

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Delores J, Hargrave			3 ACCOUNT # (Ethics Commission filers)	
4 Date 03-06-98	5 Full name of contributor Mr. & Mrs. Donald Sowell <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description(if applicable)	
6 Contributor address; City; State; Zip Code 204 Alonzo St., Prairie View, Texas 77466				
9 Principal occupation		10 Employer (optional)		
Date 03-06-98	Full name of contributor Michael & Sarita Sowell <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)	
Contributor address; City; State; Zip Code 21915 Decision, Hockley, Texas 77447				
Principal occupation		Employer (optional)		
Date 03-06-98	Full name of contributor William Sowell <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description(if applicable)	
Contributor address; City; State; Zip Code 16150 Keith Harrow, Apt. 3214, Houston, Texas 77084				
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation		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.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Delores J. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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	\$	-0-
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	\$300.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	-0-
4. TOTAL POLITICAL EXPENDITURES	\$	-0-
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	-0-

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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 15th day of July, 1998, to certify which, witness my hand and seal of office.

Sharon Riemer
Signature of officer administering oath

Print name of officer administering oath: SHARON RIEMER, My Commission Expires 6-10-2001

