	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
			17
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. Charles	мі І.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE	Waller County Elections
OFFICEHOLDER MAILING ADDRESS			JUL 1 5 2019
Change of Address	P.O. Box 537, Hempstead, TX 77445	5	Received
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 826-2478	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	мі	Receipt # Amount \$
NAME	Mrs. Johnnie	S	Date Processed
	Haak		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE
(nesidence of business)	920 8th Street, Hempstead, TX 77445	5	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-2478	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 1 / 2019	Month THROUGH	Day Year 30 / 2019
11 ELECTION			
	Month Day Year Primary	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	Justice of the Peace, Pct. 1		
	GO TO	PAGE 2	

Forms provided by Texas Ethics Commission

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### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
Charles J. Kar	risch		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ O
	4. TOTAL	POLITICAL EXPENDITURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL F OF REP	DAY \$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	<sup>THE</sup> \$ 0
My Nk	ANDICE ADAMS btary ID # 131855287 es January 15, 2023	true and correct and includes all inf under Title 15, Election Code.	berjury, that the accompanying report is ormation required to be reported by me Midate or Officeholder
AFFIX NOTARY STAM	ribed before me, t	by the said Charles J. Harisch	, this the54h
day of JUI4	, 201_(,	Candice Adams	Notary Public
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath
Forms provided by Texas Et	hics Commission	www.ethics.state.tx.us	Revised 9/8/2015

### SUBTOTALS - C/OH

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#### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con						
Charles J. Karisch							
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0				
4.	SCHEDULE E: LOANS	\$	0				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	NS \$	0				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	• с/он \$	0				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0				

#### MONETARY POLITICAL CONTRIBUTIONS

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## SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Charles J. Karisch	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	
6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHE	
If contributor is out-of-state PAC, please see instruction guide t	for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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SCHEDULE A2

T	ne Instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
2 FILER NAM Charles	⊧ s J. Karisch	3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State; Zip Cod				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. Fr (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor Dut-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
I	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction	on guide for a	additional reporting requirements.		

# PLEDGED CONTRIBUTIONS

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SCHEDULE B

The Instruction Guide explains how to complete	e this form.	1 Total pages Schedu	ule B:
2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
Charles J. Karisch			
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 6 Full name of pledgor out-of-state PAC	(ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address; City; State	; Zip Code		
		Check if travel outsid	de of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date Full name of pledgor Out-of-state PAC	(ID#:)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State	e; Zip Code		
		Check if travel outsid	de of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date Full name of pledgor Out-of-state PAC	(ID#:)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State	e; Zip Code		· ·
		Check if travel outsid	de of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date Full name of pledgorout-of-state PAC (	(ID#:)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State	e; Zip Code		· · ·
		Check if travel outsid	de of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
ATTACH ADDITIONAL COPIE			
If contributor is out-of-state PAC, please see	instruction guide for a	dditional reporting	requirements.

Forms provided by Texas Ethics Commission

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#### SCHEDULE E

	The	1 Total pages Schedule E:				
<b>2</b> F	ILER NAME	3 Filer ID (Ethics Commission Filers)				
-	Charles J. K	arisch				
4 T	TOTAL OF UN	ITEMIZED LOANS 0		\$		
5 🗆	Date of loan	7 Name of lender 🗌 out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
a	s lender financial nstitution?	8 Lender address; City; S	State; Zip Code	10 Interest rate		
Y	Y N			11 Maturity date		
12 P	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 D	Description of Colla	ateral	15 Check if personal funds were	deposited into political		
	none		account (See Instructions)			
	BUARANTOR NFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City; S		11		
	not applicable					
20 P	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	ate of loan					
	ale of loan	Name of lender 🗌 out-of-state F	AC (ID#:)	Loan Amount (\$)		
a	lender financial stitution?	Lender address; City; S	itate; Zip Code	Interest rate		
Y				Maturity date		
Pi	rincipal occupatio	n / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral Check if personal funds were account (See Instructions)				leposited into political		
	none					
	UARANTOR NFORMATION	Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code						
not applicable						
Pri	incipal Occupatio	on (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					
		Ethics Commission				

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legal Service	ge Expense Memorials Expense es	Office Over Polling Exp Printing Ex Salaries/W		Solicitation/Fundraising Ex Transportation Equipment & Travel In District Travel Out Of District Other (enter a category not	& Related Expense
1 Total pages Schedule F1:		AME		Ins now to co	ompiete this form.	3 Filer ID (Ethics Com	mission Filers)
4 Date		les J. Ka	risch				
4 Date	5 Payee na	me					
6 Amount (\$)	7 Payee ad	ldress;	City; State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categorie	es listed at the top of thi	s schedule)		utside of Texas. Complete Schedule I, TX, officeholder living expen	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeh	older name		Office sought	Offic	e held
Date	Payee na	me					
Amount (\$)	Payee ad	dress;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categorie	es listed at the top of thi	s schedule)		side of Texas. Complete Schedule TX, officeholder living expens	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sought	Office	e held
Date	Payee na	ıme					
Amount (\$)	Payee ad	dress;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categorie	is listed at the top of this	s schedule)		side of Texas. Complete Schedule TX, officeholder living expens	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeh	older name		Office sought	Offic	e held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

UNPAID INC	URRE	ED OBI	IGATIO	ONS		SCHEDULE F2		
	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Legal Services	e Expense emorials Expense s	Office Overhea Polling Expens Printing Expens	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F2:		NAME es J. Karis	ch			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER				LIGATIONS		\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;	City; State	e; Zip Code				
9 TYPE OF EXPENDITURE		Political		Non-Politica	1			
10 PURPOSE OF EXPENDITURE	PURPOSE OF							
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate / Office	eholder name	Office	sought	Office held		
Date	Payee	name						
Amount (\$)	Payee	address;	City; State	e; Zip Code				
TYPE OF EXPENDITURE		Political		Non-Politica	1			
PURPOSE OF EXPENDITURE	Catego	ory (See Categori	es listed at the top o	f this schedule)		on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								
Forms provided by Texas Ethic	s Commissio	n	www.eth	cs.state.tx.us		Revised 9/8/201		

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#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Charles J	Karisch	
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITU	RES MADE BY CREI	DIT CARD	SCHEDULE F4		
	EXPENDITURE CATEGO	DRIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
<b>1</b> Total pages Schedule F4:	2 FILER NAME Charles J. Karisch		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$		
5 Date	6 Payee name				
<b>7</b> Amount (\$)	8 Payee address; City; State; Zi	ip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political			
10       (a) Category (See Categories listed at the top of this schedule)       (b) Description         PURPOSE OF EXPENDITURE       Check if travel outside of Texas. Complete Schedule T.					
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zi	p Code			
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	Check if	on travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED		
Forms provided by Texas Ethics	Commission www.ethics.stat	te.tx.us	Revised 9/8/2015		

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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#### SCHEDULE G

		EXPE	NDITURE CATE	GORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Legal Service	e Expense lemorials Expense s	Office C Polling Printing Salaries	apayment/Reimbursement Dverhead/Rental Expense Expense Expense Wages/Contract Labor o complete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:		<sup>ME</sup> s J. Karis	sch			3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee nan					I	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	lress;	City; State; Z	ïp Code			
8 PURPOSE OF EXPENDITURE	(a) Category (	See Categories I	isted at the top of this s	chedule)		le of Texas. Complete Schedule X, officeholder living expens	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeh	older name		Office sought	C	Office held
Date	Payee nan	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	ress;	City; State; Z	ip Code			
PURPOSE OF EXPENDITURE	Category (	See Categories I	isted at the top of this so	chedule)		e of Texas. Complete Schedule X, officeholder living expens	
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeho	older name		Office sought	C	Office held
Date	Payee nam	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	ress;	City; State; Z	ip Code			
PURPOSE OF EXPENDITURE	Category (	See Categories li	sted at the top of this so	chedule)		e of Texas. Complete Schedule X, officeholder living expens	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeho	blder name		Office sought	С	office held
Come evenided by Toyon Et			DNAL COPIES C		SCHEDULE AS NEED	ED	Povisod 0/8/2015

#### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	tical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME Charles J. Karisch		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
<b>6</b> Amount (\$)	7 Business address; City; State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED

SCHEDULE H

#### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE |

	The Instruction Guide explains how to comp	ete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Charles J. Karisch	
4 Date	5 Payee name	
<b>6</b> Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

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SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
Charles J.	Karisch		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED	

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:						
2 FILER NAME 3 File Charles J. Karisch					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend Schedule A2						
6 Dates of travel	7 Name o	f person(s	) traveling			
	8 Departu	re city or n	ame of departure locat	ion		
	9 Destinat	ion city or	name of destination lo	cation		
10 Means of transportat	10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	liture reported	d on:				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s	) traveling			
	Departure city or name of departure location					
	Destinat	ion city or	name of destination lo	cation		
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				eminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported	on:				
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s	) traveling			
	Departu	re city or n	ame of departure locat	ion		
	Destination city or name of destination location					
Means of transportat	ion	Purpo	ose of travel (including	name of conference, se	eminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

P lier iD (Ethics Commission Flied     SignATURE      Ido not expect any further political contributions or political expenditures in connection with my candidacy. I understand that design     ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campa     contributions or make any campaign expenditures without a campaign treasurer appointment on file.     Signature of Candidate / Officeholder      FILER WHO IS NOT AN OFFICEHOLDER     Complete A & B below only if you are not an officeholder      A CAMPAIGN FUNDS      Check only one:         I do not have unexpended contributions or unexpended interest or income earned from political contributions.         I have unexpended contributions or unexpended interest or income earned from political contributions.         I have unexpended contributions or unexpended interest or income earned from political contributions.         I have unexpended contributions or unexpended interest or income earned from political contributions.         I unexpended contributions or unexpended interest or income earned on political contributions and that I may not requirements of Election Code, § 284.204.      B. ASSETS Check only one:         I do not retain assets purchased with political contributions or interest or other income from political contributions.         I do not retain assets purchased with political contributions or interest or other income from political contributions.         I do not retain assets purchased with political contributions or interest or other income from political contributions in accordance with the requirements of Election Code, § 284.204.         Signature of Candidate	DE	NDIDATE / OFFICEHOLDER REPORT: SIGNATION OF FINAL REPORT	FORM C/OH - FF
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