

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
	NICKNAME	LAST	SUFFIX
		CHARLES J KARISCH	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	816 WILKINS		HEMPSTEAD, TX 77445
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		JOHNNIE S HAAK	
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 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
	10 /	08 /	02
THROUGH		Month	Day
		10 /	28 /
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 (# 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		
GO TO PAGE 2			

OFFICE USE ONLY

Date Received
10-28-02

Date Hand-delivered or Date Postmarked
[Signature]

Receipt #	Amount
Date Processed	
Date Imaged	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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

additional pages

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	\$
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
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EXPENDITURE TOTALS

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

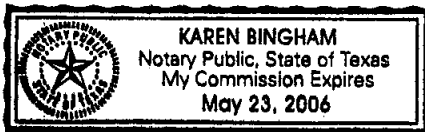
4. TOTAL POLITICAL EXPENDITURES	\$ 564.14
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
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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 Karusch
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Bingham, this the 28 day of October, 2002, to certify which, witness my hand and seal of office.

Karen Bingham
Signature of officer administering oath

Karen Bingham
Printed 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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
10-8-02	Edgar Quiller 6 Payee address: City: State: Zip Code 2nd Street Hempstead, Texas 77445	\$25.00
8 Purpose of expenditure (See instructions regarding type of information required.) Gas		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
10-9-02	News Citizen Payee address: City: State: Zip Code 705 12th Street Hempstead, Texas 77445	\$275.16
Purpose of expenditure (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
10-9-02	Hot Line Payee address: City: State: Zip Code 1116 Austin Hempstead, Texas 77445	\$ 153.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
10-14-02	Joyco Printing Payee address: City: State: Zip Code 27644 Hwy 6 Hempstead, Texas 77445	\$ 73.98
Purpose of expenditure (See instructions regarding type of information required.) Printing		-- 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 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
10-17-02	U.S. Postmaster	
	6 Payee address: City: State: Zip Code	\$ 37.00
	901 12th Street Hempstead, Texas 77445	

8 Purpose of expenditure (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Postage	

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 (\$)
	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 (\$)
	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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED