

# 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>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MRS / MRS / FAP FIRST <b>CHARLES</b> MI <b>J.</b> NICKNAME LAST <b>KARISCH</b> SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX <b>816 WILKINS</b> APT / SUITE # CITY <b>HEMPSTEAD, TX</b> STATE <b>TX</b> ZIP CODE <b>77445</b>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(979)</b> PHONE NUMBER <b>826-2478</b> EXTENSION	Date Marked/Delivered / Date Postmarked	
6 CAMPAIGN TREASURER NAME	MRS / MRS / FAP FIRST <b>JOHNNIE</b> MI <b>HAAK</b> NICKNAME LAST SUFFIX	Receipt # / Amount	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS AND PO BOX PLEASE <b>816 WILKINS</b> APT / SUITE # CITY <b>HEMPSTEAD, TX</b> STATE <b>TX</b> ZIP CODE <b>77445</b>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(979)</b> PHONE NUMBER <b>826-2478</b> EXTENSION	Date Imaged	
9 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 checked="" type="checkbox"/> 3th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (attach C/OH - FR)		
10 PERIOD COVERED	Month: <u>02</u> Day: <u>06</u> Year: <u>2006</u> THROUGH Month: <u>02</u> Day: <u>27</u> Year: <u>2006</u>		
11 ELECTION	ELECTION DATE: Month: <u>03</u> Day: <u>07</u> Year: <u>2006</u> ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>JP #1</b>	13 OFFICE SOUGHT (if known)	
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: <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 <b>CHARLES J. KARISCH</b>	15 ACCOUNT # (Ethics Commission filers)
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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	\$ .00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ .00
	4. TOTAL POLITICAL EXPENDITURES	\$ 225.55
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. 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 27<sup>th</sup> day of February, 2006, to certify which, witness my hand and seal of office.

Jessica L. Weaver      Jessica L. Weaver      NOTARY  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME  <b>CHARLES J. KARISCH</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date  2/6/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  <b>ODIS STYERS, III</b> 6 Contributor address: City: State: Zip Code <b>P. O. BOX 557 HEMPSTEAD, TX 77445</b>	7 Amount of contribution (\$)  500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date  2/14/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  <b>MICHAEL MINNS</b> Contributor address: City: State: Zip Code <b>The Minns Bldg. 9119 S. Gessner, #1 Houston, TX 77074</b>	Amount of contribution (\$)  600.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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: <u>2</u>
2 FILER NAME CHARLES J. KARISCH		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/14/06	5 Payee name HOTLINE EXPRESS 6 Payee address: City: State: Zip Code 116 AUSTIN HEMPSTEAD, TX 77445	7 Amount (\$) 78.00
8 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL AD IN PAPER		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/17/06	Payee name HOMETOWN/HEMPSTEAD Payee address: City: State: Zip Code 2205 13th ST. HEMPSTEAD, TX 77445	Amount (\$) 17.31
Purpose of expenditure (See instructions regarding type of information required.) STAKES FOR POLITICAL SIGNS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/6/06	Payee name REPKA'S HARDWARE & SERVICE, INC. Payee address: City: State: Zip Code 719th 12th ST. HEMPSTEAD, TX 77445	Amount (\$) 8.44
Purpose of expenditure (See instructions regarding type of information required.) SCREWS & WASHERS FOR POLITICAL SIGNS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/23/06	Payee name WALLER COUNTY NEWSCITIZEN Payee address: City: State: Zip Code 705 12th St. HEMPSTEAD, TX 77445	Amount (\$) 105.00
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL AD		-- 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)  
 CHARLES J. KARISCH

4 Date	5 Payee name	7 Amount (\$)
2/27/06	REPKA'S HARDWARE & SERVICE, INC.	
	6 Payee address: City: State: Zip Code	
	719 12th St. Hempstead, TX 77445	16.80

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