CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Charles	J	Date Received County Elections
S.	Karisch		JAN 15 2021
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Received Date Hand-delivered or Postmarked
ADDRESS change of address	P.O. Box 537, Hempstead, Texas	77445	
	SUCHE HIMPER		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 826-2478	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Johnnie	S	Date Imaged
NAME	NICKNAME LAST Haak	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; 920 8th Street, Hempstead, Texa	city; state; as 77445	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-2478	EXTENSION	
9 REPORT TYPE	X January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 /01 /2020 THROUGH	Month Day 01 / 15 /.	Year 2021
11 ELECTION	Month ELECTION DATE ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Justice of the Peace Precinct 1	Justice of Precinct 1	the Peace
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 C					
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	MADE BY POLITICAL COMMITTEES TO SUPPORT THE NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME			
	SPECIFIC	SPECIFIC COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL P	MIZED \$ 0			
	4. TOTAL	\$ 0			
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PRTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 0		
Alv No	ANDICE ADAMS Mary ID # 131855287 es January 15, 2023	is true and correct and includes al me under Title 15, Election Code.	f perjury, that the accompanying report I information required to be reported by Lacutation didate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Charles J. Karisch, this the					
day	of January	, 20 _21, to certify which, witness n	ny hand and seal of office.		
Signature of officer admini	istering oath	Printed name of officer administering oath	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 Sci 1	hedule A:
2	FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
	Charles J. H	Karisch			
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code			
9	Principal occu	pation / Job title (See Instructions)	40 5		of Texas, complete Schedule T)
	· ····o.pui ooou	patient / bob title (Gee mandellons)	10 Employer (See	Instructions)	
	Date	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			 -
	Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			Employer (occ)	ristractions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		(If travel outside o	 of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
_	-				
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
	Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
F	Principal occup	ation / Job title (See Instructions)	Employer (See In	(it travel outside of istructions)	f Texas, complete Schedule T)
				·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this f	form.	1 Total pages Sche	edule B:
2 FILER NAME Charles J. H			3 ACCOUNT # (Ett	hics Commission Filers)
4 TOTA	AL OF UNITEMIZED PLEDGES:		D D	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
10 Principal occu	pation / Job title (See Instructions)	1 Employer (See In		f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		İ	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employee (Co. In		Texas, complete Schedule T)
· ····opar occup	salon / oob tile (See manucions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC(ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
			,	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, ample some and if
If co	ATTACH ADDITIONAL COPIES OF Tentributor is out-of-state PAC, please see instructi	THIS SCHEDULE A	S NEEDED tional reporting re	equirements.

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Texas Ethics Commi	ssion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
The	Instruction Guide explains how	v to complete this form.	1 Total pa	ges Schedule E:
2 FILER NAME Charles J. Kari	sch		3 ACCOU	NT # (Ethics Commission Filers)
	AL OF UNITEMIZED LOAN	1 S: \$ \$ \$ \$ \$	⇒ ⇔	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instruc	ctions)	
14 Description of Col	lateral	15 Check if personal fund	s were deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable		City; State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instruct	tions)	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code		Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructi	ions)	
Description of Colla	iteral	Check if personal funds	were deposited in	nto political account

Guarantor address; City; State; Zip Code

not applicable

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.

GUARANTOR

INFORMATION

Name of guarantor

Amount Guaranteed (\$)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Travel In District Contributions/Donations		pment & Related Expense ions Made By holder/Political Committee	
1 Total pages Schedule F:	2 FILER NAME Charles J. Karisch			3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State	te; Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)
EXPENDITURE			Check if Au	ustin, TX, officeholder li	ving expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sought	(Office held
Date	Payee name				
Amount (\$)	Payee address; City; State	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description (If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name			stin, TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Office sought	1	Office held
Date	Payee name				
Amount (\$)	Payee address; City; State	e; Zip Code			
PURPOSE OF	Category (See categories listed at the top of	this schedule)	Description (I	f travel outside of Texas,	complete Schedule T)
EXPENDITURE			Check if Au	stin, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)		f travel outside of Texas,	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	stin, TX, officeholder liv	Office held
expenditure to benefit C/C			755		discongregation (CDECADORIC)
	ATTACH ADDITIONAL COP	PIES OF THIS SO	CHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Ex		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Cabadala Ca		o complete tills i	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1	Charles J. Karisch		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)
		Check if	Austin, TX, officeholder living expense
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	2.57, 3.88, 2.57		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
		Check if	Austin, TX, officeholder living expense
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
		Check if A	Austin, TX, officeholder living expense
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
		Check if Au	ustin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS N	EEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)			
Advertising Expense		VIALUE VIEW TO BE A STATE OF THE PARTY OF TH	pan Repayment/Reimbursement		
Accounting/Banking			ansportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Travel In Distri		ontributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of	District	Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhea	ad/Rental Expense O	THER (enter a category not listed above)		
	The Instruction Guide explains how	to complete this form.	•		
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
1	The state of the s		C 7 100 CO 11 11 (Zames Commission 1 moles)		
4 Data	Charles J. Karisch				
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
1	100000 10 0000 10				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Ift	ravel outside of Texas, complete Schedule T)		
OF	(a) Satisfies (cos satisfies notes at the top of this satisfies)	(b) Description (in	raver outside or rexas, complete outleddie 1)		
EXPENDITURE					
		Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	DH .		1500 o 11 11 11 11 11 11 11 11 11 11 11 11 1		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
(4)	Datamete dudices, Only, State, Elp Sout				
	0.1				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (if tra	avel outside of Texas, complete Schedule T)		
EXPENDITURE					
	6	Check if Austin	n, TX, officeholder living expense		
0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Candidate / Officeholder name				
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held		
expenditure to benefit of	***				
Date	Business name				
Amount (\$)	Amount (\$) Business address; City; State; Zip Code				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)		
OF					
EXPENDITURE					
		Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O	Н				
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
30					
			I		
	Catagony (San antennion l'antenion de l'ante				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)		
EXPENDITURE		325.005			
		Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
	expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how	v to complete this form.
1 Total pages Schedule I	2 FILER NAME Charles J. Karisch	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:	
	2 FILER NAME Charles J. Karisch 3 ACCOUNT # (Ethic			
4 Date	5 Name of person from whom amount is received			
	6 Address of person from whom amount is received; City; State; Zip Code			
	7 Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTION OR POLITICAL EXPER	NDITURE SCHEDULE T		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME Charles J. Karisch	3 ACCOUNT # (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on:			
Schedule A Schedule B Schedule C Sched	dule D Schedule F Schedule G		
Schedule H Schedule N COH-UC COH-	T PAC-C PAC-E		
6 Dates of travel 7 Name of person(s) traveling			
8 Departure city or name of departure location			
9 Destination city or name of destination location			
10 Means of transportation 11 Purpose of travel (including name of conference	e, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
Schedule A Schedule B Schedule C Sched	dule D Schedule F Schedule G		
Schedule H Schedule N COH-UC COH-	T PAC-C PAC-E		
Dates of travel Name of person(s) traveling			
Departure city or name of departure location			
Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, s	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
Schedule A Schedule B Schedule C Sched	dule D Schedule F Schedule G		
Schedule H Schedule N COH-UC COH-	T PAC-C PAC-E		
Dates of travel Name of person(s) traveling			
Departure city or name of departure location			
Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, s	eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	DESIGNATION OF THAT REPORT					
		The Instruction Guide explains how to complete this Complete only if "Report Type" on page 1 is marked "Fir	form. nal Report" ••			
1	C/OH N	AME	2 ACCOUNT # (Ethics Commission Filers)			
	Charle	s J. Karisch				
3	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signatur	re of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER olete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	conly one:				
		I do not have unexpended contributions or unexpended interest or income earned from po	olitical contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on use. I also understand that I must file an annual report of unexpended contributions an contributions or unexpended interest or income earned on political contributions longe report. Further, I understand that I must dispose of unexpended political contributions are earned on political contributions in accordance with the requirements of Election Code, § 2	on political contributions to personal d that I may not retain unexpended r than six years after filing this final and unexpended interest or income			
	B. ASSETS					
	Chec	conly one:				
		I do not retain assets purchased with political contributions or interest or other income fro	m political contributions.			
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	om political contributions to personal			
		S	ignature of Candidate			
5	OFFICEHOLDER •• Complete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does r I am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contribution contributions or interest or other income from political contributions.	filing the last required report as an			
		Sig	gnature of Officeholder			