

CANDIDATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH
PG 1

See C/OH INSTRUCTION GUIDE for detailed instructions.		1 ACCOUNT #	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Justice of the Peace	FIRST Delores	MI J.
	NICKNAME	LAST	SUFFIX
	Hargrave		
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
	NICKNAME	LAST	SUFFIX
	Hargrave		
	Receipt # 1-15-99		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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input 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
	07	01	98
	THROUGH		Month Day Year
			12 / 31 / 98
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	/	/	
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Justice of the Peace, Pct. 2		Justice of the Peace, Pct. 2
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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		
	<input type="checkbox"/> additional pages		

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] SUPPORTING POLITICAL COMMITTEE(S) <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 type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
	OFFICE USE	
	(Empty space for notes)	

17] NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

CONTRIBUTION AND LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
	3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	5. TOTAL POLITICAL EXPENDITURES	\$ 300.00

19] AFFIDAVIT

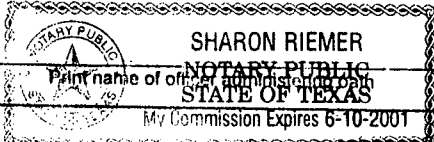
I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Delores Hargrave
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delores Hargrave, this the 14th day of January, 19 99, to certify which, witness my hand and seal of office.

Sharon Riemer
Signature of officer administering oath



SHARON RIEMER
NOTARY PUBLIC
STATE OF TEXAS
My Commission Expires 6-10-2001

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
2

2 FILER NAME

Delores Hargrave

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-1-98

5 Payee name

Waller County Fair Association

7 Amount (\$)

100.00

6 Payee address; City; State; Zip Code

P. O. Box 911, Hempstead, Texas 77445

8 Purpose of expenditure

Donation

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Delores Hargrave

Office sought / held

Justice of the Peace

Date

7-98

Payee name

Waller County Peace Officers Association

Amount (\$)

\$50.00

Payee address; City; State; Zip Code

P. O. Box 521, Waller, Texas 77484

Purpose of expenditure

Donation-GolfTournament

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Delores Hargrave

Office sought / held

Justice of the Peace

Date

11-98

Payee name

Houston Livestock Show & Rodeo
Houston Metro-Go-Texan

Amount (\$)

75.00

Payee address; City; State; Zip Code

P. O. Box 20070, Houston, Texas 77225-0070

Purpose of expenditure

Auction-TurkeyShoot

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Delores Hargrave

Office sought / held

Justice of the Peace

Date

8-98

Payee name

Tri-County Fire Dept.

Amount (\$)

50.00

Payee address; City; State; Zip Code

Route 1, Hockley, Texas

Purpose of expenditure

Donation-Auction

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Delores Hargrave

Office sought / held

Justice of the Peace

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
2

2 FILER NAME

Delores Hargrave

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-98

5 Payee name

Waller Times

6 Payee address; City; State; Zip Code

31315 Waller Tomball Roae, Waller, Texas 77484

7 Amount (\$)

25.00

8 Purpose of expenditure

Advertising

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Delores Hargrave

Office sought / held
Justice of the Peace

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

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