Praire View, TX 77446	7 Amount (\$) \$ 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) Double Sided Campaign Signs		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/11/06	Payee name SIGNS AND MORE Payee address: City: State: Zip Code P. O. BOX 206, PRAIRE VIEW, TX 77446	Amount (\$) \$ 582.00
Purpose of expenditure (See instructions regarding type of information required.) 18" X 24" DOUBLE SIDED CAMPAIGN SIGNS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/12/06	Payee name SIGNS AND MORE Payee address: City: State: Zip Code P. O. BOX 206, Praire View, TX 77446	Amount (\$) \$ 324.75
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGNS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 8/8/06	Payee name US POST OFFICE Payee address: City: State: Zip Code	Amount (\$) \$ 2.66
Purpose of expenditure (See instructions regarding type of information required.) Mailing thank you letters to Contributors.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME

CHARLES J. KARISCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/24/06

5 Payee name

HEMPSTEAD ATHLETIC BOOSTER CLUB

7 Amount (\$)

\$ 150.00

6 Payee address: City: State: Zip Code

P. O. Box 1007, Hempstead, TX 77445

8 Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISING IN FOOTBALL PROGRAM

9 -- 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 (See instructions regarding type of information required.)

-- 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 (See instructions regarding type of information required.)

-- 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 (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME
CHARLES J. KARISCH

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/24/06

5 Payee name
CHARLES J. KARISCH

8 Amount (\$)

6 Payee address: City: State: Zip Code

816 WILKINS, HEMPSTEAD, TX 77445

\$15.00

7 Purpose of expenditure (See instructions regarding type of information required.)

PAPER FOR COPING CAMPAIGN MATERIAL

Reimbursement from political contributions intended

Date
9/24/06

Payee name
CHARLES J. KARISCH
Payee address: City: State: Zip Code

Amount (\$)

816 WILKINS, HEMPSTEAD, TX 77445

\$50.00

Purpose of expenditure (See instructions regarding type of information required.)

COPIES

Reimbursement from political contributions intended

Date

Payee name
Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name
Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name
Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED