

# 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:

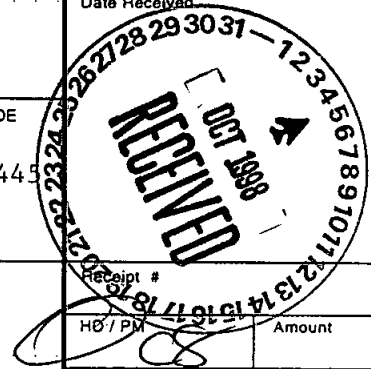
4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
CHARLES J.  
NICKNAME LAST SUFFIX  
KARISCH

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
816 Wilkins Street Hempstead, Texas 77445

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
JOHNNIE S.  
NICKNAME LAST SUFFIX  
HAAK

Receipt #

HO / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
816 Wilkins Street Hempstead, Texas 77445

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 409 ) 826-2478

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year Month Day Year  
7 / 16 / 98 THROUGH 10 / 02 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11 / 03 / 98  
 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

JUSTICE OF PEACE, PRECINCT ONE

13 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"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 220.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 277.28
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT

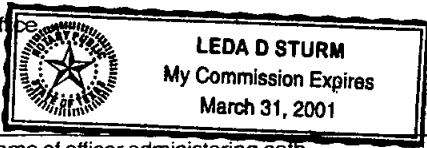
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 5th day of October, 1998, to certify which, witness my hand and seal of office

*Leda D. Sturm*  
 Signature of officer administering oath



Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CHARLES J. KARISCH		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor RUTH S. CONNETT <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1805 9th Street, Hempstead, Texas 77445			
9 Principal occupation Retired		10 Employer (optional)	
Date	Full name of contributor ODIS STYER, III <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1133 Galveston, St., Hempstead, Texas 77445			
Principal occupation Construction/Farmer		Employer (optional)	
Date	Full name of contributor WAYNE BELL <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable) stakes
Contributor address; City; State; Zip Code 910 8th Street, Hempstead, Texas 77445			
Principal occupation Surveyor		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		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:
2 FILER NAME CHARLES J. KARISCH		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/17/98	5 Payee name THE HOTLINE PRESS ..... 6 Payee address; City; State; Zip Code 1116 Austin St., Hempstead, Texas 77445	7 Amount (\$) \$ 96.00
8 Purpose of expenditure Political Ad		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/17/98	Payee name WALLER COUNTY NEWS CITIZEN ..... Payee address; City; State; Zip Code 705 12th St., Hempstead, Texas 77445	Amount (\$) \$156.48
Purpose of expenditure Political Ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/30/98	Payee name VIKING OFFICE SUPPLY ..... Payee address; City; State; Zip Code P. O. Box 819064, Dallas, Texas 75381	Amount (\$) \$ 24.80
Purpose of expenditure staple		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/26/98	Payee name MARSHALL FAMILY DEALERSHIP ..... Payee address; City; State; Zip Code Hwy. 290E, Hempstead, Texas 77445	Amount (\$) Use of automobile for Waller County Fair Parade on 9/26/98
Purpose of expenditure Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		