

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 | TITLE JP#1 | FIRST Charles | MI J | OFFICE USE ONLY |
| | NICKNAME | LAST Karisch | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 816 Wilkins St. Hempstead, Texas 77445 | | | Date Hand-delivered or Date Postmarked |
| | | | | 7-14-00 <i>lgl</i> |
| 5 CAMPAIGN TREASURER NAME | TITLE | FIRST Johnnie | MI S | Receipt # |
| | NICKNAME | LAST Hoak | SUFFIX | Amount |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 816 Wilkins St. Hempstead, Texas 77445 | | | | |
| CAMPAIGN TREASURER PHONE | | | | |
| AREA CODE PHONE NUMBER EXTENSION (979) 826-2478 | | | | |
| 8 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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |
| 9 PERIOD COVERED | | | | |
| Month Day Year THROUGH Month Day Year 01 / 16 / 2000 07 / 15 / 2000 | | | | |
| 10 ELECTION | | | | |
| ELECTION DATE Month Day Year / / | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | | | | |
| OFFICE HELD (if any) JP #1 | | | 12 OFFICE SOUGHT (if known) | |
| 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 | | | | |
| <input type="checkbox"/> additional pages | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

➔ C/OH NAME

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

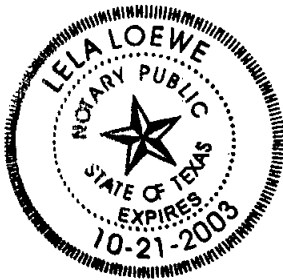
\$

OUTSTANDING LOAN TOTALS

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

\$

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. Karrisch
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles J. Karrisch, this the 14th day of July, 20 00, to certify which, witness my hand and seal of office.

Lela Loewe
Signature of officer administering oath

Lela Loewe
Printed name of officer administering oath

Election Administrator
Title of officer administering oath