	TE/OFFICEHOLDER N FINANCE REPORT	(512) 463-5800 1-800-325-850 FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	N GUIDE . explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI CHARLES J. NICKNAME LAST SUFFIX KARISCH	Date Reçaived A TATA
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE; ZIP CODE 816 Wilkins Street, Hempstead Texas 77445	E RECEIVEL B
⁵ CAMPAIGN TREASURER NAME	TITLE FIRST MI JOHNNIE S. NICKNAME LAST SUFFIX HAAK	Receipt # HD PM Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY; STATE; 816 Wilkins Street, Hempstead, Texa:	zip code s 77445
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 826-2478	
8 REPORT TYPE	January 15 X 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month, Day Year Month Day 9 9 97 THROUGH 2 9	Year 98
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 3 10 98 X Yrimary Runoff	General Special
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if know JUSTICE OF PI	m) EACE; PRECINCT ONE
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the candi Candidates are required to disclose this information only if they receive notification of the direc Name	date's prior consent or approval. t campaign expenditure. ••
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
	GO TO PAGE 2	
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Texas Ethics Commission P.Q x 12070 Austin, Texas 78711-2070

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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. ••			
	COMMITTEE TYPE			
		COMMITTEE ADDRESS	. :	
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY	X Check here if r	to reportable activity occurred during this reporting period. (Sign affidavit be	Now and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00	
•		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$200.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZI	ED \$ - 0-	
	4. TOTAL	POLITICAL EXPENDITURES	\$799.97	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	не . \$ -0-	
19 AFFIDAVIT				
ANTIFIC A	LEDA D STURM		perjury, that the accompanying report nformation required to be reported by	
	My Commission Expire March 31, 2001	- Charles I	Kaustle	
а .		Signature of Candi		
AFFIX NOTARY STAMF		/	7th	
08	before me, by the said hich, witness my hand	d <u>CHARLES</u> J. KARISCH , this the <u></u>	day of <u>February</u> ,	
Bignature of officer ad	Hurm ministering geth	LEDA D. STURM Print name of officer administering oath Tit	NO FARY	
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	ICAL CONTRIBUTIONS R THAN PLEDGES OR LC	DANS	3	SCHEDULE A	
	πον Guide explains how to complete this form	n.	1 Total pages Sche	edule A:	
2 FILER NAME CHARLES J. KARISCH			3 ACCOUNT # (Ethics Commission filers)		
Date	 5 Full name of contributor Otis Styer, III 6 Contributor address; City; State; Zip 1133 Galveston, Hempstead, 		7 Amount of contribution (\$) \$200.00	8 In-kind contribution description(if applicable	
Principal oc	cupation Construction	10 Employer (optic	onal)		
Date	Full name of contributor Contributor address; City; State; Zip	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable	
Principal oc	cupation	Employer (optic	pptional)		
Date	Full name of contributor Contributor address; City; State; Zip	Code	Amount of contribution (\$)	In-kind contribution description(if applicable	
Principal oc	cupation	Employer (optic	onal)		
Date	Full name of contributor Contributor address; City; State; Zip	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable	
Principal oc	cupation	Employer (optic	Employer (optional)		
Date	Full name of contributor Contributor address; City; State; Zip	Out of state PAC Code	Amount of contribution (\$)	In-kind contribution description(if applicable	
Principal occ	cupation	Employer (optic	I	l	
lf con	ATTACH ADDITIONAL Co tributor is out-of-state PAC, please see			ing requirements.	

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Texas Ethics Commission

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P.O x 12070 Austin, Texas 78711-2070

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exas Ethics Comm	ission P.O x 12070 Austin, Texas 78	/11-2070 / \	(512)463-5800 1-80	0-325-85
POLITIC	CAL EXPENDITURES		SCHEDUL	.ε F
	GUIDE explains how to complete this form.		1 Total pages Schedule F:	
			I 3 ACCOUNT [*] # (Ethics Commission filers	c)
CHARLES J				•,
Date	5 Payee name		7 Amount	
12/8/97	Waller County Democratic Party 6 Payee address; City; State; Zip Code		(\$) \$300.00	
Purpose of exp	enditure		enditure to benefit C/OH ++	<u></u>
Filing Fee		Candidate / Officeholder	name Office sought /	/ heid
Date	Payee name		Amount	
12/8/97	Hempstead Printing Payee address; City; State; ZipCode 900 12th Street, Hempstead, Tex	as 77445	(\$) \$ 77.39	
Purpose of exp	enditure	 Complete if direct expension Candidate / Officeholder 	enditure to benefit C/OH ++ name Office sought /	/ hatel
Posters			name Cince sough /	neiu
Date	Payee name		Amount	
1/12/98 .	Waller County News Citizen Payee address; City; State; Zip Code 705 12th Street, Hempstead, Tex	 as 77445	(\$) \$104.32	
Purpose of exp	enditure	Complete if direct exp Candidate / Officeholder	enditure to benefit C/OH ** name Office sought /	
Political	Ad		h h	
Date	Payeename Hempstead Hometown Hardware		Amount (\$)	
1/12/98	Payee address; City; State; Zip Code		\$ 64 . 95	
Purpose of exp	enditure		enditure to benefit C/OH 🕶	
Stakes		Candidate / Officeholder	name Office sought /	/ hełd
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS N	EEDED	

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Texas Ethics Commission

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POLITICAL EXPENDITURES

P.O. Box 12070 Austin, Texas 78711-2070

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(512)463-5800

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1 3 1-800-325-8506

SCH	EDU	le F
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(continuation)

	N GUIDE EXPlains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME 3			3 ACCOUNT # (Ethics Commission filers)	
CHARLES J. KARISCH				
4 Date	5 Payee name	······································	7 Amount	
•			(\$)	
1/14/98	Waller County News Citizen		\$ 32.60	
	6 Payee address; City; State; Zip Code		• • • • • • •	
	,	77//5		
	705 12th Street, Hempstead, Te	xas //445	i i i i i i i i i i i i i i i i i i i	
8 Purpose of exp	penditure	9 . Complete if direct exp	enditure to benefit C/OH ++	
		Candidate / Officeholder		
Politica	1 Ad			
Date	Payee name	1	A	
	Hotline Press		Amount (\$)	
1/15/98				
	Payee address; City; State; Zip Code		\$ 21.00	
	1116 Austin Street, Hempstead,	Texas 77445		
		10A45 // //)		
		· ·	·	
Purpose of exp	enditure	 Complete if direct exp Candidate / Officeholder 	enditure to benefit C/OH +	
		Candidate / Oncendider	name Office sought / held	
Politica	1 Ad			
Date	Payee name	······································	Amount	
	J & L Printing	· · ·	(\$)	
1/21/98			\$133.48	
,	Payee address; City; State; Zip Code			
	12th Street, Hempstead, Texas	77445		
	izen bereet, nemperedet, rekeb			
			<u> </u>	
Purpose of exp		 Complete if direct exp Candidate / Officeholder 	enditure to benefit C/OH name Office sought / held	
Cards-adv	ertisement			
Date	Payee name		Amount	
2/02/98	Wal-Mart	N	(\$)	
,,	Payee address; City; State; Zip Code		••••••\$ 7.56	
		77//5		
	U.S. Highway 290, Hempstead, T	exas //445		
Purpose of exp	enditure	- SF		
Purpose of expenditure Complete if direct expenditure to ben Candidate / Officeholder name				
staples			-	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED	
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POLITI	CAL EXPENDITURES	ŢŢ	· · · · · · · · · · · · · · · · · · ·	SCHEDULE F (continuation)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAME CHARLES J. KARISCH		••••••••••••••••••••••••••••••••••••••	3 ACCOUNT	# (Ethics Commission filers)
4 Date 5 Payee name 7 Armount (\$) 9/23/97 Shirts, Caps and Möore \$ 53.09 6 Payee address; City; State; Zip Code 31315 FM 2920, Waller, Texas 77484 1				(\$)
8 Purpose of exp	penditure	9 •• Complete if direct exp Candidate / Officeholder		lit C/OH ↔ Office sought / held
Signs			name .	
Date 9/16	Payee name Wal-Mart Payee address: City: State: Zip Code U.S. Highway 290, Hempstead, 2			Amount (\$) \$5,58
Purpose of ex		Complete if direct exp Candidate / Officeholder		fit C/OH ↔ Office sought / held
Date	Payee name Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		Amount (\$)
Purpose of ex	l penditure	← Complete if direct exp Candidate / Officeholder		fit C/OH 🏎 Office sought / held
Date	Payee name Payee address; City; State; Zip Code	·	<u> </u>	Amount (\$)
Purpose of ex	penditure	⊷		fit C/OH ↔ Office sought / held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	NEEDED	

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