

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME LANA W. WOLFF 16 ACCOUNT # (Ethics Commission Filers)

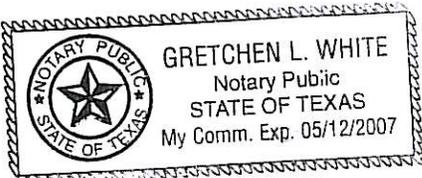
17 NOTICE FROM POLITICAL COMMITTEE(S)  
  
 additional pages

\*\* 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	_____
	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	\$ <u>— 0 —</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>— 0 —</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>200.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>200.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1223.29</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said LANA W. WOLFF, this the 17<sup>th</sup> day of January, 20 07, to certify which, witness my hand and seal of office.

Gretchen L. White Gretchen L. White Administrative  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# 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

*10/21/  
2006*

5 Payee name

*SOUTH DAVIS ELEM. SCHOOL*

7 Amount (\$)

*\$200.00*

6 Payee address; City; State; Zip Code

*2001 S. DAVIS DRIVE  
ARLINGTON, TX 76013*

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

*DAD'S CLUB AD*

(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

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

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

# 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:  
**THREE**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

**LANA**

MI

**W.**

NICKNAME

LAST

**WOLFF**

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

**DR. CHARLES**

MI

**R.**

NICKNAME

LAST

**LEACH**

SUFFIX

**M.D.**

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

**1001 N. WALDROP ARLINGTON, TX  
SUITE 615 76012**

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

**(817) 460-0257**

9 REPORT TYPE

January 15  30th day before election  Final report (Attach C/OH - FR)  Exceeded \$500 limit  
 July 15  8th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year

**07 01 2006 THROUGH 12 31 2006**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
**05 07 2005**

12 OFFICE

OFFICE HELD (if any)

**CITY COUNCIL DIST. 5**

13 OFFICE SOUGHT (if known)

**—**

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

**N/A**

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

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