

# 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 Filer) | 2 Total pages filed: 18   |             |              |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                               | MS / MRS / MR<br>Mr.  | FIRST<br>Dwayne   | MI                                   | OFFICE USE ONLY<br><br>Date Received<br><b>RECEIVED</b><br><b>JAN 13 2026</b><br><i>lh Aldrich</i>  |             |              |
|   | NICKNAME  | LAST<br>Ariola  | SUFFIX                               |   |             |              |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS                 | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE<br>1407 Sherry Dr. Taylor TX 76574   |   |                                      |   |             |              |
| Change of Address   |   |   |                                      |   |             |              |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                               | AREA CODE<br>(214 )   | PHONE NUMBER<br>449-8139  | EXTENSION                            | Date Hand-delivered or Date Postmarked<br><br>Receipt # <input type="text"/> Amount \$ <input type="text"/>   |             |              |
|   |   |   |                                      |   |             |              |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                     | MS / MRS / MR<br>Mrs  | FIRST<br>Robin  | MI                                   | Date Processed<br><br>Date Imaged   |             |              |
|   | NICKNAME  | LAST<br>Ariola  | SUFFIX<br>T                          |   |             |              |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY:<br>1305 T H Johnson Dr. Taylor TX 76574   |   |                                      | STATE: ZIP CODE   |             |              |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                                    | AREA CODE<br>( 540 )  | PHONE NUMBER<br>878-3033  | EXTENSION                            |   |             |              |
| 9 REPORT TYPE   | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit  |   |                                      | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR) |             |              |
| 10 PERIOD<br>COVERED  | Month<br>7  | Day<br>/ 1  | Year<br>/ 25                         | Month<br>12   | Day<br>/ 31 | Year<br>/ 25 |
| 11 ELECTION   | ELECTION DATE<br>Month / Day / Year<br>/ / /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                      |   |             |              |
| 12 OFFICE   | OFFICE HELD (if any)<br>City Council at Large   |   |                                      | 13 OFFICE SOUGHT (if known)   |             |              |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)<br><br>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. |   |                                      |   |             |              |
|   | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL  | COMMITTEE NAME  |                                      |   |             |              |
|   | COMMITTEE ADDRESS   |   |                                      |   |             |              |
|   | COMMITTEE CAMPAIGN TREASURER NAME   |   |                                      |   |             |              |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |                                      |   |             |              |

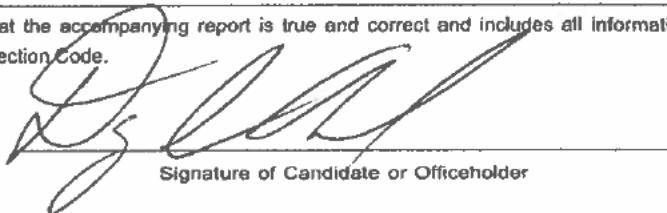
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |
|-------------------------|---|
| 15 C/OH NAME            | 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) \$<br>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8926.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$<br>4. TOTAL POLITICAL EXPENDITURES \$ 8770.48   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 155.52  |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$  |

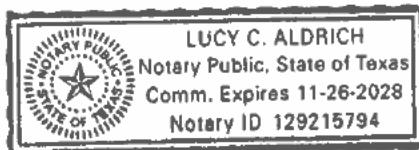
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dwayne Ariola this the 13th day of January, 2026 to certify which, witness my hand and seal of office.

Lucy C. Aldrich Signature of officer administering oath

Lucy C. Aldrich Printed name of officer administering oath

Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

|  |   |
|--|---|
| <b>19 FILER NAME</b><br>Dwayne Ariola  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b>  | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 8926.00                                    |
| 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 | \$ 8770.48                                    |
| 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<br>TO FILER                    | \$  |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

|   |  |   |  |
|---|--|---|--|
| The Instruction Guide explains how to complete this form.   |  |   | 1 Total pages Schedule A1: <b>6</b>                    |
| <b>2 FILER NAME</b><br>Dwayne Ariola  |  |   | 3 Filer ID (Ethics Commission Filers)                  |
| <b>4 Date</b><br>8/29/25  | <b>5 Full name of contributor</b><br>Dwayne Ariola                       | out-of-state PAC (ID# _____)                        | <b>7 Amount of contribution (\$)</b><br><b>1100.00</b> |
|   | <b>6 Contributor address;</b><br>[REDACTED]                              | City: State: Zip Code<br>[REDACTED] Taylor TX 76574 |  |
| <b>8 Principal occupation / Job title (See Instructions)</b>  |  | <b>9 Employer (See Instructions)</b>                |  |
| <b>Date</b><br>11/1/25  | <b>Full name of contributor</b><br>Danny Lewis                           | out-of-state PAC (ID# _____)                        | <b>Amount of contribution (\$)</b><br><b>300.00</b>    |
|   | <b>Contributor address;</b><br>[REDACTED]                                | City: State: Zip Code<br>[REDACTED] Elgin TX 78621  |  |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                  |  |
| <b>Date</b><br>11/10/25   | <b>Full name of contributor</b><br>Terry Hughes                          | out-of-state PAC (ID# _____)                        | <b>Amount of contribution (\$)</b><br><b>50.00</b>     |
|   | <b>Contributor address;</b><br>[REDACTED]                                | City: State: Zip Code<br>[REDACTED] Taylor TX 76574 |  |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                  |  |
| <b>Date</b><br>11/11/25   | <b>Full name of contributor</b><br>Naivar Building LLC, Betty Ann Naivar | out-of-state PAC (ID# _____)                        | <b>Amount of contribution (\$)</b><br><b>100.00</b>    |
|   | <b>Contributor address;</b><br>[REDACTED]                                | City: State: Zip Code<br>[REDACTED] Taylor TX 76574 |  |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |  |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

|   |   |  |   |
|---|---|--|---|
| The Instruction Guide explains how to complete this form.   |   |  | 1 Total pages Schedule A1: <b>6</b>                   |
| <b>2 FILER NAME</b><br>Dwayne Ariola  |   |  | <b>3 Filer ID (Ethics Commission Filers)</b>          |
| <b>4 Date</b><br>9/25/25  | <b>5 Full name of contributor</b><br>Insulate Texas | out-of-state PAC (ID# _____)   | <b>7 Amount of contribution (\$)</b><br><b>750.00</b> |
|   | <b>6 Contributor address;</b><br>[REDACTED]         | City: _____ State: _____ Zip Code<br>[REDACTED] JBSA Fort Sam Houston TX 78234 |   |
| <b>8 Principal occupation / Job title (See Instructions)</b>  |   | <b>9 Employer (See Instructions)</b>   |   |
| <b>Date</b><br>11/3/25  | <b>Full name of contributor</b><br>Hal Boone        | out-of-state PAC (ID# _____)   | <b>Amount of contribution (\$)</b><br><b>500.00</b>   |
|   | <b>Contributor address;</b><br>[REDACTED]           | City: _____ State: _____ Zip Code<br>[REDACTED] Thrall TX 76578                |   |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>   |   |
| <b>Date</b><br>11/3/25  | <b>Full name of contributor</b><br>Albert Lyles     | out-of-state PAC (ID# _____)   | <b>Amount of contribution (\$)</b><br><b>125.00</b>   |
|   | <b>Contributor address;</b><br>[REDACTED]           | City: _____ State: _____ Zip Code<br>[REDACTED] Taylor TX 76574                |   |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>   |   |
| <b>Date</b><br>11/3/25  | <b>Full name of contributor</b><br>Mallard & Son's  | out-of-state PAC (ID# _____)   | <b>Amount of contribution (\$)</b><br><b>250.00</b>   |
|   | <b>Contributor address;</b><br>[REDACTED]           | City: _____ State: _____ Zip Code<br>[REDACTED] Taylor TX 76574                |   |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |   |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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|  |   |                                      |   |
|--|---|--------------------------------------|---|
| The Instruction Guide explains how to complete this form.    |   |                                      | 1 Total pages Schedule A1: <i>6</i>                   |
| <b>2 FILER NAME</b><br>Dwayne Ariola                         |   |                                      | <b>3 Filer ID (Ethics Commission Filers)</b>          |
| <b>4 Date</b><br>11/3/25                                     | <b>5 Full name of contributor</b><br>Claire G Hilton                        | out-of-state PAC (ID# _____)         | <b>7 Amount of contribution (\$)</b><br><b>200.00</b> |
|  | <b>6 Contributor address:</b><br>[REDACTED] Georgetown TX 78628             | City: State: Zip Code                |   |
| <b>8 Principal occupation / Job title (See Instructions)</b> |   | <b>9 Employer (See Instructions)</b> |   |
| <b>Date</b><br>11/3/25                                       | <b>Full name of contributor</b><br>Quick Descendants Trust FBO Darren Quick | out-of-state PAC (ID# _____)         | <b>Amount of contribution (\$)</b><br><b>200.00</b>   |
|  | <b>Contributor address:</b><br>[REDACTED] Round Rock TX 78681               | City: State: Zip Code                |   |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>   |   |
| <b>Date</b><br>11/3/25                                       | <b>Full name of contributor</b><br>Russell Boles                            | out-of-state PAC (ID# _____)         | <b>Amount of contribution (\$)</b><br><b>200.00</b>   |
|  | <b>Contributor address:</b><br>[REDACTED] Round Rock TX 78665               | City: State: Zip Code                |   |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>   |   |
| <b>Date</b><br>11/3/25                                       | <b>Full name of contributor</b><br>Johnnie Werner                           | out-of-state PAC (ID# _____)         | <b>Amount of contribution (\$)</b><br><b>100.00</b>   |
|  | <b>Contributor address:</b><br>[REDACTED] Taylor TX 76574                   | City: State: Zip Code                |   |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>   |   |

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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|--|---|---|---|
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| <b>2 FILER NAME</b><br>Dwayne Ariola                         |   |   | <b>3 Filer ID (Ethics Commission Filers)</b>          |
| <b>4 Date</b><br>11/14/25                                    | <b>5 Full name of contributor</b><br>Jonathan Hundley | out-of-state PAC (ID# _____)                                | <b>7 Amount of contribution (\$)</b><br><b>200.00</b> |
|  | <b>6 Contributor address:</b><br>[REDACTED]           | City: _____ State: _____ Zip Code: _____<br>Taylor TX 76574 |   |
| <b>8 Principal occupation / Job title (See Instructions)</b> |   | <b>9 Employer (See Instructions)</b>                        |   |
| <b>Date</b><br>11/15/25                                      | <b>Full name of contributor</b><br>John Chavana       | out-of-state PAC (ID# _____)                                | <b>Amount of contribution (\$)</b><br><b>100.00</b>   |
|  | <b>Contributor address:</b><br>[REDACTED]             | City: _____ State: _____ Zip Code: _____<br>Taylor TX 76574 |   |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>                          |   |
| <b>Date</b><br>11/16/25                                      | <b>Full name of contributor</b><br>Thomas Watson      | out-of-state PAC (ID# _____)                                | <b>Amount of contribution (\$)</b><br><b>50.00</b>    |
|  | <b>Contributor address:</b><br>[REDACTED]             | City: _____ State: _____ Zip Code: _____<br>Taylor TX 76574 |   |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>                          |   |
| <b>Date</b><br>8/8/25  | <b>Full name of contributor</b><br>Dwayne Ariola      | out-of-state PAC (ID# _____)                                | <b>Amount of contribution (\$)</b><br><b>100.00</b>   |
|  | <b>Contributor address:</b><br>[REDACTED]             | City: _____ State: _____ Zip Code: _____<br>Taylor TX 76574 |   |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>                          |   |

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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|   |   |  |   |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. |   |  | 1 Total pages Schedule A1:<br><br>6         |
| 2 FILER NAME<br>Dwayne Ariola                             |   |  | 3 Filer ID (Ethics Commission Filters)      |
| 4 Date<br>6/6/25  | 5 Full name of contributor<br>Martha Miller     | out-of-state PAC (ID# _____)                         | 7 Amount of contribution (\$)<br><br>500.00 |
|   | 6 Contributor address:<br>[REDACTED]            | City: _____ State: _____ Zip Code<br>Taylor TX 76574 |   |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                        |   |
| Date<br>6/6/25  | Full name of contributor<br>Mikeska Bar B Q Inc | out-of-state PAC (ID# _____)                         | Amount of contribution (\$)<br><br>150.00   |
|   | Contributor address:<br>[REDACTED]              | City: _____ State: _____ Zip Code<br>Taylor TX 76574 |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                          |   |
| Date<br>6/21/25   | Full name of contributor<br>Susan Faykus        | out-of-state PAC (ID# _____)                         | Amount of contribution (\$)<br><br>1500.00  |
|   | Contributor address:<br>[REDACTED]              | City: _____ State: _____ Zip Code<br>Taylor TX 76574 |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                          |   |
| Date<br>8/22/25   | Full name of contributor<br>Robin Ariola        | out-of-state PAC (ID# _____)                         | Amount of contribution (\$)<br><br>1.00     |
|   | Contributor address:<br>[REDACTED]              | City: _____ State: _____ Zip Code<br>Taylor TX 76574 |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                          |   |

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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| The Instruction Guide explains how to complete this form.   |   |   | 1 Total pages Schedule A1: <u>6</u>                   |
| <b>2 FILER NAME</b><br>Dwayne Ariola  |   |   | 3 Filer ID (Ethics Commission Filers)                 |
| <b>4 Date</b><br>11/3/25  | <b>5 Full name of contributor</b><br>Dwayne Ariola    | <b>6 Contributor address;</b><br>[REDACTED] Taylor TX 76574 | <b>7 Amount of contribution (\$)</b><br><b>700.00</b> |
| <b>8 Principal occupation / Job title (See Instructions)</b>  |   | <b>9 Employer (See Instructions)</b>                        |   |
| <b>Date</b><br>11/10/25   | <b>Full name of contributor</b><br>Ann & Louis Hughes | <b>out-of-state PAC (ID#)</b><br>[REDACTED]                 | <b>Amount of contribution (\$)</b><br><b>250.00</b>   |
|   | <b>Contributor address:</b><br>[REDACTED]             | <b>City:</b><br>[REDACTED]                                  | <b>State:</b><br>[REDACTED] Zip Code<br>[REDACTED]    |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>                          |   |
| <b>Date</b><br>11/17/25   | <b>Full name of contributor</b><br>Robin Ariola       | <b>out-of-state PAC (ID#)</b><br>[REDACTED]                 | <b>Amount of contribution (\$)</b><br><b>500.00</b>   |
|   | <b>Contributor address:</b><br>[REDACTED]             | <b>City:</b><br>[REDACTED]                                  | <b>State:</b><br>[REDACTED] Zip Code<br>[REDACTED]    |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>                          |   |
| <b>Date</b><br>11/17/25   | <b>Full name of contributor</b><br>ACM Services LLC   | <b>out-of-state PAC (ID#)</b><br>[REDACTED]                 | <b>Amount of contribution (\$)</b><br><b>1000.00</b>  |
|   | <b>Contributor address:</b><br>[REDACTED]             | <b>City:</b><br>[REDACTED]                                  | <b>State:</b><br>[REDACTED] Zip Code<br>[REDACTED]    |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>                          |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |   |

# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>Dwayne Ariols  | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br>6/6/25   | 5 Payee name<br>Paypal   |   |
| 6 Amount (\$)<br>63.61                                       | 7 Payee address;<br>Paypal.com   | City; State; Zip Code   |
| 8<br><br><b>PURPOSE OF EXPENDITURE</b>                       | (a) Category (See Categories listed at the top of this schedule)<br>Fees           | (b) Description<br>online contribution processing fee         |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                         | Check if Austin, TX, officeholder living expense              |
| 9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br>Office sought<br>Office held |
| Date<br>8/19/25  | Payee name<br>City National Bank   |   |
| Amount (\$)<br>23.00   | Payee address;<br>212 N. Main St. Taylor TX  | City; State; Zip Code   |
| <br><br><b>PURPOSE OF EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>accounting/banking | Description<br>check for campaign account                     |
|  | Check if travel outside of Texas. Complete Schedule T.                             | Check if Austin, TX, officeholder living expense              |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>Office sought<br>Office held |
| Date<br>8/29/25  | Payee name<br>Paypal   |   |
| Amount (\$)<br>32.80   | Payee address;<br>Paypal.com   | City; State; Zip Code   |
| <br><br><b>PURPOSE OF EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Fees               | Description<br>online contribution processing fee             |
|  | Check if travel outside of Texas. Complete Schedule T.                             | Check if Austin, TX, officeholder living expense              |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>Office sought<br>Office held |

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

# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |  |
|--|--|---|--|
| 1 Total pages Schedule F1:<br><br>8                          | 2 FILER NAME<br><br>Dwayne Ariola  | 3 Filer ID (Ethics Commission Filers)                                 |  |
| 4 Date<br><br>11/30/25                                       | 5 Payee name<br><br>Paypal   |   |  |
| 6 Amount (\$)<br><br>26.07                                   | 7 Payee address;<br><br>Paypal.com   | City: _____ State: _____ Zip Code                                     |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><br>Fees                                       | (b) Description<br><br>online contribution processing fee             |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.<br><br>Check if Austin, TX, officeholder living expense |   |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br><br>Office sought<br><br>Office held |  |
| Date<br><br>12/1/25  | Payee name<br><br>Moppy Miller (Martha)  |   |  |
| Amount (\$)<br><br>500.00                                    | Payee address;<br><br>[REDACTED] Taylor TX 76574   | City: _____ State: _____ Zip Code                                     |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><br>Other  | Description<br><br>Return donation                                    |  |
|  | Check if travel outside of Texas. Complete Schedule T.<br><br>Check if Austin, TX, officeholder living expense     |   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><br>Office sought<br><br>Office held |  |
| Date<br><br>12/1/25  | Payee name<br><br>Betty Ann Naivar   |   |  |
| Amount (\$)<br><br>100.00                                    | Payee address;<br><br>[REDACTED] Taylor TX 76574   | City: _____ State: _____ Zip Code                                     |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><br>Other  | Description<br><br>Return donation                                    |  |
|  | Check if travel outside of Texas. Complete Schedule T.<br><br>Check if Austin, TX, officeholder living expense     |   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><br>Office sought<br><br>Office held |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |   |  |

# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |  |
|--|--|---|--|
| 1 Total pages Schedule F1:<br><br>8                          | 2 FILER NAME<br><br>Dwayne Ariola  | 3 Filer ID (Ethics Commission Filer)                                  |  |
| 4 Date<br><br>12/1/25  | 5 Payee name<br><br>Terry Hughes   |   |  |
| 6 Amount (\$)<br><br>50.00                                   | 7 Payee address;<br><br>[REDACTED] Taylor TX 76574   | City; State; Zip Code   |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><br>Other                                      | (b) Description<br><br>Return donation                                |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.<br><br>Check if Austin, TX, officeholder living expense |   |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br><br>Office sought<br><br>Office held |  |
| Date<br><br>12/1/25  | Payee name<br><br>Mikeska Bar B Q Inc  |   |  |
| Amount (\$)<br><br>150.00                                    | Payee address;<br><br>[REDACTED] Taylor TX 76574   | City; State; Zip Code   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><br>Other  | Description<br><br>Return donation                                    |  |
|  | Check if travel outside of Texas. Complete Schedule T.<br><br>Check if Austin, TX, officeholder living expense     |   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><br>Office sought<br><br>Office held |  |
| Date<br><br>12/1/25  | Payee name<br><br>Susan Faykus   |   |  |
| Amount (\$)<br><br>1500.00                                   | Payee address;<br><br>[REDACTED] Taylor TX 76574   | City; State; Zip Code   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><br>Other  | Description<br><br>Return donation                                    |  |
|  | Check if travel outside of Texas. Complete Schedule T.<br><br>Check if Austin, TX, officeholder living expense     |   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br><br>Office sought<br><br>Office held |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |   |  |

# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |  |             |
|--|---|--|-------------|
| 1 Total pages Schedule F1:<br><i>8</i>                       | 2 FILER NAME<br>Dwayne Ariola   | 3 Filer ID (Ethics Commission Filers)            |             |
| 4 Date<br>12/1/25  | 5 Payee name<br>Insulate Texas  |  |             |
| 6 Amount (\$)<br>750.00                                      | 7 Payee address:<br>[REDACTED] JBSA Fort Sam Houston TX 78234             | City; State; Zip Code                            |             |
| 8<br><br><b>PURPOSE OF EXPENDITURE</b>                       | (a) Category (See Categories listed at the top of this schedule)<br>Other | (b) Description<br>Return Donation               |             |
|  | (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   | Office sought                                    | Office held |
| Date<br>12/1/25  | Payee name<br>Hal Boone   |  |             |
| Amount (\$)<br>500.00  | Payee address:<br>[REDACTED] Thrall TX 76578                              | City; State; Zip Code                            |             |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Other     | Description<br>Return Donation                   |             |
|  | 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<br>12/1/25  | Payee name<br>Albert Lyles  |  |             |
| Amount (\$)<br>125.00  | Payee address:<br>[REDACTED] Taylor TX 76574                              | City; State; Zip Code                            |             |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Other     | Description<br>Return donation                   |             |
|  | 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 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |   |  |             |

**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   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule F1:<br><i>8</i>                       | 2 FILER NAME<br>Dwayne Ariola  | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br>12/1/25  | 5 Payee name<br>Jonathan Hundley   |   |
| 6 Amount (\$)<br>200.00                                      | 7 Payee address:<br>[REDACTED] Taylor TX 76574   | City: _____<br>State: _____<br>Zip Code: _____                |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br>Other                                      | (b) Description<br>Return donation                            |
|  | (c) Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |   |
| 9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br>Office sought<br>Office held |
| Date<br>12/1/25  | Payee name<br>John Chavana   |   |
| Amount (\$)<br>100.00  | Payee address:<br>[REDACTED] Taylor TX 76574   | City: _____<br>State: _____<br>Zip Code: _____                |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br>Other  | Description<br>Return donation                                |
|  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense     |   |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>Office sought<br>Office held |
| Date<br>12/1/25  | Payee name<br>Thomas Watson  |   |
| Amount (\$)<br>50.00   | Payee address:<br>[REDACTED] Taylor TX 76574   | City: _____<br>State: _____<br>Zip Code: _____                |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br>Other  | Description<br>Return Donation                                |
|  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense     |   |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>Office sought<br>Office held |

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# 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |  |
|--|--|---|--|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>Dwayne Ariola  | 3 Filer ID (Ethics Commission Filers)                         |  |
| 4 Date<br>12/1/25  | 5 Payee name<br>Claire Hilton  |   |  |
| 6 Amount (\$)<br>200.00                                      | 7 Payee address;<br>[REDACTED] Georgetown TX 78628   | City: State: Zip Code   |  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Other                                      | (b) Description<br>Return donation                            |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |   |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br>Office sought<br>Office held |  |
| Date<br>12/1/25  | Payee name<br>Johnnie Werner   |   |  |
| Amount (\$)<br>100.00  | Payee address;<br>[REDACTED] Taylor TX 76574   | City: State: Zip Code   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Other  | Description<br>Return donation                                |  |
|  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense     |   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>Office sought<br>Office held |  |
| Date<br>12/1/25  | Payee name<br>Ann Hughes   |   |  |
| Amount (\$)<br>250.00  | Payee address;<br>[REDACTED] Taylor Tx 76574   | City: State: Zip Code   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Other  | Description<br>Return donation                                |  |
|  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense     |   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>Office sought<br>Office held |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |   |  |

# 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   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule F1:<br><i>8</i>                       | 2 FILER NAME<br>Dwayne Ariola  | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br>12/1/25  | 5 Payee name<br>Dwayne Ariola  |   |
| 6 Amount (\$)<br>2100.00                                     | 7 Payee address:<br>[REDACTED] Taylor Tx 76574   | City: _____<br>State: _____<br>Zip Code: _____                |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br>Other                                      | (b) Description<br>Return donation                            |
|  | (c) Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br>Office sought<br>Office held |
| Date<br>12/1/25  | Payee name<br>Robin Ariola   |   |
| Amount (\$)<br>500.00  | Payee address:<br>[REDACTED] Taylor TX 76574   | City: _____<br>State: _____<br>Zip Code: _____                |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br>Other  | Description<br>Return donation                                |
|  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense     |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>Office sought<br>Office held |
| Date<br>12/1/25  | Payee name<br>ACM Services   |   |
| Amount (\$)<br>1000.00                                       | Payee address:<br>[REDACTED] Taylor TX 76574   | City: _____<br>State: _____<br>Zip Code: _____                |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br>Other  | Description<br>Return donation                                |
|  | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense     |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>Office sought<br>Office held |

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**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   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>Dwayne Ariola   | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br>12/1/25  | 5 Payee name<br>Mallard & Sons  |   |
| 6 Amount (\$)<br>250.00                                      | 7 Payee address:<br>[REDACTED] Taylor TX 76574  | City: State: Zip Code   |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br>Other                                   | (b) Description<br>Return donation                            |
|  | (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<br>Office sought<br>Office held |
| Date<br>12/1/25  | Payee name<br>Russel Boles  |   |
| Amount (\$)<br>200.00  | Payee address:<br>[REDACTED] Round Rock Tx 78665  | City: State: Zip Code   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br>Other                                       | Description<br>Return donation                                |
|  | 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<br>Office sought<br>Office held |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address:  | City: State: Zip Code   |
| PURPOSE<br>OF<br>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<br>Office sought<br>Office held |

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

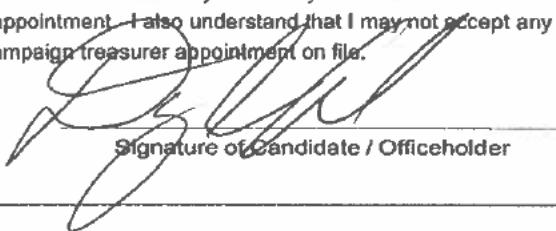
1 C/OH NAME

Dwayne Ariola

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



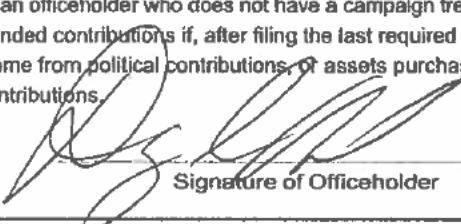
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder