CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form. 1 ACCOUNT # (Effect Commission French) 2 Total pages filed: 12 2 Total pages filed: 12 3 CANDIDATE / OFFICEHOLDER NAME Mr. Charles Monowave Karisch 4 CANDIDATE / OFFICEHOLDER NAME ADDRESS POBOX APT/SUITE #. OTY. STATE ZPOODE MAILING ADDRESS Change of laddress 5 CANDIDATE / OFFICEHOLDER PLONE NUMBER COFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS MOROBOX PLEASE: APT/SUITE #. OTY. STATE ZPOODE Mrs. Johnnie S MONOWAME Haak 7 CAMPAIGN TREASURER ADDRESS MOROBOX PLEASE: APT/SUITE #. OTY. STATE ZPOODE PHONE 920 8th Street, Hempstead, Texas 77445 8 CAMPAIGN TREASURER PHONE 979 826-2478 PHONE 9 REPORT TYPE January 15 Soft day before election Exceeded \$500 First report (Misch COH - FR) Individual Press of the Peace Precinct 1 10 PERIOD COVERED OFFICE Use of the Peace Precinct 1 13 OFFICE SOLICH (Faroura) Justice of the Peace Precinct 1 GOTO PAGE 2						
3 CANDIDATE / OFFICEHOLDER NAME	71. 0/01/1.	0.11				
OFFICEHOLDER NAME Mr. Charles Noticians Karisch Last Karisch ADRESS /POBDX. APT/SUITE#. CTY. STATE. ZIPCODE POBE RECEIVED Last SUFFIX Waller Co. Elections JUL 15 2022 RECEIVED Last SUFFIX Handling ADRESS Charitate P.O. Box 537, Hempstead, Texas 77445 Cannotate Carry AREA CODE PHONE CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO POBOX PLEASE). APT/SUITE#. CITY. STATE. ZIPCODE PHONE STREET ADDRESS (NO POBOX PLEASE). APT/SUITE#. CITY. STATE. ZIPCODE 920 8th Street, Hempstead, Texas 77445 S CAMPAIGN TREASURER PHONE PHONE PHONE S CAMPAIGN TREASURER PHONE PHONE PHONE NUMBER STREET ADDRESS (NO POBOX PLEASE). APT/SUITE#. CITY. STATE. ZIPCODE PHONE NUMBER PHONE PHONE S CAMPAIGN TREASURER PHONE PHONE NUMBER PHONE NUMBER PHONE PHONE NUMBER STREET ADDRESS (NO POBOX PLEASE). APT/SUITE#. CITY. STATE. ZIPCODE PHONE NUMBER PHONE PHONE S CAMPAIGN TREASURER PHONE PHONE NUMBER PHONE PHONE NUMBER PHONE S CAMPAIGN TREASURER PHONE PHONE NUMBER PHONE PHONE NUMBER STREET ADDRESS (NO POBOX PLEASE). APT/SUITE#. CITY. STATE. ZIPCODE PHONE NUMBER PHONE PHONE S CAMPAIGN TREASURER PHONE PHONE PHONE NUMBER PHONE PHONE PHONE S CAMPAIGN TREASURER PHONE PHO	The C/OH Instruction	Guide explains now to comp	piete this form.	(24/165 55/14/116/15/17/16/1		
Mr. Charles Name Mr. Charles J		MS/MRS/MR F	FIRST	MI	OFFICE USE ONLY	
CANDIDATE / OFFICEHOLDER ADDRESS (POBDX APT/SUITE#, CITY, STATE ZIPCODE RECEIVED		Mr. Charl	les	J		
A CANDIDATE / OFFICEHOLDER ODRESS /POBOX. APTISUITE. CITY. SIXIE. ZIPCODE RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED Receit # Arrour. Date Processed Date Hand othinwest of PROBinskind. Receipt # Arrour. Date Processed Date Processed Date Imaged TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (NO POBOX PLEASE): APTISUITE. CITY. STATE. ZIPCODE TREASURER ADDRESS (residence or business) 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (official-decorph) Imit July 15 8th day before election Exceeded \$500 Final report (Attach COH - FR) 10 PERIOD Morth Day Near Old Application of the Peace Processed 12 OFFICE OFFICE HELD (rany) Justice of the Peace Precinct 1		NICKNAME L	AST	SUFFIX	Waller Co. Elections	
P.O. Box 537, Hempstead, Texas 77445 Receipt if P.O. Box 537, Hempstead, Texas 77445 P.O. Box 642-4489 Date Processed		Karis	sch		JUL 1 5 2022	
MAILING ADDRESS Change of address P.O. Box 537, Hempstead, Texas 77445 Determination		ADDRESS / PO BOX; APT / SUIT	TE#; CITY;	STATE; ZIP COL		
ADDRESS P.O. BOX 537, Hempstead, Texas //445						
S CANDIDATE/ OFFICEHOLDER PHONE (281) 642-4489 6 CAMPAIGN TREASURER NAME Mrs. Johnnie S NICKHAME LST Haak 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER ADDRESS (residence or business) 9 REPORT TYPE January 15 John day before election Morth Day Nex Day Nex		P.O. Box 537, Hemp	pstead, Lexas	//445		
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME Mrs. Johnnie S NICKNAME LAST Haak 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER ADDRESS (residence or business) 9 REPORT TYPE January 15 January 15 Sth day before election Suffix Suffix	change of address				Receipt # Amount	
PHONE 6 CAMPAIGN TREASURER NAME Mrs. Johnnie S Mrs. Johnnie S NICKNAME LAST SUFFIX Haak 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER ADDRESS (residence or business) 9 REPORT TYPE January 15 January 15 Sth day before election Runoff Runo	1	92.00.00.00.00.00.00.00.00.00.00.00.00.00	IUMBER	EXTENSION	Date Processed	
TREASURER NAME Mrs. Johnnie S NICKNAME LAST SUFFIX Haak 7 CAMPAIGN TREASURER ADDRESS (NOPOBOX PLEASE): APT/SUITE#: CITY: STATE: ZIP CODE 8 CAMPAIGN TREASURER PHONE 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff TREASURER PHONE 9 REPORT TYPE July 15 8 th day before election Exceeded \$500 Final report (Attach COH - FR)		(281) 642-4	4489			
NAME NICKNAME LAST Haak 7 CAMPAIGN TREASURER ADDRESS (residence or business) 920 8th Street, Hempstead, Texas 77445 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 9 REPORT TYPE January 15 John day before election Street ADDRESS APT / SUITE #: CITY: STATE ZIP CODE		22.5500		MI	Date Imaged	
Haak 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 9 January 15 10 PERIOD COVERED 11 ELECTION Morth Day Vear Day Defrice D		Mrs. John	nie	S		
7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT/SUITE#: CITY: STATE: ZIP CODE 920 8th Street, Hempstead, Texas 77445 8 CAMPAIGN TREASURER (979) 826-2478 9 REPORT TYPE	Village Co. And Construction for	77.500 Participation (1920) (1		SUFFIX		
TREASURER ADDRESS (residence or business) 920 8th Street, Hempstead, Texas 77445 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD COVERED Month Day Year O1 O1 PHONE LECTION DATE Day Year PHONE LECTION TYPE Primary Runoff Runoff General Special 12 OFFICE OFFICEHELD (#any) Justice of the Peace Precinct 1 13 OFFICE SOUGHT (#known) Justice of the Peace Precinct 1		Haa	k			
TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff Tish day after campaign treasurer appointment (officeholder only) X July 15 Bith day before election Exceeded \$500 Final report (Attach C/OH - FR) Image: Primary Frimary Runoff 12 OFFICE OFFICE HELD (if any) Justice of the Peace Precinct 1 13 OFFICE SOUGHT (if known) Justice of the Peace Precinct 1	TREASURER ADDRESS				ZIP CODE	
9 REPORT TYPE	8 CAMPAIGN	AREA CODE PHONE N	IUMBER	EXTENSION		
January 15 30th day before election Runoff	II .	(979) 826-2	2478			
To period Covered Sth day before election Exceeded \$500 Final report (Attach C/OH - FR)	9 REPORT TYPE	January 15 30	th day before election	Runoff	treasurer appointment	
11 ELECTION O1		X July 15 8th	n day before election			
11 ELECTION Comparison Com		2000 Total Control Con	TURQUAL	100 FT 10		
12 OFFICE OFFICE OFFICE OFFICE HELD (if any) Justice of the Peace Precinct 1 Primary Runoff General Special	OOVENED	01 / 01 / 2022	THROUGH	07 /	15 / 2022	
12 OFFICE OFFICE OFFICE HELD (if any) Justice of the Peace Precinct 1 13 OFFICE SOUGHT (if known) Justice of the Peace Precinct 1	11 ELECTION		ELECTION TYPE			
Justice of the Peace Precinct 1 Justice of the Peace Precinct 1 Precinct 1		MOTION Day real	Primary	Runoff	General Special	
Precinct 1 Precinct 1	12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (in	known)	
		Justice of the Pea	ce	Justi	ce of the Peace	
GO TO PAGE 2		Precinct 1		Prec	inct 1	
	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)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$	
	4. TOTAL POLITICAL EXPENDITURES \$ 0			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
	CANDICE ADAMS lotary ID # 13185528	is true and correct and includes al me under Title 15, Election Code.	f perjury, that the accompanying report	
	res January 15, 2023	Charles -T	ndidate or Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said				
day of, 20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Ordice downs Printed name of officer administering oath Title of officer administering oath			
Signature of officer admi	instering Jatir		S 2000 5	

TO NOTE OF THE PROPERTY OF THE

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to comple	ete this form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
Charles J. Karisch			
4 Date 5 Full name of contributorout-of-state PA	AC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip) Code		
		(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip	Code		[[
		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See		,
Date Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip	Code		
		(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip	Code	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
Date Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip	Code	(lf troval autoid	
Principal occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLED	GED CONTRIBUTIONS			SCHEDULE B
т	he Instruction Guide explains how to complete this	form.	1 Total pages Schee	dule B:
2 FILER NAM Charles J			3 ACCOUNT # (Eth	ics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES:	D D D		\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
				Texas, complete Schedule T)
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
D.,				
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City: State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	A 10 10 10 1	(If travel outside of	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In		
If	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru	F THIS SCHEDULE	AS NEEDED	equirements

LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pa	ages Schedule E:
2 FILER NAME Charles J. Karis	sch		3 ACCOU	INT # (Ethics Commission Filers)
4 ТОТА	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll none	ateral	15 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable		State; Zip Code		
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Z	Zip Code		Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ıteral	Check if personal funds were	deposited	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupati	Principal Occupation (See Instructions) Employer (See Instructions)			
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	ES OF THIS SCHEDULE AS NEED		uirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation Food/Beverage Expense Travel In D Polling Expense Travel Out	Ages/Contract Labor /Fundraising Expense District Of District Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
	The Instruction Guide explains h	low to complete this form.		
1 Total pages Schedule F:	2 FILER NAME Charles J. Karisch	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name	•		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
375.00				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co	ode		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	e) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co	ode		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Co	de		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	e) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense		
Complete ONLY if direct				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	ontract Labor Loan Repayment/Reimbursement tising Expense Transportation Equipment & Related Expense Contributions/Donations Made By	
Fees	Printing Expense Office Overhead/F	(enter a sureger) net nette above)	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
1	Charles J. Karisch		
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
		Check if Austin, TX, officeholder living expense	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
		Check if Austin, TX, officeholder living expense	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
		Check if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		an Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra		ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ntributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R		HER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this form.	
1 Total pages Schedule H: 1	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	Charles J. Karisch			
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF			3506 ot 500	10 10 90
EXPENDITURE			Charlett Austin	
				n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
expenditure to beliefit 6/6	·			
Date	Business name			
Amount (\$)	Business address; City: Sta	ate; Zip Code		
Amount (\$)	business address, City, Sta	ite; Zip Code		
			Τ	The state of the s
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If tra-	vel outside of Texas, complete Schedule T)
EXPENDITURE				
			Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O			Office sought	Office field
Date	Business name			
Amount (\$)	Business address; City; Sta	ate; Zip Code		
\$1 \$1				
Di innoce	Category (See categories listed at the top	of this ashadula)	Description //ftm	
PURPOSE OF	Category (See categories insted at the top	of this schedule;	Description (it it a	avel outside of Texas, complete Schedule T)
EXPENDITURE				
			Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	Н			
Date	Business name			
Amount (\$)	Business address; City; Sta	ite; Zip Code		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (Iftra	avel outside of Texas, complete Schedule T)
OF	Odlogoly (ood odlogolioo intod di allo top	or tria soriedato,	Description (in tra	vel outside of rexas, complete Schedule 1)
EXPENDITURE	ĺ			
			Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	н			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	ATTACHADDITIONALCO	JEIES OF THIS S	SCHEDULE AS NEE	EDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
1	Charles J. Karisch		
4 Date	5 Payee name	•	
6 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	(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	(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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
2 FILER NAME Charles J. K	arisch	3 ACCOUNT # (Eti	hics Commission Filers)
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		
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		
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		
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		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE	ASNEEDED	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guid	de explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME Charles J. Karis	sch	3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reporte	ed on:		
Schedule A Schedule H	Schedule B Schedule C Schedule Schedule N COH-UC COH-T	D Schedule F Schedule G PAC-C PAC-E	
6 Dates of travel 7 Name	of person(s) traveling		
8 Depart	ure city or name of departure location		
9 Destina	ation city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, se	eminar, or other event)	
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported	on:		
Schedule A	Schedule B Schedule C Schedule	D Schedule F Schedule G	
Schedule H	Schedule H Schedule N COH-UC COH-T PAC-C PAC-E		
Dates of travel Name of	person(s) traveling		
Departure	e city or name of departure location		
Destination	on city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, sem	inar, or other event)	
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported	d on:		
Schedule A	Schedule B Schedule C Schedule	D Schedule F Schedule G	
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E	
Dates of travel Name of	person(s) traveling		
Departure	city or name of departure location		
Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, sem	inar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			