

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  2
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE FIRST MI Delores NICKNAME LAST SUFFIX Hargrave	<b>OFFICE USE ONLY</b>	
	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 700 Scroggins Lane, Waller, Texas 77484 <input type="checkbox"/> Change of Address		Date Received 7-15-03 MS.
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE FIRST MI Delores NICKNAME LAST SUFFIX Hargrave	Date Hand-delivered or Date Postmarked	
	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 700 Scroggins Lane, Waller, Texas 77484		Receipt #      Amount Date Processed Date Imaged
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 936 ) 372-3155		
<b>8 REPORT TYPE</b>	<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 checked="" 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)		
<b>9 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 01 / 01 / 2003      06 / 30 / 2003		
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 11 / 05 / 2002	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	<b>11 OFFICE HELD (if any)</b> Justice of the Peace	<b>12 OFFICE SOUGHT (if known)</b> Justice of the Peace	
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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**

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**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Delores Hargrave **15 ACCOUNT # (Ethics Commission #s)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

\*\* This box is for notice of 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. \*\*

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		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.)

<b>18 CONTRIBUTION TOTALS</b>	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)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
<b>OUTSTANDING LOAN TOTALS</b>	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 14th day of July, 2003, 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

**SHARON RIEMER  
NOTARY PUBLIC**

My Commission Expires 0-9-2005

Registered 05/11/2000