Texas Ethics Commission

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(512) 463-5800

	E / OFFICEH			FORM C/OH Cover Sheet pg 1
The C/OH Instruction (Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE /	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Char	les	J	Date Received - Co. Flootions
	NICKNAME I	LAST	SUFFIX	. Date Received Co. Elections
	Kari	sch		JUL 1 8 2024
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUI	ITE #; CITY;	STATE; ZIP CODE	RECEIVED
MAILING ADDRESS	P.O. Box 537, Hem	pstead, Texas	77445	Date Hand-delivered or Postmarked
change of address				Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE I	NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(281) 642-	-4489		Date Processed
6 CAMPAIGN	MS/MRS/MR	FIRST	МІ	Date Imaged
TREASURER NAME	Mrs. Johr	nnie	S	
		LAST	SUFFIX	
	Haa	эk		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLE	EASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
(residence or business)	920 8th Street, H	empstead, Tex	as 77445	
8 CAMPAIGN		NUMBER	EXTENSION	
TREASURER PHONE	(979) 826-	2478		
9 REPORT TYPE	January 15 3	00th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)
	July 15 8	8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2024	THROUGH	Month Day	Year / 2024
11 ELECTION	Month ELECTION DATE Day Year	ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	-	13 OFFICE SOUGHT (if know	n)
	Justice of the Pea Precinct 1	ace	Justice Precinc	of the Peace at 1
		GO TO PAC	GE 2	

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Texas Ethics Commission

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME C	harles J. Karisch	1	5 ACCOUNT # (Ethics	Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S	KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	^{HE} \$			
18 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. My Notary ID # 131855287 Expires January 15, 2027 Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	scribed before	me, by the said <u>Charless</u> , 4 J., 20 <u>J</u> , to certify which, witness m <u>Candice</u> <u>Hans</u> Printed name of officer administering oath		ublic	

www.ethics.state.tx.us

Revised 07/28/2014

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 1	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Charles J. K	arisch			
4	Date	5 Full name of contributorout-of-state PAC (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 occup	oation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of contributor Out-of-state PAC (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 occup	pation / Job title (See Instructions)	Employer (See		
⊨					
	Date	Full name of contributor out-of-state PAC (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 occu	pation / Job title (See Instructions)	Employer (See		
	Date	Full name of contributor out-of-state PAC (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 occu	pation / Job title (See Instructions)	Employer (See		
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				(If travel outside	I of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
\vdash			1		
	If a	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instr			requirements.
		, F	a¥.		

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 1 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Charles J. Karisch 4 TOTAL OF UNITEMIZED PLEDGES: ⇒ \$ Amount of 5 Date 6 Full name of pledgor 8 9 In-kind description out-of-state PAC (ID#:____ pledge (\$) (if applicable) 7 Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) In-kind description Full name of pledgor Amount of Date out-of-state PAC (ID#: pledge (\$) (if applicable) Pledgor 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 pledgor _____ out-of-state PAC (ID#:_____ Amount of In-kind description pledge (\$) (if applicable) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date In-kind description Amount of Full name of pledgor _____ out-of-state PAC (ID#:_____ (if applicable) pledge (\$) Pledgor 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 pledgor Amount of In-kind description out-of-state PAC (ID#: pledge (\$) (if applicable) City; State; Zip Code Pledgor address: (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Austin, Texas 78711-2070

(512) 463-5800

LOANS				SCHEDULE E		
The	The Instruction Guide explains how to complete this form.					
2 FILER NAME Charles J. Karis	ch		3 ACCOUNT #	(Ethics Commission Filers)		
4 TOTA	⇒ \$					
5 Date of loan) 9	Loan Amount (\$)				
6 Is lender a financial Institution?		Interest rate				
Y N			11	Maturity date		
12 Principal occupation	I					
14 Description of Coll	ateral	15 Check if personal funds were	deposited into	political account		
none						
16 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$) 18 Guarantor address; City; State; Zip Code						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	0.7			
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)		
ls lender a financial Institution?	Lender address; City; State; Z	Zip Code		Interest rate		
Y N				Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	ateral	Check if personal funds were	deposited into	political account		
none						
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)		
not applicable	Guarantor address; City; S	state; Zip Code				
Principal Occupat	ion (See Instructions)	Employer (See Instructions)				
lf len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NEE uction guide for additional rep		ements.		

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P.O. Box 12070

Austin, Texas 78711-2070

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POLITICAL	EXPENDITURES	SCHEDULE F				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/F Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Lo iising Expense Tr. Co trict Rental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)			
1 Total pages Schedule F:	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 categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name)H	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		ravel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete \$chedule T)			
EXPENDITURE		Check if Aus	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	_	travel outside of Texas, complete Schedule T) tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED			

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Austin, Texas 78711-2070

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St. Schuldensky in 1996 https://www.schulden.com	EXPENDITURES	SCHEDULE G		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal ServicesSolicitation/FurFood/Beverage ExpenseTravel In DistrPolling ExpenseTravel Out Of	s/Contract Labor ndraising Expense ict District ad/Rental Expense of Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule G: 1	2 FILER NAME Charles J. Karisch	3 ACCOUNT # (Ethics Commission Filers)		
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			
Date	Payee name	L		
Amount (\$)	Payee address; City; State; Zip Code			
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 (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
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			
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 TH	IS SCHEDULE AS NEEDED		

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Austin, Texas 78711-2070

(512) 463-5800 (TDE

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				SCHEDULE H	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor Lo sing Expense Tra Co ict ental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)	
1 Total pages Schedule H: 1 4 Date	2 FILER NAME Charles J. Karisch 5 Business name			3 ACCOUNT # (Ethics Commission Filers)	
4 546	D uomoco hamo				
6 Amount (\$)	7 Business address; City; Sta	te; 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				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	_	avel outside of Texas, complete Schedule T) h, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)	
				n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; Sta	te; Zip Code			
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				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS NE	EDED	

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NON-POLITICAL EXPENDITURES SCHEDULE I MADE FROM POLITICAL CONTRIBUTIONS						
	The Instruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule I: 1	2 FILER NAME Charles J. Karisch		3 ACCOUNT # (Ethics	Commission Filers)		
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 required.)	e instructions regarding type	of information		
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	 (a) Category (See instructions for examples of acceptable categories) 	(b) Description (Sec required.)	e instructions regarding type	of information		
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	 (a) Category (See instructions for examples of acceptable categories) 	(b) Description (Se required.)	e instructions regarding type	of information		
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	 (a) Category (See instructions for examples of acceptable categories) 	(b) Description (Se required.)	e instructions regarding type	of information		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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	ST EARNED, OTHER CREDITS/GAINS DS, AND PURCHASE OF INVESTMEN		SCHEDULE K
The	Instruction Guide explains how to complete this form.	1 Total pages Sche 1	edule K:
2 FILER NAME Charles J. K	arisch	3 ACCOUNT # (Et	thics 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		<u></u>
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	9	Amount (\$)
	Purpose for which amount is received		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	8	Amount (\$)
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS NEEDED	

(512) 463-5800 (TD

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

						_
S	СН	IEC	วบ	L	E	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T: 1			
² FILER NAME Charles J. Karisch	3 ACCOUNT # (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedule Schedule H Schedule N COH-UC COH-T	D Schedule F Schedule G			
6 Dates of travel 7 Name of person(s) traveling				
8 Departure city or name of departure location				
9 Destination city or name of destination location				
10 Means of transportation 11 Purpose of travel (including name of conference, s	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedule C Schedule H Schedule N COH-UC COH-T	D Schedule F Schedule G			
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, sen	ninar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedule Schedule H Schedule N COH-UC COH-T	D Schedule F Schedule G			
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, ser	nnar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT				
			The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••		
1	C/OH N	AME		2 ACCOUNT # (Ethics Commission Filers)	
	Charles	J. Karisc	Karisch		
3	I do not e report as	SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.			
		Signature of Candidate / Officeholder			
4		ILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••			
	Α.	CAMPAI	CAMPAIGN FUNDS		
	Checl	theck only one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
		not conver use. I also contributio report. Fu	expended contributions or unexpended interest or income earned from political contributions. I understand that I may int unexpended political contributions or unexpended interest or income earned on political contributions to personal o understand that I must file an annual report of unexpended contributions and that I may not retain unexpended ons or unexpended interest or income earned on political contributions longer than six years after filing this final urther, I understand that I must dispose of unexpended political contributions and unexpended interest or income in political contributions in accordance with the requirements of Election Code, § 254.204.		
	в.	ASSETS	s		
	Chec	Check only one:			
		I do not retain assets purchased with political contributions or interest or other income from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.			
			Signature of Candidate		
5		OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
			S	ignature of Officeholder	