	DATE/OFFI AIGN FINAN	CE REPORT		<b>V</b>	FORM C/C COVER SHEET PC
The C/OH اאs this form.	TRUCTION GUIDE explain	ns how to complete	1 ACCOUNT# (Ethics Commission	on filers)	2 Total pages filed: 7
3 CANDIDATE OFFICEHOL NAME		FIRST		л	OFFICE USE ONL
	NICKNAME	LAST KARISCH		SUFFIX	Date Received
4 CANDIDATE OFFICEHOL ADDRESS	DER		TY: STATE:	ZIP CODE	-
Change of	Address 816 WILKIN	S HE	MPSTEAD, TX		Date Hand-delivered or Date Postm
<sup>5</sup> CAMPAIGN TREASURE NAME	R	FIRST JOHNNIE		мı S	Receipt # Amount
	NICKNAME	LAST HAAK	•	SUFFIX	Date Processed Date Imaged
6 CAMPAIGN TREASURE ADDRESS (Residence or I	R	NO PO BOX PLEASE): APT / SU	ie #. City: HEMPSTEA	state: D, TX	zip code 77445
CAMPAIGN - TREASURE PHONE		PHONE NUMBER	EXTENSIO	ИС	
8 REPORT TY	PE January 15	30th day before election	n 🗌 Runofí		15th day after campaign treas appointment (officeholder only)
	July 15	Bth day before election		d \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day	Year THROU 02	JGH 10		Vear 02
10 ELECTION	ELECTION Month Day	DATE ELECTION TYP Year Primary	PE Runoff	x	] General Specia
11 OFFICE	OFFICE HELD (if any JP# 1	)	12 OFFICE	 SOUGHT (# kno #].	wn)
13 DIRECT CAMPAIGN EXPENDITU BY OTHER	··· Direct campaign     Candidates are requ	expenditures are campaign expen ired to disclose this information or	ditures made by others	without the can	didate's prior consent or approval. ct campaign expenditure. ••
INDIVIDUAL	S Name				
		Apt. / Sunte #; City; State; 2	Zip Code		
additional pag	es .				

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FORM C/OH

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	les political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates an y receive notice of such expenditures	/ officeholder. These expenditures may d officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN INEASURER ADDRESS	
17 NO REPORTABLE ACTIVITY		to reportable activity occurred during this reporting period. (Sign affidavit belo	w 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	\$
1		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 770.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 787.48
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	≡ \$
19 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·		
		I swear, or affirm, under penalty of penalty of penalty of penalty of penalty of penalty and correct and includes all in me under Title 15, Election Code.	•••
	KAREN BINGHAM ry Public, State of Texa y Commission Expires May 23, 2006	s Charles	T Koush tate or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE		
	ູກ	the said <u>Karen Bingham</u>	, this the day
Koron R	in ana m		
Signature of officer ac	Iministering oath	Printed name of officer administering oath Title	e of officer administering oath
Printed on recycled paper			Revised 11/16/1999

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

## POLITICAL CONTRIB

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

· · · · · · · · · · · · · · · · · · ·					
	N Guipe explains how to complete this form.		1 Total pages this	Schedule A1:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)		
4 Date	5 Full name of contributor	out-of-state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9-10-02	Sylvia Cedillo 6 Contributor address: City: State: Zip Code		\$100.00		
· •	P.O. Box 356 Prairie View, Texas 77446				
9 Principal occup	pation (Optional)	10 Employer (Opti	onal)		
Date	Full name of contributor	Out-of-state PAC	Amount of	In-kind contribution	
9-24-02	Otis Styers III		contribution (\$)	description (if applicable)	
	, Contributor address; City; State; Zip Code		\$100.00		
	1133 Galveston Hempstead, Texas 77445				
				· 	
Principal occur	pation (Optional)	Employer (Opti	onal)		
Date	Full name of contributor	Out-of-state PAC	Amount of	In-kind contribution	
9-29-02	David & Sue Knight		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$500.00		
	350 #3 Hwy 290 E. Hempstead, Texas 77445				
Principal occup	pation (Optional)	Employer (Optio	onal)		
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-27-02	Joyco Printing				
	Contributor address; City; State; Zip Code	· ·	\$70.00	Printing	
	27644 Hwy 6 Hempstead, Texas 77445				
Principal occur	pation (Optional)	Employer (Opti	onal)	<u>I</u>	
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address: City; State; Zip Code	,		ł ł	
<u> </u>				· 	
Principal occup	bation (Optional)	Employer (Option	onal)		
•					
1.0	ATTACH ADDITIONAL COPIE			· · ·	
ir contri	butor is out-of-state PAC, please see instr	ruction guide for	additional report	ing requirements.	

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Austin, Texas 78711-2070

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			F					

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SCHEDULE F

		<u> </u>	······································		
ļ	The Instruction	Schedule F:			
2	FILER NAME	5		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	<u> </u>	7 Amount
	8-23-02	Repka's Hardware			(\$)
	0 20 02		•••••••	· · · · · · · ·	\$53.49
		6 Payee address; City; State: Zip Code 719 12th Street			<b>۲۰۰</b>
		Hempstead, Texas 77445			
8	Purpose of exp information rec	enditure (See instructions regarding type of juired.)	9 ··· Complete if direct exp Candidate / Officenolder		it C/OH ··· Office sought / held
	Supplies	for signs			
	Date	Payee name			Amount
	8-27-02	Waller County News Citizen			(\$)
		Payee address; City; State; Zip Code		• • • • • • • •	\$180.00
		705 l2thtStreet Hempstead, Texas 77445			
		nempseedd, iewas 77445			
		enditure (See instructions regarding type of	Complete if direct exp		
	information req	uireä.)	Candidate / Officeholder	name	Office sought / held
	Newspape:	r Ad			
	Date	Payee name			Amount
	9-5-02	Repka's Hardware			(\$)
		Payee address; City; State: Zip Code			\$24.99
		719 12th Street			
		Hempstead, Texas 77445			
		enditure (See instructions regarding type of	·· Complete if direct exp		
	information rec	uirea.)	Candidate / Officeholder	name	Office sought / held
	Supplie	s for signs			
	Date	Payee name			Amount
	9-5-02	Isiah Adeoye			(\$)
		Payee address; City: State: Zip Code			\$25.00
		Old Houston Hwy			
		Pråirie View, Texas 77446			
	Purpose of exp information req	enditure (See instructions regarding type of juired.)	<ul> <li>Complete if direct exp Candidate / Officeholder</li> </ul>		it C/OH ··· · Office sought / held
	Letters of	on signs			
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	IEEDED	

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POLIT		EXPE	NDIT	ŮR.	ES
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SCHEDULE F

		N Guide explains how to complete this form.		1 Total pages	Schedule F:
2	FILER NAME	Ξ		3 ACCOUNT	# (Ethics Commission filers)
4	Date	5 Payee name	Y		7 Amount (\$)
	9–6–02	Shirts Caps, & More- 6 Payee address: City; State: Zip Code P.O. Bôx 1450 2302 Waller Street Waller, Texas 77484		· · · · · · · · ·	\$204.50
8	Purpose of expo information req	enditure (See instructions regarding type of	9 ··· Complete if direct expe Candidate / Officenolder		it C/OH Office sought / held
_	Buttons	5			
	Date	Payee name			Amount
	9–13–02	Hometown Hardware			(\$)
		Payee address: City: State: Zip Code 2205 Hwy 159 Hempstead, Texas 77445			\$37.88
	Purpose of exp information req Stakes	enditure (See instructions regarding type of	Complete if direct exp Candidate / Officeholder		it C/OH •• Office sought / held
	Date	Payee name			Amount
		Payee address: City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		(\$)
	Purpose of experimental information req	enditure (See instructions regarding type of uired.)	Complete if direct exp Candidate i Officeholder		l fit C/OH Office sought / held
	_ # 4				
9	Date 9–15–02	Payeename Waller County Democratéc Party	7		Amount (\$)
		Payee address; City; State; Zip Code			\$25.00
		27831 Krezdom Rd. Hockley, Texas 77447			
	Purpose of expo information req	enditure (See instructions regarding type of uired.)	Complete if direct exp Candidate / Officeholder		l iit C/OH Office sought / held
	Donation	S			
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED	
8	Printed on recycled	i paper	·····		Revised 11/12/5

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DOLITICAL	EXPENDIT URES
PULIICAL	CAPENDII UKES

SCHEDULE F

· · · · · · · · · · · · · · · · · · ·				
The Instruction	N Guipe explains how to complete this form.		1 Total pages Schedule F:	<u></u>
2 FILER NAME	E		3 ACCOUNT # (Ethics Commission filers	)
4 Date 8-29-02	5 Payeename Hometown Hardware	1	7 Amount (\$)	
	6 Payee address; City; State: Zip Code 2205 Hwy 159 Hempstead, Texas 77445		\$75.75	
8 Purpose of exp information reg	enditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officenolder /		heid
Stakes				
Date	Payee name		Amount	
9-27-02	Joyco Printing		(\$)	
	Payee address: City: State: Zip Code 27644 Hwy 6 Hempstead, Texas 77445		\$46.99	
information req	enditure (See instructions regarding type of quired.) g of Door Hangers	Complete if direct expe Candidate / Officeholder r		held
Date 10-1-02	. Payee name Waller County Gala		Amount (\$)	
	Payee address: City: State: Zip Code P.O. Bôx 187 Hempstead, Texas 77445		\$100.00	
Purpose of exp information rec	I enditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder	inditure to benefit C/OH ··· name Office sought /	held
Donatio	on			
Date	Payee name	• · · · · · · · · · · · · · · · · ·	Amount (\$)	
	Payee address: City; State: Zip Code		•••••	
Purpose of exp information req	enditure (See instructions regarding type of guired.)	Complete if direct expe Candidate / Officeholder	nditure to benefit C/OH name Office sought /	' held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	Guide explains how to complete this form.	1 Total pages Schedule (	3:		
2 FILER NAM	E	3 ACCOUNT # (Ethics Co	ca Commission filers)		
Date 9–24–02	<pre>5 Payee name Charles J. Karisch 6 Payee address: City: State: Zip Code 816 Wilkins Street Users stand Marson 27///5</pre>	8 	Amount (\$) 510.00		
	Hempstead, Texas 77445 7 Purpose of expenditure (See instructions regarding type of information rec Paper for Copies	uired.)	Reimbursement from political contributions intended		
Date 9–24–02	9-24-02 Charles J. Karisch Payee address: City: State: Zip Code 816 Wilkins Street Hempstead, Texas 77445				
	Purpose of expenditure (See instructions regarding type of information rec Copies	uired.)	Reimbursement from political contributions intended		
Date.	Payee name Payee address: City; State; Zip Code		Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information rec	uired.)	Reimbursement from political contributions intended		
Date	Date Payee name Payee address; City; State; Zip Code		Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information re	quired.)	Reimbursement from political contributions intended		
Date .	Payee name Payee address; City; State: Zip Code Purpose of expenditure (See instructions regarding type of information rec		Amount (\$) Reimbursement from political		