

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: 3	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	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		HEMPSTEAD, TX		77445
5 CAMPAIGN TREASURER NAME	TITLE	FIRST JOHNNIE	MI	Date Received	
	NICKNAME	LAST HAAK	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	816 WILKINS		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	THROUGH	Month Day Year
	07	15	04		01 / 15 / 05
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11	05	2002		
11 OFFICE	OFFICE HELD (if any) JP #1			12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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				

Date Hand-delivered or Date Postmarked
1.12.05
lbf

GO TO PAGE 2

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 8/3/04	5 Payee name HEMPSTEAD HIGH SCHOOL 6 Payee address: City: State: Zip Code P. O. Box 1007 Hempstead, Texas 77445	7 Amount \$100.00
8 Purpose of expenditure (See instructions regarding type of information required.) FULL PAGE AD IN 2004 FOOTBALL PROGRAM		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/20/04	Payee name WALLER COUNTY FAIR ASSOCIATION Payee address: City: State: Zip Code P. O. BOX 911 HEMPSTEAD, TX 77445	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) TRASH CAN ADVERTISEMENT AT WALLER COUNTY FAIR		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/13/04	Payee name WALLER COUNTY FAIR ASSOCIATION Payee address: City: State: Zip Code P. O. Box 911, Hempstead, TX 77445	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution to Goat Show		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date /14/04	Payee name RUTH CONNETT Payee address: City: State: Zip Code 1805 NINTH ST., HEMPSTEAD, TX 77445	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Silent Auction Contribution-Dinner at Tiendo Restaurant		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission filers)
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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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.)	
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 250.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 250.00
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Charles J. Karisch, this the 12th day of January, 20 05, 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

ELECTIONS ADMIN.
Title of officer administering oath