

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:

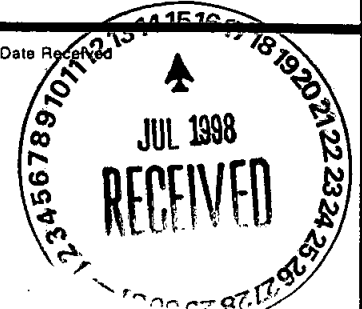
3

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
CHARLES J.
NICKNAME LAST SUFFIX
KARISCH

OFFICE USE ONLY

Date Received



4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
816 Wilkins Street Hempstead Texas 77445

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
JOHNNIE S.
NICKNAME LAST SUFFIX
HAAK

Receipt #

HD / FW

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 Street Hempstead, Texas 77445

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(409) 826-2478

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
4 / 7 / 98 THROUGH 7 / 15 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 10 / 98 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Justice of Peace, Precinct One

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
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 <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

\$ 92.38

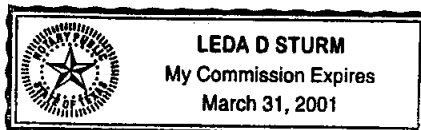
OUTSTANDING
LOAN TOTALS

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 15th day of July, 19 98, to certify which, witness my hand and seal of office.

Leda D. Sturm
Signature of officer administering oath

LEDA D. STURM
Print name of officer administering oath

NOTARY PUBLIC
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 4/14/98	5 Payee name LEWIS' GROCERY & DELI 6 Payee address; City; State; Zip Code Hwy 290, Hempstead, Texas 77445	7 Amount (\$) \$56.29
8 Purpose of expenditure Entertainment		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 4/14/98	Payee name LAC'S PACKAGE STORE Payee address; City; State; Zip Code 711 12th Street, Hempstead, Texas 77445	Amount (\$) \$23.79
Purpose of expenditure Entertainment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 6/19/98	Payee name Marshall Family Dealership Payee address; City; State; Zip Code Hwy. 290 E., Hempstead, Texas 77445	Amount (\$) Use of automobile for June 19, 1998 Parade
Purpose of expenditure Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 7/13/98	Payee name Ruth S. Connett Payee address; City; State; Zip Code P. O. Box 932, Hempstead, Texas 77445	Amount (\$) \$12.30
Purpose of expenditure Reimbursement for copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		