CANDIDATE / OCICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers) 2 Total pages filed:				
3 CANDIDATE/ OFFICEHOLDER NAME	Delores MI	Y			
	NICKNAME LAST SUFFIX CEFF11008				
	Hargrave 25 nafaliki 50				
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 7	,			
Change of Address	S S S S S S S S S S S S S S S S S S S	·			
⁵ CAMPAIGN TREASURER	TITLE FIRST MI Receipt #				
NAME	Delores Amount				
	NICKNAME LAST SUFFIX Date Processed				
	Hargrave Date Imaged				
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				
	700 Scroggins Lane, warrer, rexas 77404	<u>, </u>			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 372-3155				
8 REPORTTYPE	January 15 X 30th day before election Runoff 15th day after campaign treasu				
	appointment (officeholder only) July 15 Sth day before election Exceeded \$500 limit Final report (Attach C/OH - FR)				
9 PERIOD' COVERED	Month Day Year O1 / 01 / 98 THROUGH O1 / 19 / 98				
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
	03 / 10 / 98	J			
11 OFFICE	OFFICE HELD (if any) Justice of the Peace Justice of the Peace Justice of the Peace				
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER	•• 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. ••				
INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
additional pages					
GO TO PAGE 2					

SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Delores Hargrave			ACCOUNT # (Ethics Comm	nission 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. 				
	СОММІТТЕЕ ТУРЕ	COMMITTEE NAME			:
	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME			:
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	X Check here if r	o reportable activity occurred during this reporting period. (Sig	n affidavit below ar	nd submit pages 1 and 2 only.)	ı
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE S, LOANS, OR GUARANTEES OF LOANS), UNLESS I	R THAN TEMIZED	\$	·
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$:
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLES	SITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDITURES		\$:
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS Y OF THE REPORTING PERIOD	AS OF THE	\$	
19 AFFIDAVIT					
		I swear, or affirm, under peris true and correct and include me under Title 15, Election Signature	ludes all infom	mation required to be re	
AFFIX NOTARY STAME	? / SEAL ABOVE	•			
Swom to and subscribed	-		is the <u>9th</u>	day of Feb	ruary,
1998_, to certify wh	nich, witness my hand	Janu searoromice.		SHARON RIEMER	R 🐉
Signature of officer add	ministering oath	Print name of officer administering oath	PEDITIE of	STATE OF TEXA	