	DFFICE		FORM C/OI PG
See C/OH Instruction G	UIDE for detailed instructions.	1 ACCOUNT #	2 Total pages filed:
3]	TITLE FIRST	Mi	OFFICE USE ONLY
CANDIDATE / OFFICEHOLDER NAME	NICKNAME	ŠUFFIX	
4	Hargrave ADDRESS / PO BOX: APT / SUITE #;	CITY: STATE; ZIP CODE	-
CANDIDATE / OFFICEHOLDER ADDRESS II	700 Scroggins Lane, Waller,	Texas 77484	Lap 17 57
5	TITLE FIRST	MI	Receipt #
CAMPAIGN	Delores Nickname Last	SUFFIX	HD //M I-IZ-OI Date Processed
	Hargrave	· · · · · · · · · · · · · · · · · · ·	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 700 Scroggins Lane, Waller;	SUITE#: CITY: STATE;	ZIP CODE
7] CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 372-3155	EXTENSION	
8 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (officeholder only) Final report (Allach C/OH - FR)
9 PERIOD COVERED	Month Day Year 07 01 2000	ROUGH 12 31	Year 2000
10] ELECTION	ELECTION DATE ELECTION Month Day Year	[	General Special
11) OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if knd	wn)
13	Justice of the Peace		
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign Candidates are required to disclose this inform Name	nation only if they receive notification o	the candidate's prior consent or approval. If the direct campaign expenditure. ••
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	ATTACH ADDITIONAL COF	PIES OF THIS FORM AS NE	EDED

Printed on recycled paper

(Revised 12/93)

C/OH REPORT SUPPORT & T							FORM C/O	
			Stranger States and	A. 1 S. 19 4 March & State Barrier	and the state of the state of the	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	PG	
4 C/OH NAME		, ,				15 ACCOUN		
Delo	res Hargrave							
[6]	•• This listing includes political expenditures by political committees for candidates or officeholders. 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. ••							
SUPPORTING POLITICAL	COMMITTEE TYPE		ITTEE NAME			OFFICE US		
COMMITTEE(S)	GENERAL		ITTEE ADDRESS			<b>I</b>		
	· .)		ITTEE CAMPAIGN TRE					
		СОММ	ITTEE CAMPAIGN TRE	ASURER ADDRESS				
ZJ NO REPORTABLE ACTIVITY	XX Check here if r	io report	lable activity occurred	during this reporting p	Deriod. (Sign affidavit b	pelow and submit pages	1 and 2 only)	
18) CONTRIBUTION AND LOAN 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)					\$		
	3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					\$		
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED					\$		
	5. TOTAL FOLITICAL EXPENDITURES					\$	Anna an	

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Tille 15, Election Code.

rls 11

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_Delores\_Hargrave \_, this the <u>8th</u> day of January XX 2001 , to certify which, witness my hand and seal of office. AY PU SHARON RIEMER NOTARY PUBLIC 乙 ٩ STATE OF TEXAS Signature of officer administering oath Print name of officer admin 1231

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