

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 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / / MP	FIRST	MI
	NICKNAME	LAST	SUFFIX
CHARLES KARISCH		J.	
OFFICE USE ONLY		Date Received: <u>11/16/07 at 3:30 PM</u> CHERYL PETERS, COUNTY CLERK WALLER COUNTY TEXAS BY <u>AK</u> DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
816 WILKINS			HEMPSTEAD, TX 77445
<input type="checkbox"/> Change of Address		Date Hand-Delivered or Date Postmarked:	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(979) 826-2478			
6 CAMPAIGN TREASURER NAME	MS / MRS / / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
JOHNNIE HAAK			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS AND PO BOX PLEASE SEE	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	<input checked="" 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"/> 3th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
10 / 31 / 2006			01 / 15 / 2007
11 ELECTION	ELECTION DATE	ELECTION TYPE	
11 / 07 / 2006		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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		
<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 CHARLES J. KARISCH	15 ACCOUNT # (Ethics Commission filers)
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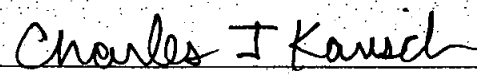
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)	\$ 271.61
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 271.61
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

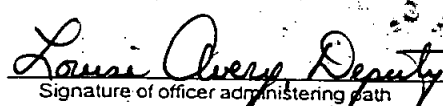
19 AFFIDAVIT

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 J. Karisch, this the 16th day of January, 20 01, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	Louise Avery Printed name of officer administering oath	Deputy Clerk 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

2 FILER NAME

CHARLES J. KARISCH

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/31/06

5 Payee name

THE HOTLINE PRESS

6 Payee address: City: State: Zip Code

1116 Austin Hempstead, TX 77445

7 Amount
(S)

\$ 23.00

8 Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISING

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

10/31/06

Payee name

HOMETOWN HARDWARE

Payee address: City: State: Zip Code

2005 13th St. Hempstead, TX 77445

Amount
(S)

\$ 4.48

Purpose of expenditure (See instructions regarding type of information required.)

LUMBER FOR POLITICAL SIGNS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11/7/06

Payee name

LEWIS GROCERY

Payee address: City: State: Zip Code

HWY. 290 HEMPSTEAD, TX 77445

Amount
(S)

\$ 114.25

Purpose of expenditure (See instructions regarding type of information required.)

Food for Election Party

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

11/8/06

Payee name

THE HOTLINE PRESS

Payee address: City: State: Zip Code

1116 AUSTIN ST. HEMPSTEAD, TX 77445

Amount
(S)

\$ 45.00

Purpose of expenditure (See instructions regarding type of information required.)

3 X 5 Ad

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME CHARLES J. KARISCH		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/13/06	5 Payee name THE HOTLINE PRESS 6 Payee address: City: State: Zip Code 1116 AUSTIN ST. HEMPSTEAD, TX 77445	7 Amount (\$) \$ 24.00
8 Purpose of expenditure (See instructions regarding type of information required.) THANK YOU AD		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11/13/06	Payee name WALLER COUNTY NEWS CITIZEN Payee address: City: State: Zip Code 705 12th st. HEMPSTEAD, TX 77445	Amount (\$) \$60.88
Purpose of expenditure (See instructions regarding type of information required.) THANK YOU AD		-- 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
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED