

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

MS / MRS / MR

FIRST
CHARLES

MI.
J.

NICKNAME

LAST

SUFFIX

KARISCH

OFFICE USE ONLY

Date Received

[Signature] 1/12/06

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

816 WILKINS

HEMPSTEAD, TX 77445

Change of Address

Date Faxed, Delivered or Date Postmarked

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

826-2478

Receipt #

Amount

6. CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI.

NICKNAME

JOHNNIE

SUFFIX

HAAS

Date Processed

Date Imaged

7. CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

816 WILKINS

HEMPSTEAD, TX

77445

8. CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

826-2478

9. REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign (treasurer appointment / officeholder only)

July 15

3th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10. PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

07

15

2005

01

15

2006

11. ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

General

Special

12. OFFICE

OFFICE HELD (if any)

13. OFFICE SOUGHT (if known)

JP #1

14. NOTICE OF 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. ***

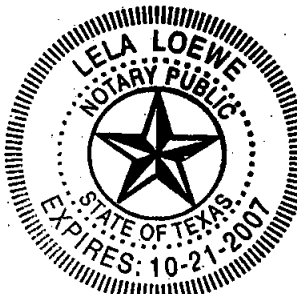
<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

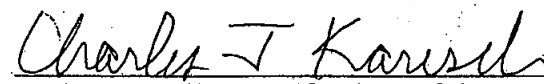
Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.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	\$ 100.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 100.00
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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Karisch, this the 12th day of January, 20 06, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	LELA LOEWE Printed name of officer administering oath	ELECTIONS ADMIN. Title of officer administering oath
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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)

CHARLES J. KARISCH

4 Date	5 Payee name	7 Amount (\$)
8/30/05	HEMPSTEAD HIGH SCHOOL 6 Payee address; City; State; Zip Code	\$ 50.00
	801 DONOHO HEMPSTEAD, TX 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
Ad in 2005 Year Book	

Date	Payee name	Amount (\$)
9/20/05	WALLER COUNTY FAIR Payee address; City; State; Zip Code	\$50.00
	P. O. Box 911 HEMPSTEAD, TX 77445	

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

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