

# 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: <span style="font-size: 2em; font-weight: bold;">3</span>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI  NICKNAME LAST SUFFIX  Delores  Hargrave	OFFICE USE ONLY  Date Received  <span style="font-size: 1.5em; font-weight: bold;">1-14-03</span> <span style="font-size: 1.5em; font-weight: bold;">lal</span>  Date Hand-delivered or Date Postmarked  Receipt #      Amount  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of 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  Delores  Hargrave	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE  700 Scroggins Lane, Waller, Texas 77484	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	AREA CODE    PHONE NUMBER    EXTENSION  (936 )    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    THROUGH    Month    Day    Year 10 / 28 / 2002    12 / 31 / 2002		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 05 / 2002		
11 OFFICE	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		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Delores Hargrave

15 ACCOUNT #(Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

\*\* This listing includes political expenditures 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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.)

18 CONTRIBUTION 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)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 57.00

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.

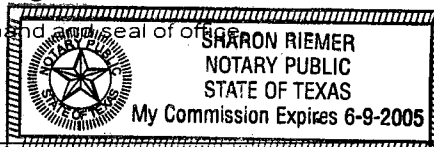
*Delores Hargrave*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delores Hargrave, this the 13th day

January, 20 03, to certify which, witness my hand and seal of office.

*Sharon Riemer*  
Signature of officer administering oath



Printed name of officer administering oath: Sharon Riemer

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME: **Delores Hargrave** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
11-17-02	Waller Times	57.00
	6 Payee address: City: State: Zip Code	
	31315 FM 2920, Waller, Texas 77484	

8 Purpose of expenditure (See instructions regarding type of information required.)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name <span style="float: right;">Office sought / held</span>
Thank You Ad	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name <span style="float: right;">Office sought / held</span>

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name <span style="float: right;">Office sought / held</span>

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Purpose of expenditure (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name <span style="float: right;">Office sought / held</span>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED