

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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	

Dwaine Caraway

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<i>3614 So. Tyler Dallas Tex 75224</i>				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(214)</i>	<i>372-9046</i>	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	

Roy Jackson

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<i>3811 Turtle Creek Dallas Tex</i>				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(214)</i>	<i>651-6250</i>	

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

9 / 19 / 05 *4 / 30 / 05*

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year <i>5 / 7 / 05</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		<i>City Council Dist 4</i>

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Dwaine Caraway

16 ACCOUNT # (Ethics Commission filers)

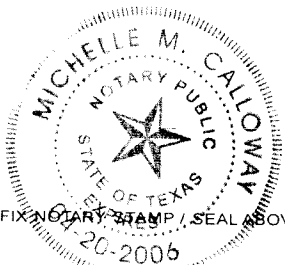
17 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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 <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

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)	\$ 7,495.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,333.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 161.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 R. Caraway
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dwaine R. Caraway, this the 29 day of April, 20 05 to certify which, witness my hand and seal of office.

Michelle M. Calloway
Signature of officer administering oath

Michelle M. Calloway
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 FILER NAME

DWAINE CARAWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/5/05

5 Full name of contributor

out-of-state PAC (ID# _____)

Steve Bartlett

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3615 N. Poconoke St.
Arlington Va. 22213-1400

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/10/05

Full name of contributor

out-of-state PAC (ID# _____)

Hyman Childs

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5316 Lyon Crest Court
Dallas Tex 75287

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/05

Full name of contributor

out-of-state PAC (ID# _____)

Anthony Lyons

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3506 Pasadena Dr.
Arlington TEX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/05

Full name of contributor

out-of-state PAC (ID# _____)

Reynold Larson

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13401 Baythorne Dr.
Dallas Tex 75243

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/05

Full name of contributor

out-of-state PAC (ID# _____)

Alex Stolarski

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

18108 Peppy Pl.
Dallas Tex 75252

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.

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950.00

040108

**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

Dwaine Caraway

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/6/05

5 Full name of contributor

James P. Graham

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*6315 DeLoache
Dall Tex 75225*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/24/05

Full name of contributor

Greeter Mt. Pilgrim

out-of-state PAC (ID#)

Amount of contribution (\$)

\$400.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4106 Frank St.
Dall Tex*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/05

Full name of contributor

Alma Gallegos

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3459 Borgan
Dall Tex*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/05

Full name of contributor

Nellie Anderson

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1923 Lannick
Dall Tex 75203*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/05

Full name of contributor

Randy Bacon

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3831 Twilife Creek
Dall Tex 75219*

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.

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750.00

**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 <i>Douaine Caraway</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/15/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dallas Police Assoc. PAC</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1412 G. H. St. 75215</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johanne King Jr.</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1243 W. Pleasant Run Rd. Desoto TX 75115-7410</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/15/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maxvin Robinson</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 S. Zang 1202 Dallas Tex 75208</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/26/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Floyd P. Bean</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1915 Pajarito Ct. Desoto TX 75115</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/14/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Apt Assoc. Greenham Dallas Pa</i>	Amount of contribution (\$) <i>\$2,500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4230 LBJ Hwy. Dallas Tex 75244</i>			
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.

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**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 <i>Dwaine Caraway</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/14/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. P.E. Lucoke Sr.</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6832 Mendon Lake Ave Dallas Tex</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/10/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Leshon</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>524 Spruce St. Texarkana Tx 75501</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/8/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Paul</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6918 Woodland Dr. Dallas TX 75225-2444</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Albert Wash</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>801 Cobblestone Ct. Cedar Hill TX 75104</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/11/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Gordon</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>703 McKinney Ave. Dallas TX 75203</i>			
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.

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**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 *Dwaine Caraway* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/3/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Maude Smith</i>	7 Amount of contribution (\$) <i>\$ 20.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1902 Danube Dallas Tex 75203</i>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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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.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Dwaine Caraway</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/14/05</i>	5 Payee name <i>Chen-Chamell</i>	7 Amount (\$) <i>\$460.00</i>
6 Payee address; City; State; Zip Code <i>3700 E Ranch Mill Rd, Ashtown Tex 76011</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Billboards</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/19/05</i>	Payee name <i>Beckers Inds.</i>	Amount (\$) <i>\$2,000.00</i>
Payee address; City; State; Zip Code <i>5415 Maple Ave Dallas Tex 75235</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Marlways</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/19/05</i>	Payee name <i>Becker Inds.</i>	Amount (\$) <i>\$742.92</i>
Payee address; City; State; Zip Code <i>5415 Maple Ave Dallas Tex 75235</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Marlways</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/22/05</i>	Payee name <i>Becker Inds</i>	Amount (\$) <i>\$1,000.00</i>
Payee address; City; State; Zip Code <i>5415 Maple Ave. Dallas Tex 75235</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Marlways</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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4202-92

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 filers)

4 Date *4/10/05*

5 Payee name *Booker Ends.*
6 Payee address; City; State; Zip Code
*5415 Maple Ave.
D. M. Tex 75235*

7 Amount (\$) *\$ 432.00*

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

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

Date *4/10/05*

Payee name *Pattens Sign Co.*
Payee address; City; State; Zip Code
*Don Ave
D. M. Texas*

Amount (\$) *\$ 800.00*

Purpose of payment (See instructions regarding type of information required.)
Yard Signs

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

Date *4-6/4-29*

Payee name *Shell Gas*
Payee address; City; State; Zip Code
*Marvin D. Love & Kist
D. M. Tex*

Amount (\$) *\$ 240.00*

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

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

Date *4/25/05*

Payee name *Dona Fulker*
Payee address; City; State; Zip Code
*1923 Baswick Ave
D. M. Tex 75203*

Amount (\$) *\$ 600.00*

Purpose of payment (See instructions regarding type of information required.)
Phone Bank

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 filers)

4 Date

4-12-05

5 Payee name

New Covenant Church

6 Payee address; City; State; Zip Code

Dallas Texas

7 Amount (\$)

\$ 100.00

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

Church Ad. Booklet

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4-8-05

Payee name

Sam Garcia

Payee address; City; State; Zip Code

P.O. Box 540816
Grand Prairie Tex 75054

Amount (\$)

\$ 324.75

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

Computers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4-15-05

Payee name

Wells Mt.

Payee address; City; State; Zip Code

14881 Quorum Dr.
Dallas Tex 75254

Amount (\$)

\$ 525.00

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

Rent/office

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/6/05

Payee name

Chris / Sign & Design

Payee address; City; State; Zip Code

610 Becky Ave.
Dallas Tex

Amount (\$)

\$ 110.00

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

Signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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