

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: <u>Six</u> 4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Charles J.	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Karisch	Date Received 1-13-03 <i>lrf</i>	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 816 Wilkins St. Hempstead Tx 77445	Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Johnnie S.	Receipt #	Amount
	NICKNAME LAST SUFFIX Haak	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 St. Hempstead Tx 77445		
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-2478		
8 REPORT TYPE	<input checked="" 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 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 10 / 28 / 02	THROUGH	Month Day Year 1 / 15 / 03
10 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 02	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) JP#1	12 OFFICE SOUGHT (if known) JP#1	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>-- 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. --</p> <p>Name</p> <p>Address / PO Box: Apt. / Suite #: City: State: Zip Code</p>		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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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)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 171.37
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. 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 7 day January, 20 03, to certify which, witness my hand and seal of office.

<u>Karen Bingham</u> Signature of officer administering oath	<u>Karen Bingham</u> Printed name of officer administering oath	<u>Notary of Public.</u> Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE 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 <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10-29-02	Myrtle S. Carson 6 Contributor address: City: State: Zip Code 1735 10th St. Hempstead, Tx 77445	\$100.00		
9 Principal occupation (Optional)		10 Employer (Optional)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-4-02	Tom B. Cuny Jr. Contributor address: City: State: Zip Code P.O. Box 523 Hempstead, Tx 77445	\$100.00		
Principal occupation (Optional)		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 (Optional)		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 (Optional)		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 (Optional)		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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name LAC'S	7 Amount (\$)
11-5-02	6 Payee address: City: State: Zip Code 711 12th St. Hempstead, Tx 77445	\$19.45
8 Purpose of expenditure (See instructions regarding type of information required.) Supplies for Election Party		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
11-8-02	Lewis Grogery Payee address: City: State: Zip Code Hwy. 290 Hempstead, Tx 77445	\$73.59
Purpose of expenditure (See instructions regarding type of information required.) Supplies for Election Party		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
11-8-02	Hotline Press Payee address: City: State: Zip Code 1116 Austin Hempstead, Tx 77445	\$45.00
Purpose of expenditure (See instructions regarding type of information required.) Thank You Ad		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
1-6-03	June Jackson Payee address: City: State: Zip Code 836 Austin Hempstead, Tx 77445	\$33.33
Purpose of expenditure (See instructions regarding type of information required.) Supplies for Swearing in Party		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED