

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:					
			4						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Dwayne	MI E	OFFICE USE ONLY					
	NICKNAME	LAST Ariola	SUFFIX	Date Received					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1407 Sherry Drive, Taylor, TX 76574								
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 449-8139	EXTENSION	RECEIVED JAN 12 2024 1:51 PM BY: <i>[Signature]</i> Date Hand Delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Stacy	MI E	Receipt #					
	NICKNAME	LAST Stork	SUFFIX	Date Processed					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 1903 Meadow Lane, Taylor, TX 76574			STATE: ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 633-1267	EXTENSION						
9 REPORT TYPE	<input checked="" type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/>	Exceeded Modified Reporting Limit	<input type="checkbox"/>	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day 16	Year / 23	THROUGH	Month 1	Day / 15	Year / 24		
11 ELECTION	ELECTION DATE Month 5 / Day / 23 Year		ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description						
12 OFFICE	OFFICE HELD (if any) City Council At Large			13 OFFICE SOUGHT (if known) City Council At Large					
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.								
	GENERAL SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME						
		COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS							

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**FORM C/OH
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15 C/OH NAME Dwayne Ariola	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00 4. TOTAL POLITICAL EXPENDITURES \$ 1,225.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,789.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath **Printed name of officer administering oath** **Title of officer administering oath**

OR

(2) Unsworn Declaration

My name is Dwayne Ariola, and my date of birth
My address is 1407 Sherry Drive Taylor TX 76574 USA

Executed in Williamson County, State of Texas, on the 15 day of July, 2024.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Dwayne Ariola	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,225.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME 1 Dwayne Ariola	3 Filer ID (Ethics Commission Filers)	
4 Date 09/24/2023	5 Payee name Paul Leal For Constable		
6 Amount (\$) 1,000.00	7 Payee address: [REDACTED] Taylor, TX 76574	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation made to Candidate/Officeholder	(b) Description to reelection campaign	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Paul Leal	Office sought Wm Cty Constable	Office held Wm Cty Constable
Date 12/12/2023	Payee name Taylor Press		
Amount (\$) 225.00	Payee address: [REDACTED] Taylor, TX 76574	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description newspaper ad for Readers Choice Award	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			