	TE/OFFICEHOLDER N FINANCE REPORT	FORM C/OH Cover Sheet pg 1
The C/OH: Instruction this form	M Guibe: explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MIS (MR5) FAP: CHARLES NICKNAME LAST KARLSCH	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS VPOROX APTISUITER CITY STATE ZIP.CODE 816 WILKINS HEMPSTEAD, TX 77445	Cale Hard delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA 1002 PHONE NUMBER () 826-2478	D 9 00
⁵ CAMPAIGN TREASURER NAME	MS (MPS: MR FIRET)) JOHNNIE MCKREME LAST SUFFIX HAAK	Dare Processed
7 CAMPAIGN TREASURER ADDRESS (Residence of business)	STREET ACDRESS (NO PO SOX PLEASE), APT (SUITE # STATE 816 WILKINS HEMPSTEAD, TX	ze coos 77445
3 CAMPAIGN TREASURER PHONE	APEL DUCE PHOME NUMBER EVELSION	
€EPORITYPE	Sañuary (S	(58) day site: campsign freasurer spornfulent collections (
IO PERIÒD COVERED	Monin Day Year Day 07 16 06 THROUGH 10 07.	이 왜 집 수요? 이 것 같아? 이 가지 않지 않는 것 같아?
H ELECTION.	LECTION DATE Lond Jay Jean 11 07 2006 Permany Runoff X	General Special
I2 OÉRICE	DFFICE HELE I anyl JP #1 JP #1	wit All
4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures inade by others without the ca Candidates are required to disclose this information only if they receive romination of the du Name	ndidate's prior consent or approval récit campaign expenditure
additional pages	Addréss, PC Sox, Apt. / Suite # Cuty State: Cip.Code	

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Texas Ethics Commission

70 Austin, Texas 78711-2070

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

JESSICA L. WEAVER lotary Public, State of Texas My Commission Expires January 27, 2010

P.O.Boy

FORM C/OH COVER SHEET PG 2

1-800-325-8506

		<u></u>		· · · · · · · · · · · · · · · · · · ·
14	C/OH NAME		15 AC	COUNT#(Ethics Commission filers)
		S J KARISCH		
16	SUPPORTING POLITICAL COMMITTEE(S)	 This listing includ have been made with 	es political expenditures by political committees to support the candidate / offici out the candidate's or officeholder's knowledge or consent. Candidates and offic y receive notice of such expenditures	eholder. These expenditures may eholders are required to report this
		COMMITTEE TYPE	COMMITTEE NAME	
		GENERAL	COMMITTEE ADORESS	
` .				
			COMMITTEE CAMPAIGN TREASURER NAME	
	additional pages	۰. ۱	l	· · · · · · · · · · · · · · · · · · ·
ĺ	·	l	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		۰. ۲۰۰۰ ۲۰۰۰ ۱		
17	NO REPORTABLE ACTIVITY	Check here if r	to reportable activity occurred during this reporting period. (Sign affidavit below and	submit pages 1 and 2 only.)
18	CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
V.1			POLITICAL CONTRIBUTIONS THAN PLEDGES. LOANS. OR GUARANTEES OF LOANS)	\$ 500 \$ 00
	EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED	\$
		4. TOTAL	POLITICAL EXPENDITURES	\$ 2,097.73
	OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY 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.

Than les gnature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE Charles J. Karisch to and subscribed before me, by the said his the daγ which, witness my hand and seal of office. WEAVER ature of officer administering oath Printed name of officer administering oath Title of officer administering oath

lexas.	Ethics	Comr	mission	

Austin, Texas 78711

2) 463-5800 1-800-325-8506

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.(

(FOR FORMS C/OH & SPAC)

The INSTRUCTIO	N GUIDE explains how to complete this form.	1 Total pages this Schedule A1:			
FILER NAME			3 ACCOUNT # (EII	ncs Commission filers)	
CHADL	ES J. KARISCH				
Date			7 Amount of	8 In-kind contribution	
8/20/06	WALLER COUNTY DEMOCRATIC CLUI		contribution (\$)	description (if applicable	
	6 Contributor address; City; State; Zip Code		\$500.00		
	28070 RICE RD., HOCKLEY, TX	77447		 	
Principal occup	pation (Optional)	10 Employer (Optic	pnal)	<u>l</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			.• . 	
Principal occup	pation (Optional)	Employer (Optio	onal)	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor	Cut-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable	
	Contributor address; City; State; Zip Code				
Principal occup	pation (Optional)	Employer (Optic	onal)	<u> </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			 	
				1	
Principal occuj	pation (Optional)	Employer (Optional)			
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable	
	Contributor address; City; State; Zip Code				
	pation (Optional)	Employer (Optio			

Printed on recycled paper

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exas Ethics Cor	nmission P.O. Box 12070 Austin, Texas	78711-2070 (512)463-5800 1-800-325-85
POLITI	CALEXPENDITURES	· · ·	SCHEDULE F
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		·
The Instructio	н Guide explains how to complete this form.		ages Schedule F: £ 23 -
2 FILER NAM	E J. KARISCH		UNIT # (Ethics Commission filers)
1 Date	5 Payee name	······································	7 Amount
8/1/06	VOIES UNLIMITED		(5) \$ 171.13
	6 Payee address: City; State: Zip Code		
• • •	P. O. BOX 188, FERNDALE, NY	12734-0188	
B Purpose of exp information red	l enditure (See instructions regarding type of quired.)	9 Complete il direct expenditure lo Candidate / Officenolder name	benefit C/OH ··· Office sought / held
BOOKMARK	s, 1000		
Date	Рауее пате		Amount
8/21/06	JOYCO PRINTING		\$ 102.19
	Payee address: City: State: Zip Code		
	27644 HWY, 6, Hempstead, TX	77445	
Purpose of exp information rec	enditure (See instructions regarding type of quired.)	 Complete if direct expenditure to Candidate / Officeholder, name 	benefit C/OH Ofice soughi / held
PRINTING	DOOR HANGERS		
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	Amount
/19/06	WALLER COUNTY NEWSCITIZEN		\$ 156.00
	Payee address: City; State: Zip Code		
		7445	
Purpose of exp information re	penditure.(See instructions regarding type of quired.)	Complete if direct expenditure to Candidate / Officeholder name	o benefit C/OH Office sought / held
Newspaper	Ad		
Date	Рауеелате		Amount (\$)
9/25/06	WALLER COUNTY FAIR ASSOCIATION Payee address: City: State: Zip Code		\$ 50.00
· ·	P. O. Box 911, Hempstead, TX	77445	
Purpose of exp information re	penditure (See instructions regarding type of quired:)	Complete il direct expenditure Candidate / Officeholder name	lo benefit C/OH V Ofice sought / held
	ADVERTISEMENT		· · ·

A	s Ethics Com	nission P.O. Box 12070 Austin	Texas 7871	1-2070	•	(512) 463	3-5800	1-800-325-85
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1	POLITIC	AL EXPENDITURES					SCł	HEDULE F
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-	·				·	1 Total pages		
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2	FILER NAME			•		3 ACCOUNT		nmission filers)
-				••			ч.	
4	Date	5 Payee name		· . ·		· · ·	7	Amount (\$)
₹×.	7/25/06	SIGNS AND MORE	•	· ·	· · · ·	· · ·	s	500.00
	* - ']•	6 Payee address; City; State;	Zip Code			· · · · · · ·		300000
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		P. O. Box 206 , Praire V	View, TX	77446				
	Purpose of exce	nditure (See instructions regarding type of	9	··· Complete il	l direct exp	enditure to bene	I fitC/OH ···	
	information requ	uired.)		Candidate / C				Office sought'I held
]	Double Sid	led Campaign Signs		•	••••	• .	•	
	Date	Payee name	· · · · ·				· .	Amount (S)
	9/11/06	SIGNS AND MORE		.			\$	582.00
		Payee address: City: State:	Zip Code					
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		P. O. BOX 206, PRAIRE V	IEW, TX	77446	• • •			·
	Purpose of exp	P. O. BOX 206, PRAIRE V		Complete		penditure to ben	efit C/OH -	Office souch: / held
 .	Purpose of exp information req	enditure (See instructions regarding type of					efit C/OH	. Office sought / held
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	information req	enditure (See instructions regarding type of uired.) Pouble SIDED CAMPAIGN (Complete				Amount (S)
	information req 18" X 24 Date	enditure (See instructions regarding type of uired.) "DOUBLE SIDED CAMPAIGN { Payee name SIGNS AND MORE	SIGNS	Complete			refit C/OH -	Amount
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	information req 18" X 24 Date 9/12/06 Purpose of exp information re	Payee name SIGNS AND MORE Payee address: City: State P. O. BOX 206, Praire T penditure (See instructions regarding type o quired.)	SIGNS Zip Code View, TX	Complete Candidate /	Officehold e if direct e	er. name	\$	Amount (S) 324.75
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	Information req IS" X 24 Date 9/12/06 Purpose of exp information re CAMPAIGN Date 8/8/06	Payee name P. O. BOX 206, Praire V Payee name SIGNS P. O. BOX 206, Praire V penditure (See instructions regarding type o quired.) Payee address: City: State Payee name US POST OFFICE Payee address: City: State Payee	SIGNS Zip Code View, TX	Complete Candidate / 77446 Complete Candidate /	Officehold e if direct e / Officehol	expenditure to be	\$ enefit C/OH \$	Amount (S) 324.75 Office sought / hele Amount (S) 2.66
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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xas Ethics Commission P.O. Box 12070 Austin, Texa	as 78711-2070	(512) 463-5800	1-800-325-8506
POLITICAL EXPENDITURES		s	HEDULE F
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		•	
The INSTRUCTION GUIDE explains how to complete this form.	· · ·	1 Total pages Schedule	F:
		3 ACCOUNT # (Ethics (Commission filers)
FILER NAME CHARLES J. KARISCH			
Date 5 Payee name		7	Amount (\$)
7/24/06 HEMPSTEAD ATHLETIC BOOSTER	CLUB	\$	150.00
6 Payee address: City: State: Zip C	ode		
P. O. Box 1007, Hempstead,	тх 77445		
Purpose of expenditure (See instructions regarding type of information required.)	9 Complete il direct ès Candidate / Officenoid	penditure to benefit C/OH er name	Office sought / held
ADVERTISING IN FOOTBALL PROGRAM			·. · ·
ADVERTISING IN FOOTBALL FROMVI		• • •	
Date Payee name			Amount (S)
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information required.)			
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	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G		
	N GUIDE explains how to complete this form.	1 Total pages Sche			
2 FILER NAM CHARL	E ES J. KARISCH	3 ACCOUNT # (Et			
4 Date	 5 Payee name CHARLES J. KARISCH 6 Payee address: City: State: Zip Code 816 WILKINS, HEMPSTEAD, TX 77445 7 Purpose of expenditure (See instructions regarding type of information reparendition reparendition for the paper FOR COPING CAMPAIGN MATERIAL 	8 Amount (\$) \$15.00			
Date Payee name 0/24/06 Payee address: City: State: Zip Code 81'6 WILKINS, HEMPSTEAD, TX 77445			Amount (S) \$50.00		
Date	Payee name Payee address: City: State; Zip Code		Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information re	Reimbursement from political contributions intended			
Date	Payee name Payee address; City; State; Zip Code	· · · · · · · · · · · · · · ·	Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information r	Reimbursement from political contributions intended			
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)		
	Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursement from political contributions intended		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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