

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 2	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MP	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
CHARLES		J.	OFFICE USE ONLY Date Received <div style="border: 2px solid black; padding: 5px; display: inline-block;"> received 7-10-2007 </div> Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
KARISCH				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #		CITY
816 WILKINS		HEMPSTEAD, TX		77445
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(979) 826-2478				
6 CAMPAIGN TREASURER NAME	MS / MRS / MP	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
JOHNNIE		HAAK		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS AND PO BOX PLEASE	APT / SUITE #	CITY	
816 WILKINS		HEMPSTEAD, TX	77445	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(979) 826-2478				
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 checked="" 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	
01 / 16 / 2007		THROUGH	Month Day Year	
		7 / 15 / 2007		
11 ELECTION	ELECTION DATE		ELECTION TYPE	
Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input 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

HARLES 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. ..

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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$.00
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4. TOTAL POLITICAL EXPENDITURES	\$.00
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00
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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.



AFFIX NOTARY STAMP / SEAL ABOVE

Charles J. Karisch
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Charles Karisch this the 10th day of July, 20 07, to certify which, witness my hand and seal of office.

Joanne Gregory Signature of officer administering oath
 Joanne Gregory Printed name of officer administering oath
 Notary Public Title of officer administering oath