

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

RECEIVED

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		ACCOUNT # 2007 JAN 16 PM 2:23 (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST DWAINE NICKNAME LAST SUFFIX CARAWAY	CITY SECRETARY DALLAS, TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1934 Argyle Dallas Tex 75203	Date Received: 2007 JUN 16 PM 2:23 Date Hand-Delivered or Date Postmarked: 6/16/07 Receipt # Amount Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 943-1370	Date Received: 2007 JUN 16 PM 2:23 Date Hand-Delivered or Date Postmarked: 6/16/07 Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI Dor NICKNAME LAST SUFFIX Brown	Date Received: 2007 JUN 16 PM 2:23 Date Hand-Delivered or Date Postmarked: 6/16/07 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 341 Caldwell Desoto Te 75115	Date Received: 2007 JUN 16 PM 2:23 Date Hand-Delivered or Date Postmarked: 6/16/07 Receipt # Amount Date Processed Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 808-9764	Date Received: 2007 JUN 16 PM 2:23 Date Hand-Delivered or Date Postmarked: 6/16/07 Receipt # Amount Date Processed Date Imaged	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 16 / 06 12 / 31 / 06		
11 ELECTION	ELECTION DATE Month Day Year 5 / 12 / 07	ELECTION TYPE <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) 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 <input type="checkbox"/> 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 Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

.. 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 7,020.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,945.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 75.00
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 Dwaine Caraway, this the 16th day of January, 2007, to certify which, witness my hand and seal of office.

Sherril Stanley
Signature of officer administering oath

Sherril Stanley
Printed name of officer administering oath

Attorney
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 R. Caraway</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-1-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eddie Hill</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8705 Havenwood Plano TX 75024</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11/29/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Bush</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10290 Monroe Dallas Tex 75230</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-3-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walter Wilson</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2218 M.L.K Dallas Tex 75216</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-9-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dianne K. Jones</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 815003 Dallas Tex 75381</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-9-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Corey C. Toney</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>909 So. Corinth Dallas Tex 75203</i>		(If travel outside of Texas, complete Schedule T)	
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 FILER NAME <i>Dwaine R. Caraway</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/9/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maxlin Rawlins</i> 6 Contributor address; City; State; Zip Code <i>3625 N. Hall St. Dallas Tex 75219</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11/9/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Evelyn Cooper</i> Contributor address; City; State; Zip Code <i>2220 Hanark Dallas Tex 75203</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-7-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Pace</i> Contributor address; City; State; Zip Code <i>4524 Louisa Dallas Tex 75209</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/12/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J.W. McDonald Williams</i> Contributor address; City; State; Zip Code <i>2001 Ross Ave Dallas Tex 75201</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-9-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith Dean</i> Contributor address; City; State; Zip Code <i>4532 Boardway Dallas Tex 75205</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
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 R. Caraway</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-20-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Doug Matthews</i> 6 Contributor address; City; State; Zip Code <i>2331 So. Lake League City TX 77573</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10-26-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Doug Hunt</i> Contributor address; City; State; Zip Code <i>111 Payne Street Dallas TX 75207</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/11/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Earl McCoy</i> Contributor address; City; State; Zip Code <i>11844 Preston Brook Dallas TX 75230</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/15/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Loretha Davis</i> Contributor address; City; State; Zip Code <i>17740 Preston Rd. Dallas TX 75252</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/9/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LARRY DAVIS</i> Contributor address; City; State; Zip Code <i>4023 FAIRLAKE Dallas TX 75223</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 R. Caraway</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11-9-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jordan Blair</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1911 E Lechman Dallas Tex 75216</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11/1/06</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 Dallas Tex 75219</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/28/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank Jones</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7427 S. Westmoreland Dallas 75219 75237</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/15/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teresa Lynell</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Po Box 710609 Dallas Tex 75210</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/5/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Snake 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>		(If travel outside of Texas, complete Schedule T)	
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 R. Caraway</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/9/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAN Matisse</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6211 Denton Mt Jull - Tex 75235</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11/9/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce J. Caraway</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1636 Corinth Dallas tex 75203</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 <i>Dwaine Caraway</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/1/06</i>	5 Payee name <i>Clarence Reeves</i> 6 Payee address; City; State; Zip Code <i>7924 Arken Dallas Tex 75241</i>	7 Amount (\$) <i>600.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>T-Shirts</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/30/06</i>	Payee name <i>Clear Channel</i> Payee address; City; State; Zip Code <i>3700 Randal Mill Grand Prairie Tex 76011</i>	Amount (\$) <i>300.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Billboard</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/25/06</i>	Payee name <i>X.G. Design</i> Payee address; City; State; Zip Code <i>9755 Cliffwood Dallas Tex 75220</i>	Amount (\$) <i>250.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Printing</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11/7/06</i>	Payee name <i>J. A. Wilson</i> Payee address; City; State; Zip Code <i>3607 Bestwood Dallas Texas 75210</i>	Amount (\$) <i>1,509.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Flyers, letters, Election Day Workers</i> <i>new letters</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Dwaine R. Caraway* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/8/06</i>	5 Payee name <i>Winsor Barber</i>	7 Amount (\$) <i>500.00</i>
6 Payee address; City; State; Zip Code <i>1620 Glen Dallas TEX 75203</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Kmas Cards</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>11/9/06</i>	Payee name <i>Son. Dallas Cafe</i>	Amount (\$) <i>300.00</i>
Payee address; City; State; Zip Code <i>3126 Grand Ave Dallas Tex 75210</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Power lunch</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>10/25/06</i>	Payee name <i>U.S. Post Office</i>	Amount (\$) <i>351.00</i>
Payee address; City; State; Zip Code <i>Main Post Office Dallas Tex I-30</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Masters</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** 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 <i>Dwaine R. Caraway</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/7/06</i>	5 Payee name <i>Mike Davis</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 720181 Dallas Tex 75372</i>	7 Amount (\$) <i>300.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Consultant Web Ad.</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/30/06</i>	Payee name <i>Winsor Bribee</i> Payee address; City; State; Zip Code <i>1620 Glen Dallas Tex 75203</i>	Amount (\$) <i>400.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Power Lunch Cards</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/15/06</i>	Payee name <i>M. Pnc. Medica</i> Payee address; City; State; Zip Code <i>2401 Founders Hensch Tex 77057</i>	Amount (\$) <i>275.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Cards</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME <i>Dwaine R. Caraway</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/9/06</i>	5 Payee name <i>SBCA</i> 6 Payee address; City; State; Zip Code <i>1950 Stamm Dallas TX 75207</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Table</i>	8 Amount (\$) <i>750.00</i>
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Date <i>11/10/06</i>	Payee name <i>Larry Johnson - Foundation Golf Tour</i> Payee address; City; State; Zip Code <i>Dallas TX</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Sponsor (Hole)</i>	Amount (\$) <i>700.00</i>
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Date <i>11/24/06</i>	Payee name <i>Cotillion - Edgewood Club</i> Payee address; City; State; Zip Code <i>Dallas TX</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Booklet</i>	Amount (\$) <i>160.00</i>
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Date <i>11/3/06</i>	Payee name <i>Faith Johnson</i> Payee address; City; State; Zip Code <i>1104 Sandalwood Dicks TX 75215</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Booklet</i>	Amount (\$) <i>150.00</i>
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Date <i>12/2/06</i>	Payee name <i>MASS</i> Payee address; City; State; Zip Code <i>6301 Gaston Ave. Dallas TX 75214</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Ad</i>	Amount (\$) <i>300.00</i>
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