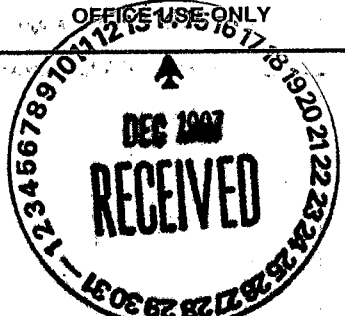


CANDIDATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH
PG 1

<input type="checkbox"/> See C/OH INSTRUCTION GUIDE for detailed instructions.	1 ACCOUNT #	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Delores NICKNAME LAST SUFFIX Hargrave	OFFICE USE ONLY 
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 700 Scroggins Lane, Waller, Texas 77484	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Delores NICKNAME LAST SUFFIX Hargrave	Receipt # HD / PM <input type="radio"/> = Amount Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 700 Scroggins Lane, Waller, Texas 77484	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 372-3155	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 26 / 97 12 / 11 / 97	
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03 / 10 / 98	
11 OFFICE	11 OFFICE HELD (if any) Justice of the Peace	12 OFFICE SOUGHT (if known) Justice of the Peace
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	

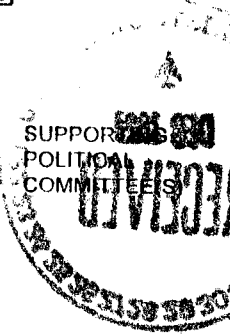
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
GO TO PAGE 2

C/OH REPORT: SUPPORT & TOTALS

FORM C/OH

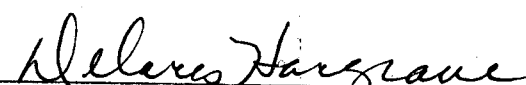
PG 2

14] C/OH NAME Delores Hargrave	15] ACCOUNT #
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16]  <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees for candidates or officeholders. 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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME OFFICE USE
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	

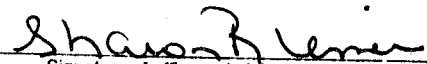
17] NO REPORTABLE ACTIVITY	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)
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CONTRIBUTION AND LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	5. TOTAL POLITICAL EXPENDITURES	\$

19] AFFIDAVIT	I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder
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AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delores Hargrave, this the 11th day of December, 19 97, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Print name of officer administering oath

