CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

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The C/OH Instruction G	duide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) FIRST MI Charles I	OFFICE USE ONLY		
<u></u>	NICKNAME LAST SUFFIX Karisch	Date Received WALL		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8/6 Wilkins St	Date Hand-delivered or Date Postmarked		
Change of Address 5 CANDIDATE/	Hempstead, Texas 11448 AREA CODE PHONE NUMBER EXTENSION	PM 4:		
OFFICEHOLDER PHONE	(979) 826-2478	Receipt # Amount 2 PP		
⁶ CAMPAIGN TREASURER NAME	MS MRS MR FIRST MI Tohunie S NICKNAME LAST SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 816 Wilkins St. Hempsten	ed, Texas 27445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826 - 2478	:		
9 REPORTTYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Z / [/ 2 010		
11 ELECTION	ELECTION DATE Month Day Year A 2 2010 Primary Runoff	General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know	vn)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of the campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of the campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of the campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of the campaign expenditures.	of the direct campaign expenditure. ••		
BY OTHER INDIVIDUALS	Name	!		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	i.		
additional pages		i i		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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15 C/OH NAME	h		16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	 This box is for notice of political contributions accepted or political expenditures made 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(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	:	
	į	COMMITTEE CAMPAIGN TREASURER ADDRESS	1	
	•		ļ.	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		s - 0 -	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ - 0 -			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	s - 0 -	
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.				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said day of, this the day of, 20, to certify which, witness my hand and seal of office.				
Chery Peters County Clerk Signature of officer administering oath Printed narrow of officer administering oath Title of officer administering oath				