

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / ZIP: FIRST: LAST: NICKNAME:	FIRST: CHARLES LAST: KARISCH	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:	816 WILKINS HEMPSTEAD, TX 77445	Date Hand-delivered or Date Postmarked: 7/17/06
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION:	(979) 826-2478	Receipt #: Amount:
6 CAMPAIGN TREASURER NAME	MS / MRS / ZIP: FIRST: LAST: NICKNAME:	JOHNNIE HAAK	Date Processed: Date Imaged:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:	816 WILKINS HEMPSTEAD, TX 77445	
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION:	(979) 826-2478	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> (5th day after campaign treasurer appointment (officeholder only)) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 3th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month: Day: Year: THROUGH Month: Day: Year: 02 / 28 / 2006 07 / 15 / 2006		
11 ELECTION	ELECTION DATE Month: Day: Year:	ELECTION TYPE	
	11 / 07 / 2006	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any):	13 OFFICE SOUGHT (if known):	
	JP #1		
14 NOTICE OF 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

14 C/OH NAME CHARLES J. KARISCH	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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1385.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 457.98
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

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 17th day of July, 2006, to certify which, witness my hand and seal of office.

Jessica L. Weaver Jessica L. Weaver NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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
2/8/06

5 Payee name

REPKA'S HARDWARE

7 Amount
(S)

6 Payee address: City: State: Zip Code

719 12th STREET, HEMPSTEAD, TX 77445

\$ 10.77

8 Purpose of expenditure (See instructions regarding type of information required.)

SCREWS & WASHERS FOR POLITICAL SIGNS

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

3/5/06

WALMART

Amount
(S)

Payee address: City: State: Zip Code

290 Business, Hempstead, TX 77445

\$ 19.42

Purpose of expenditure (See instructions regarding type of information required.)

Drinks for Election Party

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

3/7/06

LEWIS GROCERY

Amount
(S)

Payee address: City: State: Zip Code

HWY. 290, HEMPSTEAD, TX 77445

\$ 88.69

Purpose of expenditure (See instructions regarding type of information required.)

Sandwiches for Election Party

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

3/14/06

HOUSTON COMMUNITY NEWSPAPERS

Amount
(S)

Payee address: City: State: Zip Code

705 12th St., Hempstead, TX 77445

\$ 76.10

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 3/15/06	5 Payee name THE HOTLINE PRESS 6 Payee address; City: State: Zip Code 1116 AUSTIN ST., HEMPSTEAD, TX 77445	7 Amount (\$) \$ 13.00
8 Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 3/14/06	Payee name GO WESTERN GALA Payee address; City: State: Zip Code	Amount (\$) \$ 100.00
Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4/10/06	Payee name GO WESTERN GALA Payee address; City: State: Zip Code	Amount (\$) \$ 100.00
Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6/15/06	Payee name ST. PETERS BAPTIST CHURCH Payee address; City: State: Zip Code 805 18th St., Hempstead, TX 77445	Amount (\$) \$ 50.00
Purpose of expenditure (See instructions regarding type of information required.) JUNETEENTH DONATION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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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 CHARLES J. KARISCH		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/10/06	5 Full name of contributor JOHNNIE & BILL HAAK <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$) \$85.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 22061 CHAPMAN RD., HEMPSTEAD, TX 77445			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3/3/06	Full name of contributor OTIS L. OWENS <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P. O. Box 672391, Houston, TX 77267-2391			
Principal occupation (Optional)		Employer (Optional)	
Date 3/24/06	Full name of contributor MRYTLE CARSON <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1735 10th St., Hempstead, TX 77445			
Principal occupation (Optional)		Employer (Optional)	
Date 3/16/06	Full name of contributor RUTH CONNETT <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P. O. Box 932, HEMPSTEAD, TX 77445			
Principal occupation (Optional)		Employer (Optional)	
Date 4/18/06	Full name of contributor SCOTT HOWELL <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 31778 HOWELL RD., WALLER, TX 77484			
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 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
CHARLES J. KARISCH 3 ACCOUNT # (Ethics Commission filers)

4 Date 5/4, 2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC MICHAEL & MICHELLE MINNS	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 9119 S. GESSNER DR., #1, HOUSTON, TX 77074			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 4/10/06	Full name of contributor <input type="checkbox"/> out-of-state PAC EDDIE & JOHNNIE HAAK	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 7801 CHAMPLAIN BL., HOUSTON, TX 77045			

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)

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