

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: 6				
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY Date Received <hr/> Date Hand-delivered or Date Postmarked <div style="font-size: 2em; font-family: cursive;">10-28-02</div> <div style="font-size: 1.5em; font-family: cursive;">laf</div> <hr/> Receipt # Amount Date Processed Date Imaged			
		Delores					
	NICKNAME	LAST	SUFFIX				
	Hargrave						
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	700 Scroggins Lane, Waller, Texas 77484						
<input type="checkbox"/> Change of Address							
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI				
	Delores						
	NICKNAME	LAST	SUFFIX				
	Hargrave						
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						
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(936)	372-3155					
8 REPORT TYPE	<input 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 checked="" 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	06	2002		10	27	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)			12 OFFICE SOUGHT (if known)			
	Justice of the Peace			Justice of the Peace			
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							

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 1200.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2772.35

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.

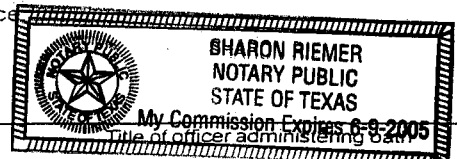
Delores Hargrave
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delores Hargrave, this the 28th day of October, 2002, to certify which, witness my hand and seal of office

Sharon Riemer
Signature of officer administering oath

Printed name of officer administering oath



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:

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

4 Date 10-21-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Pamela Fendley	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 29442 Hegar Road, Hockley, Texas 77447			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 10-26-02	Full name of contributor <input type="checkbox"/> out-of-state PAC Welcome Wilson, Jr.	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P. O. Box 56706, Houston, Texas 77256			

Principal occupation (Optional) Employer (Optional)

Date 10-26-02	Full name of contributor <input type="checkbox"/> out-of-state PAC Welcome W. Wilson	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5858 Westheimer, Ste., 800, Houston, Texas 77057			

Principal occupation (Optional) Employer (Optional)

Date 10-26-02	Full name of contributor <input type="checkbox"/> out-of-state PAC May One(Craig & Lisa Wilson)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P. O. Box 131685, Houston, Tx. 77219			

Principal occupation (Optional) Employer (Optional)

Date 10-26-02	Full name of contributor <input type="checkbox"/> out-of-state PAC Howard Castleberry	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6671 Southwest Freeway, Ste 200, Houston Texas 77074			

Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

10-11-02

Johnson Graphics

7

Amount (\$)

175.00

6 Payee address: City: State: Zip Code

P. O. Box 509, Waller, Texas 77484

8 Purpose of expenditure (See instructions regarding type of information required.)

Advertising

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

Office sought / held

Date

Payee name

10-11-02

Johnson Graphics

Amount (\$)

\$177.91

Payee address: City: State: Zip Code

P. O. Box 509, Waller, Texas 77484

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

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

Office sought / held

Date

Payee name

10-09-02

Tomball Magnolia Tribune

Amount (\$)

\$186.30

Payee address: City: State: Zip Code

517 West Main, Tomball, Texas 77375

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

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

Office sought / held

Date

Payee name

10-15-02

The Potpourri
Payee address: City: State: Zip Code

Amount (\$)

344.00

14015 Park Drive, Suite #207, Tomball, Texas 77375

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

10-16-02

5 Payee name

Design a Sign

7

Amount
(\$)

\$158.60

6 Payee address: City: State: Zip Code

P. O. Box 1185, Waller, Texas 77484

8 Purpose of expenditure (See instructions regarding type of information required.)

Advertising

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officerholder name

Office sought / held

Date

10-19-02

Payee name

Holleman Elemetary PTO

Payee address: City: State: Zip Code

Brazeal Street, Waller, Texas 77484

Amount
(\$)

200.00

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officerholder name

Office sought / held

Date

10-21-02

Payee name

U. S. Post Office

Payee address: City: State: Zip Code

Waller, Texas 77484

Amount
(\$)

\$750.00

Purpose of expenditure (See instructions regarding type of information required.)

Post-Cards -advertising

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officerholder name

Office sought / held

Date

10-14-02

Payee name

Cornerstone Specialities/Shirts-Caps-More

Payee address: City: State: Zip Code

P. O. Box 1450, Waller, Texas 77484

Amount
(\$)

\$502.00

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officerholder name

Office sought / held

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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 9-11-02	5 Payee name Secretary of State 6 Payee address: City: State: Zip Code P. O. Box 12887, Austin, Texas 78711	7 Amount (\$) \$118.52
8 Purpose of expenditure (See instructions regarding type of information required.) Advertising		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 10-1-02	Payee name Houston Community Newspaper Payee address: City: State: Zip Code 705 12th Street, Hempstead, Texas 77445	Amount (\$) \$60.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 10-05-02	Payee name Waller County Fair Association Payee address: City: State: Zip Code P. O. Box 911, Hempstead, Texas 77445	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED