

# 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: <b>2</b>	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
CHARLES J. KARISCH				7.12.04 JL
4 CANDIDATE / OFFICEHOLDER ADDRESS				
ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE 816 WILKINS                                  HEMPSTEAD, TX    77445				Date Received
<input type="checkbox"/> Change of Address				Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #                  Amount
	NICKNAME	LAST	SUFFIX	
JOHNNIE HAAK				Date Processed
6 CAMPAIGN TREASURER ADDRESS				Date Imaged
STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE 816 WILKINS                                  HEMPSTEAD, TX    77445				
7 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 checked="" 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                                  Month    Day    Year 01 / 15 / 2004                                  THROUGH                                  7 / 15 / 2004			
10 ELECTION	ELECTION DATE Month    Day    Year 11 / 5 / 2002		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (# any) JP #1		12 OFFICE SOUGHT (# known) JP #1	
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			
<input type="checkbox"/> additional pages				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission files)
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16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	-- 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

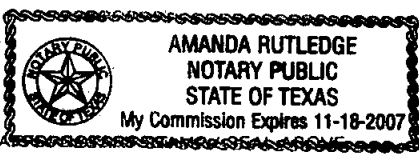
17 NO REPORTABLE ACTIVITY

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	\$	.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	.00
	4. TOTAL POLITICAL EXPENDITURES	\$	.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	.00

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. Karsen  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Charles J. Karsen this the 7<sup>th</sup> day of July, 2004, to certify which, witness my hand and seal of office.

Amanda Rutledge Signature of officer administering oath  
Amandal Rutledge Printed name of officer administering oath  
Notary Public Title of officer administering oath