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:
3 CANDIDATE / OFFICEHOLDER NAME		MI	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Reduitived COUNTY OF BBI
	Hargrave		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY; 700 Scroggins Lane, Waller, Texas	STATE; ZIP CODE	FOR RECOUNTY CLERK OF Postmarked
change of address			25 RD
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936-372-3155	EXTENSION	Receipt Amount Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST		District
TREASURER NAME	Delores NICKNAME LAST	MI	Date Imaged
1		SUFFIX	
,	Hargrave		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
(residence or business)	700 Scroggins Lane, Waller, Texa	as 77484	
	1.2		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 372-3155	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 02 / 03 /	Year 2014
11 ELECTION	Month ELECTION DATE Year Vear Primary Primary	Runoff Ge	eneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
1	Justice of the Peace, Pct. 2	Justice of the Pe	eace, Pct2
	GO TO PAGE	2	
			1

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Delores	s Hargrave		15 ACCOUNT	# (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE				
£	COMMITTEE TYPE	COMMITTEE NAME	THE TREGETYE NO.	THE OF SUCH EXPENDITURES.	
А	GENERAL	COMMITTEE			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N ED \$		
EXPENDITURE TOTALS	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.00	
	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	SIZED \$	282.89	
	4. TOTAL POLITICAL EXPENDITURES		\$	282.89	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		AY \$	-0-	
OUTSTANDING LOAN TOTALS			HE \$	-0-	
18 AFFIDAVIT					
		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	perjury, that the	e accompanying report uired to be reported by	
		- Wileres	Harz	iane	
		Signature of Candi	date or Officeh	nolder	
AFFIX NOTARY STAMP	/ SEAL ABOVE				
Sworn to and subso	cribed before m	e, by the said <u>Delores Hargrave</u>		this the	
3rd day	of <u>February</u>	, 20 <u>14</u> , to certify which, witness my	y hand and	, this the	
Ina B	i	W minutes	ARON RIEME		
Signature of officer admini	stering oath	Printed name of officer administering cather Commission	ublic, State of on Expires of	Texas	
www.ethics.state.tv.us		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	izzzzz	22223)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

P FILER NAME	Delores Hargrave		3 ACCOUNT # (E	Ethics Commission Filers)
1 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: Roy Wiesner		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · ·	\$100.00	[
	737 12th Street, Hempstead	, Texas //445		of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		or rexas, complete Scriedule 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	upation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule T)
Pillicipal Cocc	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			i I
Dringing occur			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	1 1
Principal occu	pation / Job title (See Instructions)	F	(If travel outside c	 pf Texas, complete Schedule T)
	,	Employer (See In	istructions)	
Date	Full name of contributor oul-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See In:	(If travel outside of istructions)	of Texas, complete Schedule T)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement						
Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fundri Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee				
Fees	Printing Expense Office Overhead/	Rental Expense OT	THER (enter a category not listed above)			
4 7-1-1	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 01-08-2014	The Waller Times					
6 Amount (\$)	7 Payee address; City; State; Zip Code		-			
180.00	2323 Main Street, Waller, Texas 77484					
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tr	ravel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising Expense					
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name					
01-08-2014	Johnson Graphics					
Amount (\$)	Payee address; City; State; Zip Code					
102.89	40344 Hwy 290 Business, Waller,	Texas 77484				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Printing Expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address: City State 7: 0					
Amount (\$) Payee address; City; State; Zip Code						
	1 -					
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)			
EXPENDITURE	, , , , , , , , , , , , , , , , , , ,					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)			
OF EXPENDITURE	,	_ = ===== (II tis	To oduside or rexas, complete Schedule ()			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						