

CANDIDATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH
PG 1

See C/OH INSTRUCTION GUIDE for detailed instructions.			1 ACCOUNT #	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
	NICKNAME	Delores LAST	J. SUFFIX	
4 CANDIDATE / OFFICEHOLDER ADDRESS	Hargrave			
	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #
	NICKNAME	Delores LAST	J. SUFFIX	HD PM 1-14-09 Amount Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	Hargrave			
	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	700 Scroggins Lane, Waller, Texas 77484			
	AREA CODE	PHONE NUMBER	EXTENSION	
8 REPORT TYPE	(409) 372-3155			
	<input checked="" 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)
9 PERIOD COVERED	<input 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)
	Month Day Year	THROUGH		Month Day Year
10 ELECTION	07 / 01 / 99	12 / 31 / 99		
	ELECTION DATE	ELECTION TYPE		
11 OFFICE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
	OFFICE HELD (if any)	OFFICE SOUGHT (if known)		
12 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Justice of the Peace			
	** 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				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
GO TO PAGE 2



C/OH REPORT: SUPPORT & TOTALS

FORM C/OH
PG 2

14 C/OH NAME Delores J. Hargrave	15 ACCOUNT #
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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. **		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	OFFICE USE
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		

17 NO REPORTABLE ACTIVITY	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)
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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 POLITICAL EXPENDITURES	\$

19 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delores Hargrave, this the 7th day of January, ~~200~~ 2000, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath Expires 6-10-2001
 Signature of officer administering oath