

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed.

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

DWAINE

NICKNAME

LAST

SUFFIX

CARAWAY

### OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

1934 Angyle Dallas Tex 75203

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 943-1370

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Ray

NICKNAME

LAST

SUFFIX

Jackson

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

3811 Tuttle Creek Blvd

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 651-6262

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

3 / 15 / 04

6 / 30 / 04

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

5 / 7 / 05

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas City Council Dist 4

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* 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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Dwaine Caraway*

16 ACCOUNT # (Ethics Commissioniers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION 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)

\$ 2,750.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,539.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

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

*Dwaine Caraway*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Joe S. Hubbard* this the 15 day of July 2008 to certify which, witness my hand and seal of office.

*Joe S. Hubbard*  
Signature of officer administering oath

*Joe S. HUBBARD*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A

2

2 FILER NAME

DWAINÉ CARAWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/27/04

SANTOS LOZANO

6 Contributor address: City: State: Zip Code

505 W. COLORADO DALLAS TX 75208

\$300.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/26/04

Dolat Khusal

Contributor address: City: State: Zip Code

7628 TALLOW IRVING TX 75063

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/24/04

Joy Wallace

Contributor address: City: State: Zip Code

541 GLEN ARBOR DR. DALLAS TX 75241

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/26/04

H. MAKAN

Contributor address: City: State: Zip Code

7726 PINE ST. IRVING TEX 75063

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/25/04

VERNA M. McILTON

Contributor address: City: State: Zip Code

4413 FAIR LAKE DR. GARLAND TEX 75043

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A 2

2 FILER NAME  
DWAINE CARAWAY

3 ACCOUNT # (Ethics Commission files)

4 Date  
6/24/04

5 Full name of contributor  out-of-state PAC ID#  
LARRY DAVIS

7 Amount of contribution (\$) \$200.00

8 In-kind contribution description (if applicable)

6 Contributor address City, State, Zip Code  
4023 Fairlake Dr.  
Dallas Tex 75228

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date  
6/29/04

Full name of contributor  out-of-state PAC ID#  
Kedric Couch

Amount of contribution (\$) \$100.00  
cash

In-kind contribution description (if applicable)

Contributor address City, State, Zip Code  
323 Centre St.  
Dallas Tex 75208

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor  out-of-state PAC ID#

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address City, State, Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor  out-of-state PAC ID#

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address City, State, Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor  out-of-state PAC ID#

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address City, State, Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME *Dwaine Caraway*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

*6/25/04*

*Poise + Perfection*

*\$ 315.00*

6 Payee address City State Zip Code

*1211 W. Washburn  
Little Rock Ark. 72211*

8 Purpose of payment (See instructions regarding type of information required)

*Graphics*

9 Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*4/15/04*

*U.S. Post Office*

*\$ 74.00*

Payee address City State Zip Code

*So. Oak Cliff Station*

Purpose of payment (See instructions regarding type of information required)

*Stamps*

Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address City State Zip Code

Purpose of payment (See instructions regarding type of information required)

Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address City State Zip Code

Purpose of payment (See instructions regarding type of information required)

Complete if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

