



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>Dwayne G Grigar |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>          | 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                                       |
| <b>EXPENDITURE TOTALS</b>              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 500.00                                     |
| <b>CONTRIBUTION BALANCE</b>            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1,198.70                                   |
| <b>OUTSTANDING LOAN TOTALS</b>         | 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 G Grigar, and my date of birth is [REDACTED].

My address is 1007 Traveler Ct., Richmond, TX, 77469, U.S.

(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 24 day of August, 2025.

(month) (year)

Dwayne G Grigar  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Dwayne G Grigar

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>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. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$                 |
| 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         | \$ 500.00          |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule I:<br><b>1</b> | <b>2</b> FILER NAME<br>Dwayne G Grigar  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>03/06/2025                  | <b>5</b> Payee name<br>K of C #2801   |   |
| <b>6</b> Amount (\$)<br>100.00               | <b>7</b> Payee address; City State Zip Code<br>2007 KC Hall Dr., Rosenberg TX 77471           |   |
| <b>8</b> PURPOSE OF EXPENDITURE              | <b>(a)</b> Category (See instructions for examples of acceptable categories.)<br>Contribution | <b>(b)</b> Description (See instructions regarding type of information required.)<br>Fundraiser |
| Date<br>05/12/2025                           | Payee name<br>FBC Fair Association  |   |
| Amount (\$)<br>400.00                        | Payee address; City State Zip Code<br>4310 Hwy. 36, Rosenberg TX 77471                        |   |
| PURPOSE OF EXPENDITURE                       | Category (See instructions for examples of acceptable categories.)<br>Awards                  | Description (See instructions regarding type of information required.)<br>Banners               |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City State Zip Code  |   |
| PURPOSE OF EXPENDITURE                       | Category (See instructions for examples of acceptable categories.)                            | Description (See instructions regarding type of information required.)                          |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City State Zip Code  |   |
| PURPOSE OF EXPENDITURE                       | Category (See instructions for examples of acceptable categories.)                            | Description (See instructions regarding type of information required.)                          |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED