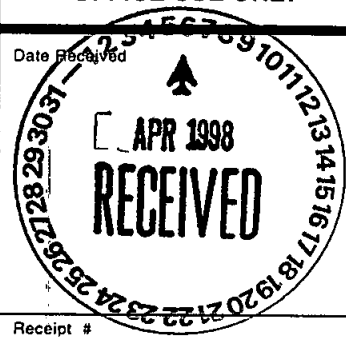


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI CHARLES J. NICKNAME LAST SUFFIX KARISCH	OFFICE USE ONLY Date Received 	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 816 Wilkins Street Hempstead, Texas 77445	Receipt # HD/PM <i>hgt</i> Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI JOHNNIE S. NICKNAME LAST SUFFIX HAAK	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 816 Wilkins Street Hempstead, Texas 77445	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	AREA CODE PHONE NUMBER EXTENSION (409) 826-2478	8 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)	
7 CAMPAIGN TREASURER PHONE	Month Day Year 3 / 3 / 98	THROUGH Month Day Year 4 / 6 / 98	
9 PERIOD COVERED	10 ELECTION ELECTION DATE Month Day Year 4 / 14 / 98 ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	11 OFFICE OFFICE HELD (if any)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	12 OFFICE SOUGHT (if known) JUSTICE OF PEACE, PRECINCT ONE		
** 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			
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. **

<input type="checkbox"/> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**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

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 446.91

**OUTSTANDING
LOAN TOTALS**

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.

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 6th day of April

19 98, to certify which, witness my hand and seal of office.

Leda D. Sturm

Signature of officer administering oath



LEDA D STURM
My Commission Expires
March 31, 2001

Print name of officer administering oath

Title of officer administering oath

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 3/10/98	5 Payee name LEWIS' GROCERY & DELI 6 Payee address; City; State; Zip Code Hwy 290, Hempstead, Texas 77445	7 Amount (\$) \$40.00
-------------------	--	--------------------------

8 Purpose of expenditure Entertainment	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/10/98	Payee name Harlan's Grocery Payee address; City; State; Zip Code 1005 12th Street, Hempstead, Texas 77445	Amount (\$) \$37.16
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Purpose of expenditure Entertainment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 3/10/98	Payee name Hempstead Printing Payee address; City; State; Zip Code 900 12th Street, Hempstead, Texas 77445	Amount (\$) \$62.78
-----------------	---	------------------------

Purpose of expenditure Cards	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---------------------------------	---

Date 3/12/98	Payee name News Citizen Payee address; City; State; Zip Code 705 12th Street, Hempstead, Texas 77445	Amount (\$) \$136.92
-----------------	---	-------------------------

Purpose of expenditure Political Ad	** 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** FILER NAME

CHARLES J. KARISCH

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

3/12/98

5 Payee name

HOTLINE PRESS

7 Amount
(\$)

\$24.50

6 Payee address; City; State; Zip Code

1116 Austin Street, Hempstead, Texas 77445

8 Purpose of expenditure

Political Ad

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

Office sought / held

Date

3/12/98

Payee name

HOTLINE PRESS

Amount
(\$)

\$57.00

Payee address; City; State; Zip Code

1116 Austin Street, Hempstead, Texas

Purpose of expenditure

Political Ad

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

Office sought / held

Date

3/18/98

Payee name

Hempstead Printing

Amount
(\$)

\$71.98

Payee address; City; State; Zip Code

Purpose of expenditure

Signs

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

Office sought / held

Date

4/2/98

Payee name

Viking Office Products

Amount
(\$)

\$16.57

Payee address; City; State; Zip Code

P. O. Box 819064, Dallas, Texas 75381-9990

Purpose of expenditure

staples

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED