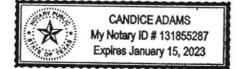
	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH Cover Sheet pg 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Charles	J	Date Received
	NICKNAME LAST	SUFFIX	Waller Co. Elections
	Karisch		FEB 1 0 2022
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING			RECEIVED
ADDRESS	P.O. Box 537, Hempstead, Texas	77445	Date Hand-delivered or Postimarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(281) 642-4489		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	мі	Date Imaged
NAME	Mrs. Johnnie	S	
		SUFFIX	
	Haak		
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 / 15 / 2021 THROUGH	Month Day	Year / 2021
11 ELECTION	ELECTION DATE Month ELECTION TYPE 03 1 2022	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Justice of the Peace	8 70	f the Peace
	Precinct 1	Precinct	1
	GO TO PAG	E 2	

(TDD 1-800-735-2989)

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

14 C/OH NAME 15 ACCOUNT # (Ethics Commission)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	NZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 375.00		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	^{THE} \$		
18 AFFIDAVIT			1		



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 this the P , to certify which, witness my hand and seal of office. day of bruer 20 Signature of officer administering oath

Printed name of officer administering oath

POLITICAL CONTRIBUTIONS

 (0.2) 100 0000	(122 1000 100 2000)
	SCHEDULE A
	SCHEDULE A

	OTHER THAN PLEDGES OR LOANS SCHEDULE A				
The Instruction Guide explains how to complete this form.			1 Total pages Sch 1	edule A:	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Charles J. K	arisch			
4	Date	 5 Full name of contributor out-of-state PAC (ID# 6 Contributor address; City; State; Zip Code)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See	a state and an	of Texas, complete Schedule T)
				matractions)	
	Date	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	i inicipal occup		Employer (See I	instructions)	
	Date	Full name of contributor Dut-of-state PAC (ID#)	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 Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
-	Principal occur	pation / Job title (See Instructions)		(If travel outside o	of Texas, complete Schedule T)
			Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	ation / Job title (See Instructions)	Employer (See I		of 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.				

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	The Instruction Guide explains how to complete this form.			dule B:
FILER NA Charles	ME J. Karisch		3 ACCOUNT # (Eth	nics Commission Filers)
T	OTAL OF UNITEMIZED PLEDGES: ⇔		ф ф	\$
Date	 6 Full name of pledgor □ out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
Principal	occupation / Job title (See Instructions)	44 Employer (See In		f Texas, complete Schedule
Filicipal C	coupation / Job title (See Instructions)	11 Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of pledge(\$)	In-kind description (if applicable)
Principal o	occupation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule
		Employer (See m	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:) 	Amount of pledge (\$)	In-kind description (if applicable)
Principal	ccupation / Job title (See Instructions)			Texas, complete Schedule
Philoparo	(See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	<u>)</u>	Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside of	Texas, complete Schedule 1
Principal o	ccupation / Job title (See Instructions)	Employer (See In		
Principal o Date	Inccupation / Job title (See Instructions) Full name of pledgor Out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable) Texas, complete Schedule 1

P.O. Box 12070

Austin, Texas 78711-2070

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(512) 463-5800

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 1
2 FILER NAME Charles J. Karis	sch		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	4 4 4 4	⇔ \$
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			
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions))
14 Description of Col	lateral	15 Check if personal funds were	e deposited into political account
none			
16 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$) 18 Guarantor address; City; State; Zip Code			
not applicable		24 5	
20 Principal Occupat	Ion (See Instructions)	21 Employer (See Instructions)	
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 occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	e deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
lf lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE uction guide for additional rep	

Austin, Texas 78711-2070

POLITICAL	EXPENDITURES		SCHE	DULE F
	EXPENDITURE CAT	EGORIES FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Solid Food/Beverage Expense Trav Polling Expense Trav	aries/Wages/Contract Labor citation/Fundraising Expense vel In District vel Out Of District ce Overhead/Rental Expens	Loan Repayment/Reimburseme Transportation Equipment & Re Contributions/Donations Made Candidate/Officeholder/Poli e OTHER (enter a category not I	lated Expense By tical Committee
1 Total pages Schedule F: 1	2 FILER NAME Charles J. Karisch		3 ACCOUNT # (Ethics Co	ommission Filers)
4 Date 11/11/17 6 Amount (\$)	5 Payee name <u>Republican Party of Waller Count</u> 7 Payee address; City; State;			
375.00 8 PURPOSE	(a) Category (See categories listed at the top of this			
8 PURPOSE OF EXPENDITURE	Filing Fees		otion (If travel outside of Texas, complete So tex if Austin, TX, officeholder living expense	0
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office s		e held
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this		otion (If travel outside of Texas, complete Sc	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office s	ought Office	e held
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF	Category (See categories listed at the top of this	schedule) Descrip	tion (If travel outside of Texas, complete Sc	hedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Che Office s	ck if Austin, TX, officeholder living expension ought Office	e held
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this		tion (If travel outside of Texas, complete Sc	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office so		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE	AS NEEDED	

	EXPENDITURES SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Office Overhead/Rental Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filer
1	Charles J. Karisch
4 Date	5 Payee name
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Date	Payee name
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (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 Austin, TX, officeholder living expense
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Check if there is The Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 07/28/2014

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	ROM POLITICAL CONTRIE	SCHEDULE
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal ServicesSolicitation/FFood/Beverage ExpenseTravel In DisPolling ExpenseTravel Out C	es/Contract Labor Indraising Expense rict f District ead/Rental Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Comm OTHER (enter a category not listed abov
Total pages Schedule H: 1	2 FILER NAME Charles J. Karisch	3 ACCOUNT # (Ethics Commission
Date	5 Business name	
Amount (\$)	7 Business address; City; State; Zip Cod	9
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Cod	3
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Cod	3
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name	Office sought

	OM POLITICAL CONTRIBU		
	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule I: 1	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		
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.)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

INTEREST EARNED, OTHER CREDITS/GAINS/ SCHEDULE K **REFUNDS, AND PURCHASE OF INVESTMENTS** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 1 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Charles J. Karisch 4 Date 5 Name of person from whom amount is received 8 Amount (\$) . 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 EXPEND FOR TRAVEL OUTSIDE OF TEXAS	ITURE SCHEDULE T	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T: 1	
2 FILER NAME Charles J. Karisch	3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule Schedule H Schedule N COH-UC COH-T	D Schedule F Schedule G	
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, se	minar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:	D Schedule F Schedule G	
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, semi	nar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
Schedule A Schedule B Schedule C Schedule	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, semin	nar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	