CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE /	MS/MRS/MR FIRST	M	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Charles	J	
	NICKNAME LAST	SUFFIX	Waller Co. Elections
	Karisch		JUL 17 2025
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	RECEIVED
MAILING	D.O. Pay 537 Hampetond Toyon	77445	Date Hand-delivered or Postmarked
ADDRESS change of address	P.O. Box 537, Hempstead, Texas	//440	
	AREA CODE PHONE NUMBER		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER		EXTENSION	Date Processed
PHONE	(281) 642-4489		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	мі	Date Imaged
NAME	Mrs. Johnnie	S	
	NICKNAME LAST Haak	SUFFIX	
i	Haan		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS			
(residence or business)	920 8th Street, Hempstead, Tex	as 77445	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	····
TREASURER PHONE	(979) 826-2478		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 Sth day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)
		limit	Time roport (range, worth 117)
10 PERIOD COVERED	Month Day Year	Month Day	Year
COVERED	01 / 01 / 2025 THROUGH	06/30/	2025
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	<u> </u>
12 OF FIGE	Justice of the Peace		f the Peace
	Precinct 1	Precinct 1	
	T TOOMOCT		•
	GO TO PAG	}E 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)	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 TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL P	FAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	POLITICAL EXPENDITURES \$ 0				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$			
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT						
			f perjury, that the accompanying report			
		1 70 45 51 0 0 1	I information required to be reported by			
	CANDICE ADAM My Notary ID # 1318	S (tana a			
	Expires January 15,	2027 Charles I	Komarl			
		Signature of Car	didate or Officeholder			
		•				
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Will J. Land M., this the						
C C C day	of	, 20 2 S , to certify which, witness	my nand and seal of office.			
MINUX Cardice Holams Motory tubic						
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete	this form. 1 Total pages Schedule A: 1
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
Charles J. Karisch	
Date Full name of contributor out-of-state PAC(III Contributor address; City; State; Zip Co	contribution (\$) description (if applicable)
	(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 PAC(I	contribution (\$) description (if applicable)
Contributor address; City; State; Zip Co	cde
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (D#: Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Co	(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 PAC (t	D#) Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Co	
	(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 PAC(I	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Co	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages School	edule B:
2 FILER NAME Charles J. I			3 ACCOUNT # (E	thics Commission Filers)
4 TOTA	AL OF UNITEMIZED PLEDGES:	\$ \$ \$	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I		of Texas, complete Schedule T)
		<u></u>		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	g 6		
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
Principal occu	pation / Job title (See Instructions)	Employer (See II		of 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			
Bringing age	action / Joh title (Con Joseph et actions)			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
<u></u>			(if travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	elete this form.	1 Total pa	ges Schedule E;
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
Charles J. Karis	sch			
4 тот <i>я</i>	AL OF UNITEMIZED LOANS:	¢ \$ \$ \$ \$ \$	D)	\$
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	25	10 Interest rate
Y N				11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Co	lateral	15 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	• • • • •	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
ts lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	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 Occupat	tion (See Instructions)	Employer (See Instructions)		
If ler	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE		juirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE O	CATEGORIES	FOR BOX 8(a)		
Advertising Expense		Salaries/Wages/Cor		Loan Repayment/Reimbursement	
Accounting/Banking		Solicitation/Fundrais	sing Expense	Transportation Equipment & Related Expe	∍nse
Consulting Expense	• .	Travel in District		Contributions/Donations Made By	
Event Expense	• ,	Travel Out Of Distr		Candidate/Officeholder/Political Comm	
Fees		Office Overhead/Re	•	OTHER (enter a category not listed above	e)
	The instruction Guide e	explains how to c	complete this for	rm	
1 Total pages Schedule F:	2 FILER NAME Charles J. Karisch			3 ACCOUNT # (Ethics Commission	Filers)
4 Date	5 Payee name		<u> </u>		
	3 1 2,44 min.c				
6 Amount (\$)	7 Payee address; City; State	e; Zip Code		· · · · · · · · · · · · · · · · · · ·	
8 PURPOSE	(a) Category (See categories listed at the top of	f this schadula)	(h) Description	(If travel outside of Texas, complete Schedule T)	
OF	(Ly Gatogory (Gato aziagorias instati at the top of	Tills solleddie)	(b) Description	(in travel outside of Texas, complete Scriedule 1)	
EXPENDITURE		Į.			
			Check if A	ustin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	t Office held	
expenditure to benefit C/C	ЭН				
Data	Bayes name				
Date	Payee name				·
Amount (\$)	Payee address; City; State	e; Zip Code			
				<u></u>	
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE			_		
			Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t Office held	
expenditure to benefit C/C	н				
Date	Рауее пате				
Amount (\$)	Payee address; City; State	e; Zip Code			
					
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF					
EXPENDITURE			Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t Office held	
expenditure to benefit C/C	Н		_		
Date	Payee name				
Amount (\$)	Payee address; City; State	e; Zip Code			
***	,	., _,, _,,			
BUBBORE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
PURPOSE OF					
EXPENDITURE			☐ Check if A	ustin, TX, officeholder living expense	
Complete ONLY if disent	Candidate / Officeholder name		Office sough		
Complete ONLY if direct expenditure to benefit C/			Omoo sough	Onice field	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense T Travel In District C Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide		•		TEN (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME				3 ACCOUNT # (Ethics Commission Filers)
1	Charles J. Karisch				,
4 Date	5 Payee name				<u> </u>
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; Stat	te; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	f this schedule)	_		vel outside of Texas, complete Schedule T) . TX, officeholder living expense
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code	···		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)			vel outside of Texas, complete Schedule T) , TX, officeholder living expense
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code	<u> </u>		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description	(If tra	vel outside of Texas, complete Schedule T)
			☐ Check if A	ustin,	TX, officeholder living expense
Date	Payee name				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
Reimbursement from political contributions intended	α				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description	(If trav	rel outside of Texas, complete Schedule T)
			Check if A	ustin,	TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	·		·		
	EXPENDITUR	RE CATEGORIES I	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Lees Bassymant/Daisch	
Accounting/Banking	Legal Services			Loan Repayment/Reimburs	
Consulting Expense	Food/Beverage Expense	Travel In District	The second to the second secon		Related Expense
Event Expense	Polling Expense	Travel Out Of District	0011		de By Political Committee
Fees	Printing Expense	Office Overhead/Re			
	* '		•	OTHER (enter a category n	ot listed above)
45		ide explains how to c	complete this for	m,	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethic	s Commission Filers)
'	Charles J. Karisch				
4 Date	5 Business name	·	· · · · · · · · · · · · · · · · · · ·		
-					·
6 Amount (\$)	7 Business address; City;	State; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel outside of Texas, complet	e Schedule T)
OF		,		(0 00100010 17
EXPENDITURE					
			Check if A	ustin, TX, officeholder living exp	ense
9 Complete ONLY if direct	Candidate / Officeholder nan	ne	Office sough	1 0	ffice held
expenditure to benefit C/C			Omec coagn		illos riela
	···				
Date	Business name				
121					
Amount (\$)	Business address; City;	State; Zip Code			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If travel outside of Texas, complete	Schedule T)
OF	Caregory (cas salegatios instact at the	iop of this sociodals,	Dosonpaon (it trases oursing or 14442' Ottiblete	Scriedule 1)
EXPENDITURE					
			Check if Au	stin, TX, officeholder living expe	ense
	Candidate / Officeholder nan				
Complete ONLY if direct expenditure to benefit C/C		ne	Office sough	t O	fice held
expenditure to benefit C/C	7.1				
Date	Business name				
Daw	Dusiness name				
Amount (\$)	Business address; City;	State; Zip Code			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	1				
EXPENDITORE	:		☐ Check if A	ustin, TX, officeholder living exp	ense
***	Condidate / Office helder				
Complete ONLY if direct	Candidate / Officeholder nan	ne	Office sough	t O	ffice held
expenditure to benefit C/C	חי				
Dete	Pusipose some				
Date	Business name				
Amount (\$)	Business address; City;	State; Zip Code			
- 3.77					
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If travel outside of Texas, complete	e Schedule T)
OF					
EXPENDITURE			Chart sa	untin TV officetralidas lista	
			☐ CHeck If Al	ustin, TX, officeholder living exp	TC1135
Complete ONLY if direct	Candidate / Officeholder nan	ne	Office sough	t O	ffice held
expenditure to benefit C/C	DH				
	4774 611 4 331616111	AADIEA ATTIVA	AUEDI!! = 10:		
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS I	NEFDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

		· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule I	2 FILER NAME Charles J. Karisch	3 ACCOUNT # (Ethics Commission Files
1 Date	5 Payee name	
§ Amount (\$)	7 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.)
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 Sched		dule K:	
2 FILER NAME Charles J. K	2 FILER NAME Charles J. Karisch 3 ACCOUNT # (Ethi		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 COPIES OF THIS SCHEDULE	AS NEEDED	

P.O. Box 12070 IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Charles J. Karisch 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC PAC-E PAC-C COH-T 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, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule C Schedule D Schedule B Schedule F Schedule G Schedule H Schedule N COH-UC PAC-E COH-T PAC-C 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, seminar, 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 PAC-E Schedule N COH-UC PAC-C COH-T Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED