

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	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		CHARLES	J
		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		HEMPSTEAD, TX	77445
Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		JOHNNIE	S
		HAAK	
Receipt #		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		HEMPSTEAD, TX	77445
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(979)	826-2478	
8 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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	7	16	02
THROUGH		Month	Day
		10	07
		02	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 05 / 02		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	JP# 1		JP#1
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

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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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-10-02	Sylvia Cedillo 6 Contributor address: City: State: Zip Code P.O. Box 356 Prairie View, Texas 77446	\$100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-24-02	Otis Styers III Contributor address: City: State: Zip Code 1133 Galveston Hempstead, Texas 77445	\$100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-29-02	David & Sue Knight Contributor address: City: State: Zip Code 350 #3 Hwy 290 E. Hempstead, Texas 77445	\$500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-27-02	Joyco Printing Contributor address: City: State: Zip Code 27644 Hwy 6 Hempstead, Texas 77445	\$70.00	Printing
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> 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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-23-02	5 Payee name Repka's Hardware 6 Payee address: City: State: Zip Code 719 12th Street Hempstead, Texas 77445	7 Amount (\$) \$53.49
8 Purpose of expenditure (See instructions regarding type of information required.) Supplies for signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 8-27-02	Payee name Waller County News Citizen Payee address: City: State: Zip Code 705 12th Street Hempstead, Texas 77445	Amount (\$) \$180.00
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 9-5-02	Payee name Repka's Hardware Payee address: City: State: Zip Code 719 12th Street Hempstead, Texas 77445	Amount (\$) \$24.99
Purpose of expenditure (See instructions regarding type of information required.) Supplies for signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9-5-02	Payee name Isiah Adeoye Payee address: City: State: Zip Code Old Houston Hwy Prairie View, Texas 77446	Amount (\$) \$25.00
Purpose of expenditure (See instructions regarding type of information required.) Letters on signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
9-6-02	Shirts, Caps, & More 6 Payee address: City: State: Zip Code P.O. Box 1450 2302 Waller Street Waller, Texas 77484	\$204.50
8 Purpose of expenditure (See instructions regarding type of information required.) Buttons		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
9-13-02	Hometown Hardware Payee address: City: State: Zip Code 2205 Hwy 159 Hempstead, Texas 77445	\$37.88
Purpose of expenditure (See instructions regarding type of information required.) Stakes		-- 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 (\$)
9-15-02	Waller County Democratic Party Payee address: City: State: Zip Code 27831 Krezdom Rd. Hockley, Texas 77447	\$25.00
Purpose of expenditure (See instructions regarding type of information required.) Donations		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-29-02	5 Payee name Hometown Hardware 6 Payee address; City: State: Zip Code 2205 Hwy 159 Hempstead, Texas 77445	7 Amount (\$) \$75.75
8 Purpose of expenditure (See instructions regarding type of information required.) Stakes		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-27-02	Payee name Joyco Printing Payee address; City: State: Zip Code 27644 Hwy 6 Hempstead, Texas 77445	Amount (\$) \$46.99
Purpose of expenditure (See instructions regarding type of information required.) Printing of Door Hangers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 10-1-02	Payee name Waller County Gala Payee address; City: State: Zip Code P.O. Box 187 Hempstead, Texas 77445	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 9-24-02	5 Payee name Charles J. Karisch 6 Payee address: City: State: Zip Code 816 Wilkins Street Hempstead, Texas 77445	8 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Paper for Copies		

Date 9-24-02	Payee name Charles J. Karisch Payee address: City: State: Zip Code 816 Wilkins Street Hempstead, Texas 77445	Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Copies		

Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address: City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

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