

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: FIVE
3 CANDIDATE / OFFICEHOLDER NAME	MS. MRS. MR. W. FIRST LANA LAST WOLFF NICKNAME SUFFIX	OFFICE USE ONLY Date Received 07 APR 11 11:37 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX. APT / SUITE #. CITY. STATE. ZIP CODE P.O. BOX 14374 ARLINGTON, TX 76094		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 274-5972		
CAMPAIGN TREASURER NAME	MS. MRS. MR. DR. FIRST CHARLES LAST LEACH NICKNAME SUFFIX M.D.	CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE. ZIP CODE 1001 N. WALDROF SUITE 615 ARLINGTON, TX 76012	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 460-0257		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01 / 01 / 2007 04 / 02 / 2007		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05 / 12 / 2007		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL DIST. 5	13 OFFICE SOUGHT (if known) CITY COUNCIL DIST. 5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 N/A Address / PO Box: Apt. / Suite #: City: State: Zip Code		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

LANA W. WOLFF

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	_____
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS

	COMMITTEE CAMPAIGN TREASURER NAME

	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,550.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ - 0 -

4. TOTAL POLITICAL EXPENDITURES \$ 1,734.00

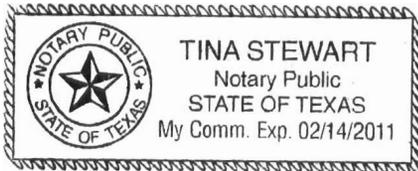
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,039.29

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.

Lana W. Wolff
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lana W Wolff, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

Tina Stewart
Signature of officer administering oath

Tina Stewart
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: <i>ONE OF TWO</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/9/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>KELLY MCKNIGHT</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable) —
6 Contributor address: City: State: Zip Code <i>3209 W. SUBLETT RD. ARLINGTON, TX 76017</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CARL CRAVENS</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address, City: State: Zip Code <i>1201 CANTERBURY CT. ARLINGTON, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/15/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JAMES CRIBBS</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable) —
Contributor address, City: State: Zip Code <i>P.O. BOX 13060 ARLINGTON, TX 76094</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/21/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>VAUGHN MITCHELL</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable) —
Contributor address, City: State: Zip Code <i>855 TEXAS ST. #105 FT. NORTH, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/22/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>HAZEL LEWIS</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address, City: State: Zip Code <i>1419 CLUBVIEW CT. ARLINGTON, TX 76013</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: <i>TWO OF TWO</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/23/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>AATC (PAC)</i>	7 Amount of contribution (\$) <i>\$1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City State Zip Code <i>6350 BAKER BLVD. FT. WORTH, TX 76118</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>BRUCE ASHWORTH</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address: City State Zip Code <i>1214 PARK SPRINGS BLVD. ARLINGTON, TX 76013</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:
ONE

2 FILER NAME

LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/07

5 Payee name

MURPHY TURNER ASSOC.

7 Amount (\$)

\$1,500.00

6 Payee address: City: State: Zip Code

*816 CONGRESS AVE. #1160
AUSTIN, TX 78701*

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

CONSULTANT FEE

(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

4/2/07

Payee name

POSTMASTER

Amount (\$)

\$ 234.00

Payee address: City: State: Zip Code

*PANTEGO FINANCE UNIT
ARLINGTON, TX 76013 2299*

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

STAMPS

(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

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)

**** Complete 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 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED