Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: TWENTY

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR | FIRST: LANA | MI: W.
NICKNAME: - | LAST: WOLFF | SUFFIX: -

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: P.O. BOX 14374 | APT / SUITE #: | CITY: ARLINGTON, | STATE: TX | ZIP CODE: 76094

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (817) | PHONE NUMBER: 274-5972 | EXTENSION:

CAMPAIGN TREASURER NAME
MS / MRS / MR: DR. | FIRST: CHARLES | MI: R.
NICKNAME: - | LAST: LEACH

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 1001 N. WALDROP SUITE 615 | APT / SUITE #: | CITY: ARLINGTON, | STATE: TX | ZIP CODE: 76012

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817) | PHONE NUMBER: 460-0257 | EXTENSION:

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: 04/03/2007 THROUGH Month Day Year: 05/02/2007

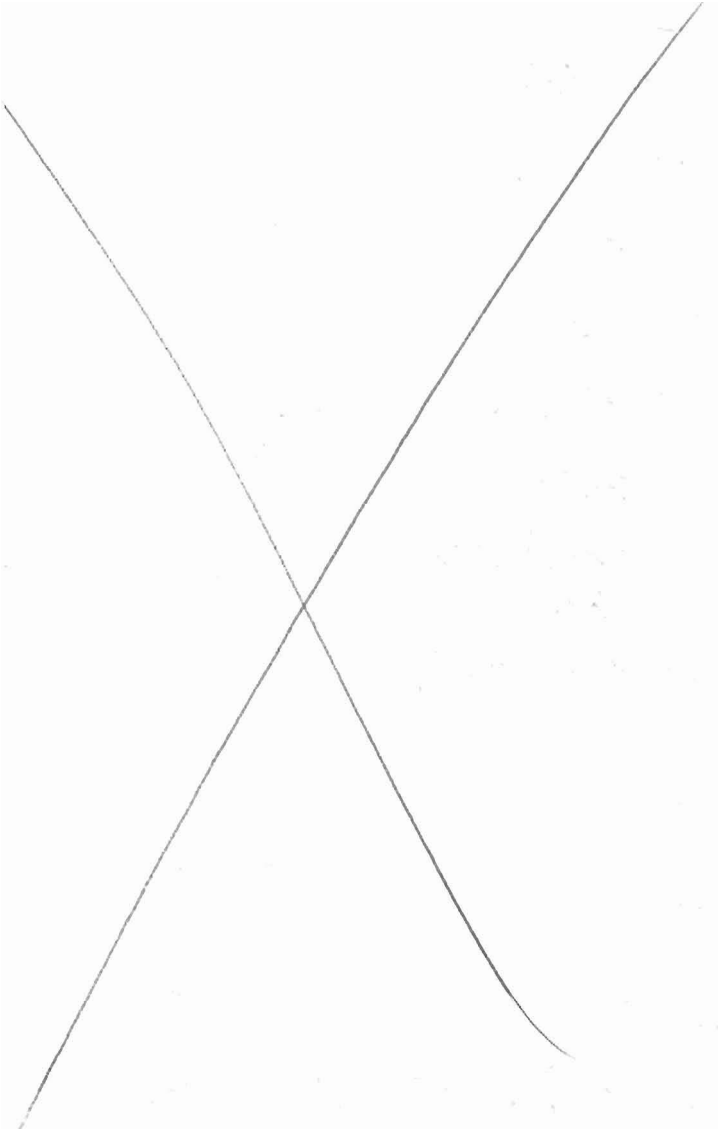
11 ELECTION
ELECTION DATE Month Day Year: 05/12/2007
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

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
•• 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

GO TO PAGE 2



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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)

•• 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: —

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	$ 1,850.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 13,025.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ — 0 —
4.	**TOTAL POLITICAL EXPENDITURES**	$ 8,067.13

CONTRIBUTION BALANCE

5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 6,807.87

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ — 0 —

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.

NOTARY PUBLIC STATE OF TEXAS
TINA STEWART
Notary Public
STATE OF TEXAS
My Comm. Exp. 02/14/2011

AFFIX NOTARY STAMP / SEAL ABOVE

Lana W. Wolff
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lana Wolff, this the 4th day of May, 20 07, to certify which, witness my hand and seal of office.

Tina Stewart	Tina Stewart	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: TEEN

2 FILER NAME: LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/5/07	CURNUTT & HAFER, LLP 101 E. PARK ROW ARLINGTON, TX 760	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/5/07	WATSON-FRAZAR 1316 RIDGEWOOD TERR. ARLINGTON, TX 76012	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/5/07	W.L. HUGHES, JR. 1809 WOODS DR. ARLINGTON, TX 76010	$200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/5/07	W. HUGH ROSS 1008 WHISPERING OAK ARLINGTON, TX 76012	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	JAMES C. NOKES P.O. BOX 13625 ARLINGTON, TX 76094	$50.00	

(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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor (☐ out-of-state PAC ID#) / 6 Contributor address: City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/1/07	JERRY DODSON 2229 W. DIVISION ARLINGTON, TX 76012	$300 —	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	TANGIBLE ASSETS LTD 101 W. RANDOL MILL ARLINGTON, TX 76006	$150 —	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	BUNDED by SKYLIGHT, LTD 101 W. RANDOL MILL ARLINGTON, TX 76006	$200 —	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	NICK STEFKOVICH 6308 EDINBURGH COLLEYVILLE, TX 76034	$250 —	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC ID#) / Contributor address: City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	JIMMIE M. WAGNON 10 COURTNEY CT. ARLINGTON, TX 76015	—	(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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/9/07	ROBERT S. JOHNSON 7202 LAKE MEAD BLVD. ARLINGTON, TX 76016	$250	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	STEPHEN R. ZIMMER 407 BEADY RD. ARLINGTON, TX 76006	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	GARY WALKER 101 W. RANDOL MILL ARLINGTON, TX 76011	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	RICHARD DRISCOLL 2044 GREENWOOD LN. ROANOKE, TX 76	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	HELEN H. SCHRICKEL 1304 CANTERBURY CT. ARLINGTON, TX 76013	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID# ____)) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/9/07	DOWN BY THE RIVERSIDE 101 RANDOL MILL ARLINGTON, TX 76011	$200	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	J. G. LUKE P.O. BOX 1024 ARLINGTON, TX 76004	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/9/07	DOLAND C. MANER P.O. BOX 151984 ARLINGTON, TX 76015	$75	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/10/07	CHARLES W. GREEN 4101 VISTA CREEK CT. ARLINGTON, TX 76016	$100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/10/07	RP ANVIL, LP 3004 IRON STONE CT. ARLINGTON, TX 76006	$300	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/10/07	START ME UP, LTD. 101 RANDOL MILL ARLINGTON, TX 76011	$250	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/10/07	MARY R. PETSCHE 2211 SHADYWOOD CT. ARLINGTON, TX 76012	$1000	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/10/07	CHARLES CLAWSON 6219 LAKE RIDGE RD. ARLINGTON, TX 76016	$200	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/10/07	JAMES Campbell QUICK 5912 MOSS DR. ARLINGTON, TX 76016	$250	

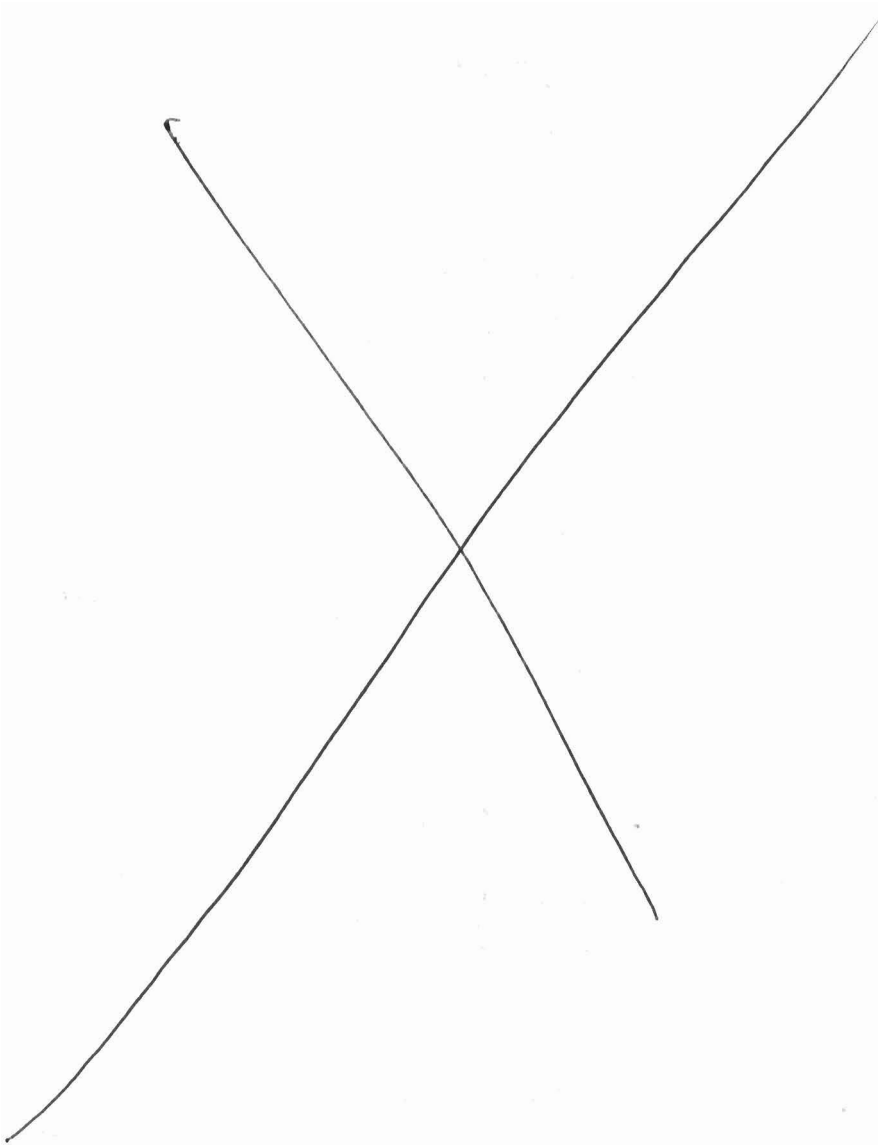
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/07	JACQUELINE MAROOF 294 WESTVIEW TERR ARLINGTON, TX 76013	$100	

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.



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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/12/07	JIM MAIBACH 1703 N. PEYCO DR. ARLINGTON, TX 76001	$ 100 —	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/07	KATHY BAILEY, PHD 721A N. FIELDER ARLINGTON, TX 76012	$ 100 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/12/7	TREPAC P.O. BOX 1986 AUSTIN, TX 78767	$ 2500 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/07	B.J. HALL 6312 CALENDAR RD. ARLINGTON, TX 7601	$ 100 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/07	TIM L. GEESLIN 2205 MARVIN GARDENS ARLINGTON, TX 76011	$ 100 —	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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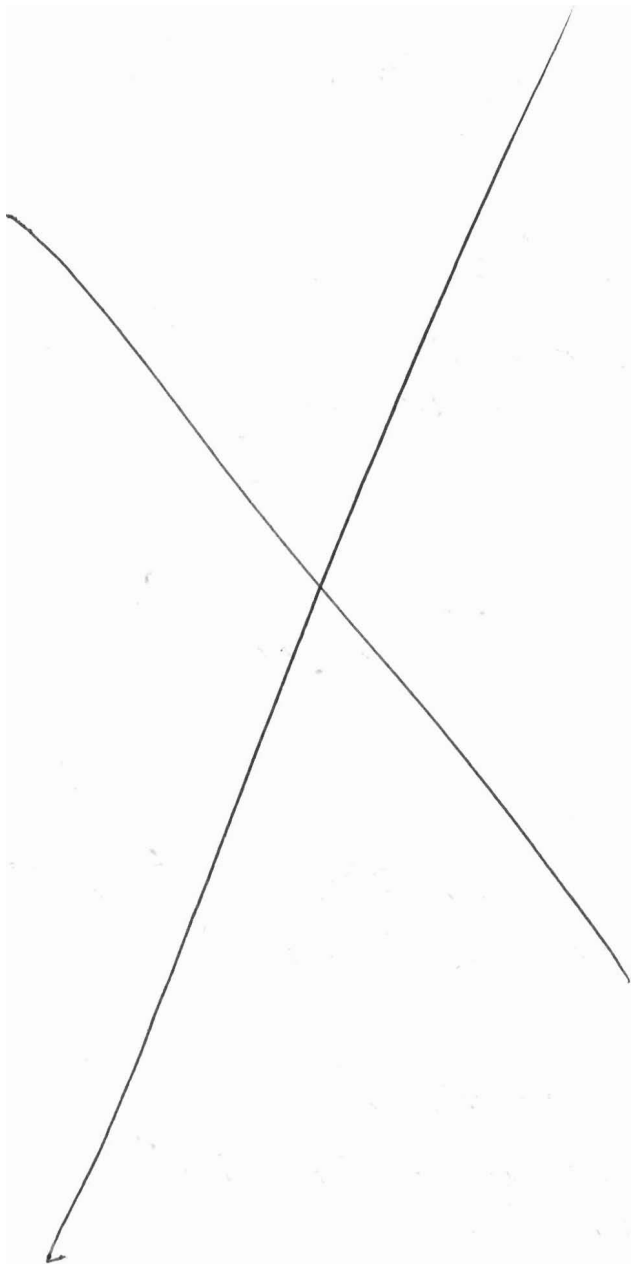

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/16/07	LINDA MISENHIMER 1404 CLUBVIEW CT. ARLINGTON, TX 76013	$100	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/07	JERRY JORDAN P.O. BOX 993 ARLINGTON, TX 76004	$200	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/07	STEPHEN CAVENDER 2111 N. COLLINS #323 ARLINGTON, TX 76011	$250	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/16/07	BEAU BROWNE 710 VIEWSIDE CIR. ARLINGTON, TX 76011	$100	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/	GLENN TROUTMAN 3600 YACHTCLUB DR. ARLINGTON, TX 76016	$150	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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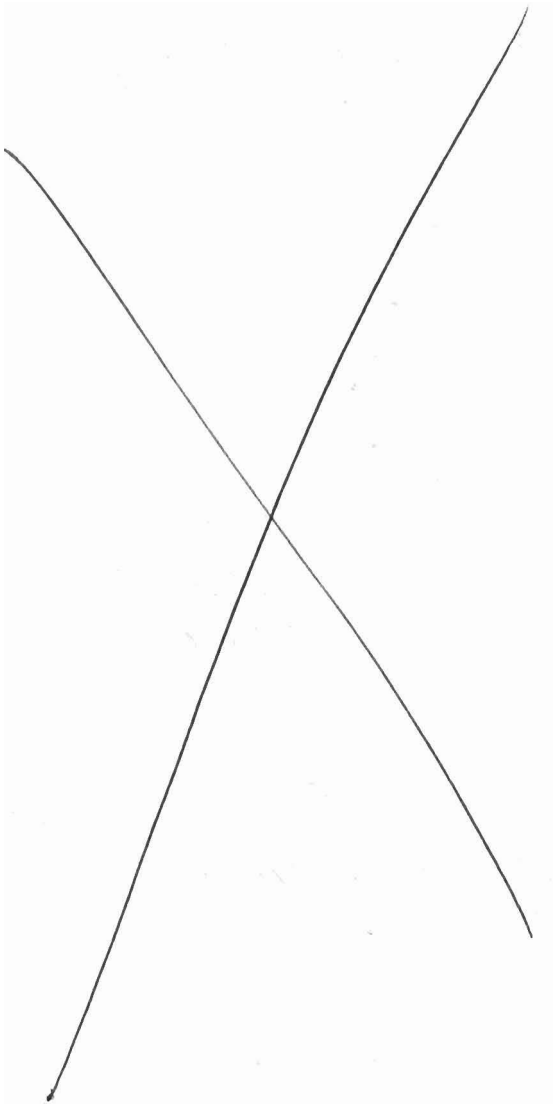

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/7/07	SUE PHILLIPS 415 JOYCE ARLINGTON, TX 76010	$100	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/18/07	ERIN POKRIFCSAK 2702 LAUREL VALLEY ARLINGTON, TX 76006	$100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/18/07	AL CLARK 2452 W. I-20 ARLINGTON, TX 76017	$100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/18/07	LANDRITH & KULESZ, LLP 601 ABRAM ARLINGTON, TX 76010	$100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/07	JIMMY G. PHILLIPS 415 JOYCE ST. ARLINGTON, TX 76010	$100	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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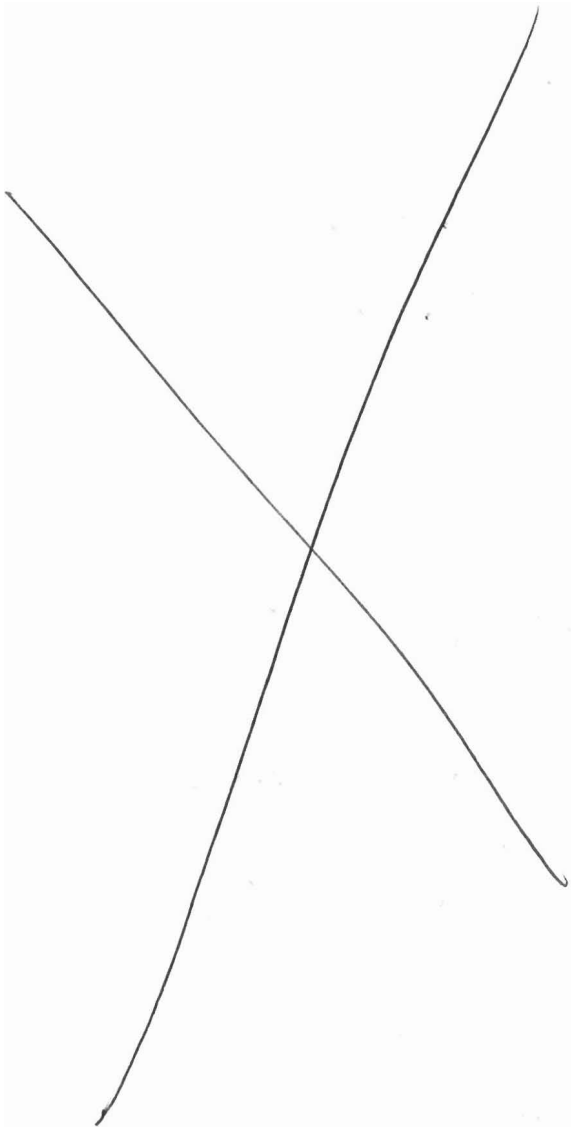

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/19/07	MICHAEL SINACOLA 6701 GLENDENNY LANE PLANO, TX 75024	$1,000	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/07	KENT BESLEY 2800 CALIFORNIA LANE ARLINGTON, TX 76015	$100	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/07	BEN DOSKOCIL 5306 MANSFIELD RD. ARLINGTON, TX 76017	$100	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/07	DAN DIPERT P.O. BOX 580 ARLINGTON, TX 76004	$200	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/26/07	MPAC ARLINGTON INC. P.O. BOX 174474 ARLINGTON, TX 76003	250	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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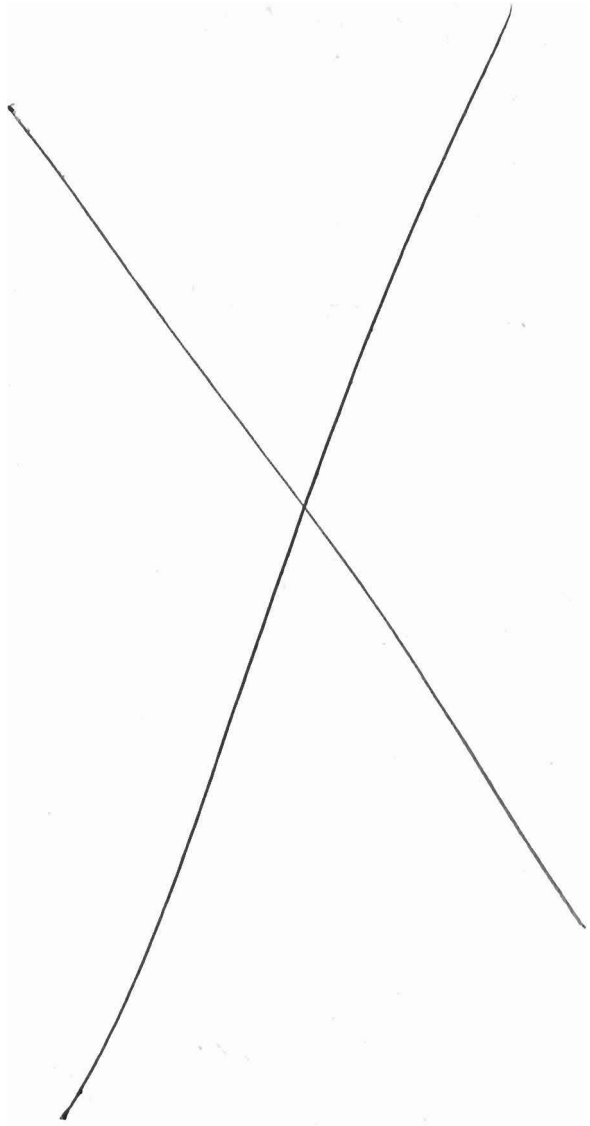

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: TWO

2 FILER NAME LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/07	MURPHY TURNER ASSOC 816 CONGRESS AVE. #1160 AUSTIN, TX 78701	$1,847.16

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SERVICES INV. 2007-121

(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 / Payee address; City; State; Zip Code	Amount ($)
4/26/07	ZAP COPY CENTER 1021 W. ABRAM ARLINGTON, TX 76013	$395.33

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

(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 / Payee address; City; State; Zip Code	Amount ($)
4/26	MURPHY TURNER ASSOC. CONGRESS AVE. #1160 AUSTIN, TX 78701	$5,752.64

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SERVICES INV. #2007-132 INV. #2007-170

(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 / Payee address; City; State; Zip Code	Amount ($)
4/30/07	US POST OFFICE	$72.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount ($)
8 Purpose of payment (See instructions regarding type of information required.) (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 Payee address; City; State; Zip Code	Amount ($)
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 Payee address; City; State; Zip Code	Amount ($)
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 Payee address; City; State; Zip Code	Amount ($)
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