

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST MI

NICKNAME LAST SUFFIX

DWAINE CARAWAY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

3614 Argyle Dallas TX 75224

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 372-9046

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI

NICKNAME LAST SUFFIX

RAY JACKSON

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

3811 Trail Creek Dallas Tex

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214)

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

1 / 16 / 05 THROUGH 4 / 7 / 05

11 ELECTION

ELECTION DATE: Month Day Year

5 / 7 / 05

ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

OFFICE USE ONLY

Date Received: 2005 APR - 7 2:56 PM

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED
CITY SECRETARY
DALLAS, TEXAS

GO TO PAGE 2

000001

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

RECEIVED
2005 APR -7 PM 2:56
CITY SECRETARY
DALLAS, TEXAS

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)

\$ 10,500.00

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 10,254.00

CONTRIBUTION BALANCE

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

\$ 400.00

OUTSTANDING LOAN TOTALS

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

\$ -

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 P. Caraway
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Dwaine P. Caraway*, this the 5th 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 <i>Dwaine Canaway</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/14/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joe Williams</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2031 Argyle Dulles Tex 75203</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/11/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>A. Muhammad</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1202 Regent Park Desoto Tex 75115</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/31/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carl Gaines</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2727 Stemmons Dulles Tex 75207</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/12/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eli Muhammad</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1260 Regent Park Desoto Tex 75115</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>Cebis Woods</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2727 Stemmons Dulles Tex</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>3/6/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walker & Hunter</i>	7 Amount of contribution (\$) <i>\$ 200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1924 Portsmith Houston Tex 77068</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DFW Elite News</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3906 S. Lancaster Rd. Dallas Tex 75216</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/10/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peter A. Lessen</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2501 Oaklawn Ave Dallas Tex 75219</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/18/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Taylor</i>	Amount of contribution (\$) <i>\$ 50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16118 Parkesley Houston Tex 77069</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/10/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Robinson</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4438 Lashley Dr. Dallas Tex 75232</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

000004

**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>2/12/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bernard Hanzard</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1119 Green Hills Rd. Duncanville TX 75137</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/11/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Akbar M. Muhammad</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1240 Regents Park Desoto TX 75115</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/10/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip Barker</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 830512 Richardson Tex</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/23/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Prime Marketing</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4412 Alameda Rd. Houston Tex 77004</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/16/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charlie Bush</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7010 Devo Square Dallas Tex</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>4/2/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hymen Childs</i>	7 Amount of contribution (\$) <i>\$ 300.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5316 Lyon Crest Court Dallas Tex 75287</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/1/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Anthony Lyons</i>	Amount of contribution (\$) <i>\$ 250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3506 Gaedemin Dr. Arlington Tex 76016</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/24/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TA Bush</i>	Amount of contribution (\$) <i>\$ 250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7010 Desco Sq. Dallas Tex 75225</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ronnie Cavett</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3510 Rigdestone Garland TX 76010</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/23/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Annie Williams</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2040 Angler Dallas Tex 75203</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>2/2/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Bartlett</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3615 N. Acomake St. Arlington Va. 22213</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/6/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brenda Jackson</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5639 McCommas Dell Tex 75205</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/05/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Bacon</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3831 Turtle Creek Dell Tex 75219</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/29/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas W. Realty</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Richardson Tex 75081</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>W. Jake Moser</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1076 Rockwall, TX 75087</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>1/25/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Freddie McCleendon</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7406 Kaywood Dr. Dallas 75209</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stephen Johnson</i>	Amount of contribution (\$) <i>\$ 200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6723 Lakehurst Ave Dallas Tex 75230</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Willie Byrd</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 455 DeSoto Tx 75123</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ms. Isil Muhammad</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1240 Regents Park DeSoto Tx 75115</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ms. Paula Caldwell</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4300 Matlock Rd. Arlington Tex 76018</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>3/29/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Posey</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>17427 Club Hill Dr. Dallas Tex 75248</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/29/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fannie Washington</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1254 Fernwood Ave. Dallas Tex 75216</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/6/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bothy Allen</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1834 Stella Ave. Dallas Tex 75203</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/22/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leatha Evans</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1931 Lannick Ave. Dallas Tex 75203</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/14/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Orin Haselme</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7321 Valjeo Dr. Dallas Tex 75227</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>3/20/05</i>	5 Payee name <i>Ed Valenzuela / ECM</i>	7 Amount (\$) <i>\$ 715.00</i>
6 Payee address; City; State; Zip Code <i>5353 Maple Dallas Tex</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Member</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1-20-05</i>	Payee name <i>Misc Workers</i>	Amount (\$) <i>\$ 600.00</i>
<i>4-1-05</i>	Payee address; City; State; Zip Code <i>Eight St. Dallas Tex</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Passing out Flyers for B.B. Qs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1-20/05</i>	Payee name <i>Minnymeds Feed Stores</i>	Amount (\$) <i>\$ 526.00</i>
<i>4/1-05</i>	Payee address; City; State; Zip Code <i>Dallas Tex</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Food for B-B-Qs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/28/05</i>	Payee name <i>Edmund + Patterson Signs</i>	Amount (\$) <i>\$ 1,200.00</i>
	Payee address; City; State; Zip Code <i>4733 Don Dr. Dallas Tex 75247</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Yard Signs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		<i>000010</i>

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

5 Payee name

7 Amount (\$)

3/15

West Mt

\$525.00

6 Payee address; City; State; Zip Code

3614 Tylan

Dallas TX 75224

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

Office Rent

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

Date

Payee name

Amount (\$)

2/15

West Mt

\$525.00

Payee address; City; State; Zip Code

3614 Tylan

Dallas TX 75224

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

Office Rent

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

Date

Payee name

Amount (\$)

1/15
3/15/05

Phoneco

\$445.00

Payee address; City; State; Zip Code

P.O. Box 561287

Dallas TX 75356

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

Phones / Office

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

Date

Payee name

Amount (\$)

1/19
2/19

NexTel

\$543.00

Payee address; City; State; Zip Code

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

Cell Phones

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

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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 5 Payee name 7 Amount (\$) 1/20 3/20 6 Payee address; City; State; Zip Code 80038 Balch Springs 25180 \$ 1,200.00

8 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Car Rental

Date Payee name Amount (\$) 1/20 4/5 Office Dept 3107 W. Camp Wisdom Rd Dallas TX 75237 \$ 675.00

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 Flyers Printing

Date Payee name Amount (\$) 2-20-05 3-20-05 Clean Channel Outdoor D. M. Texan \$ 2,500.00

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 Billboards

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

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