CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
NAME	Delores LAST	SUFFIX	Date Received		
	Hargrave		ALCE AN ED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 700 Scroggins Lane, Waller, Te	state; zipcode xas 77484	PEBBIE POSTMAND Date Hand Out of the Country of the		
change of address			Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 372-3155	EXTENSION	Receipe # AM America CORD		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	NICKNAME LAST SUFFIX				
	Hargrave				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 700 Scroggins Lane, Waller, T	city; state; exas 77484	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 372-3155	EXTENSION			
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH 07 / 01 / 2013	Month Day 12 / 31 /	Year 2013		
11 ELECTION	Month ELECTION DATE Year Primary 11 / 06 / 2012	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	Justice of the Peace, Pct. 2	Justice of th	ne Peace, Pct.2		
GO TO PAGE 2					

www.ethics.state.tx.us Revised 04/19/2013

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)		
Delores Hargrave					
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 CANDIDATE OF 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	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	SOMMITTEE ABARESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		¥°			
,		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 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)		\$ -0-		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ \$375.00		
	4. TOTAL POLITICAL EXPENDITURES		\$ \$375.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ -0-		
OUTSTANDING LOAN TOTALS	6. TOTAL P	THE \$ -θ-			
18 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.					
Melares Herryrane					
		Signature of Ca	ndidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the saidSew Delores Hargrave, this the					
8th day ofJanuary, 20 14 , to certify which, witness my hand and seal of office.					
1 han R	١	SHARON RIEMER	3		
Signature of officer admi	nistering oath	Printed Part of the Notaty Rubbic State of Texas Commission Expires 06-19-201	Title of officer administering oath		
union athian atata ty		DESCRIPTION OF THE PROPERTY OF	Payingd 04/10/2013		

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)			
1	Delores Hargrave					
4 Date	5 Payee name					
12-03-2013	Waller County Republican Party					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
4075 00						
\$375.00	P. O. Box 697, Pattison, Texas 77466					
a BURBOOF	(a) Category (See categories listed at the top of this schedule)	(b) Description (littre	avel outside of Texas, complete Schedule T)			
8 PURPOSE OF	(a) Category (See categories instead at the top of this scriedule)	(b) Description (in the	avel outside of Texas, complete Scriedule 1)			
EXPENDITURE						
9 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; Zip Code					
0 0						
	Cotogogy (Congressing listed at the top of this pahed (In)	Description (If to	surel autoide of Tourse complete Cabadule T			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (if the	avel outside of Texas, complete Schedule T)			
EXPENDITURE						
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; Zip Code					
(4)	2.3, 2.2.2.					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/C	ЭН					
Date	Payee name					
Date	rayee name					
A	Device address.					
Amount (\$)	Payee address; City; State; Zip Code					
	$\tilde{\epsilon}$					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)			
OF EXPENDITURE	*					
	Candidate / Officeholder name	Office sought	Office held			
Complete ONLY if direct Candidate / Office folder name Office sought Office field expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
ALIADITADE TO TEO OF THE OUTED SEED OUTED SEED OF THE OUTED SEED OUTED SEED OUTED SEED OUTED SEED OUTED SEED SEED SEED SEED SEED SEED SEED S						