

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: EIGHTEEN
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>LANA</u> MI: <u>W.</u> NICKNAME: <u>-</u> LAST: <u>WOLFF</u> SUFFIX: <u>-</u>	OFFICE USE ONLY Date Received: <u>JUL - 9 PM 11:28</u> Date Hand-delivered or Date Postmarked: <u>07-09-07</u> Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: <u>P.O. BOX 14374</u> CITY: <u>ARLINGTON, TX</u> STATE: <u>TX</u> ZIP CODE: <u>76094</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>274-5972</u> EXTENSION: _____		
CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>DR.</u> FIRST: <u>CHARLES</u> MI: <u>R.</u> NICKNAME: <u>-</u> LAST: <u>LEACH</u> SUFFIX: <u>M.D.</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>1001 N. WALDROP SUITE 615</u> CITY: <u>ARLINGTON, TX</u> STATE: <u>TX</u> ZIP CODE: <u>76012</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>460-0257</u> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" 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: <u>05/03/2007</u> THROUGH Month Day Year: <u>06/30/2007</u>		
11 ELECTION	ELECTION DATE: Month Day Year: <u>05/12/2007</u> ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): <u>CITY COUNCIL DIST. 5</u>	13 OFFICE SOUGHT (if known): <u>CITY COUNCIL DIST. 5</u>	
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: <u>N/A</u> 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 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

\$ *284. —*

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

\$ *12,490. —*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *10,521.40*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *9,060.64*

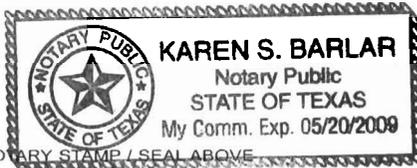
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Lana Wolff
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *LANA WOLFF*, this the *9th* day of *July*, 20 *07*, to certify which, witness my hand and seal of office.

Karen S. Barlar
Signature of officer administering oath

KAREN S. BARLAR
Printed name of officer administering oath

notary public
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:

18/10

2 FILER NAME

LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/07

5 Full name of contributor out-of-state PAC (ID#: _____)

ROGER DEFRANG

6 Contributor address; City; State; Zip Code

2200 SHADY VIEW CT.
76013

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/3/07

Full name of contributor out-of-state PAC (ID#: _____)

KATHERINE MATHES

Contributor address; City; State; Zip Code

5722 W. AMHERST
DALLAS, TX 75209

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/07

Full name of contributor out-of-state PAC (ID#: _____)

NANCY COBLE

Contributor address; City; State; Zip Code

2201 GREEN OAKS BLVD SW
76017

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/07

Full name of contributor out-of-state PAC (ID#: _____)

JAN METZGER

Contributor address; City; State; Zip Code

254 WESTVIEW TERR.
76013

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/07

Full name of contributor out-of-state PAC (ID#: _____)

MELINDA C. MATHES

Contributor address; City; State; Zip Code

25 HIGHLAND PK VILLAGE
DALLAS, TX 75205

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(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>29/10</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/3/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VICTOR VANDERGRIFF</i>	7 Amount of contribution (\$) <i>500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1216 W. PARK ROW 76013</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/3/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LANDY STEVENSON</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2400-A ROOSEVELT 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/3/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHARLES/CHRISTIE LEACH</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>925 MEADOW OAKS 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/3/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SYED A.A. SHAH, M.D.</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2711 MARQUISE CIR. W. 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAN DUNCAN</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1210 BRITTANY LANE 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
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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: <i>3 of 10</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/4/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROY E. NEWMAN</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1403 CLUBVIEW CT. 76013</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MELVIN LEBLANC, JR.</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2720 MARK TWAIN CT. 76006</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HAMMER & NAILS CLUB</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6464 BRENTWOOD STAIR FT. WORTH, TX 76112 #100</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JANELLE SCOTT</i>	Amount of contribution (\$) <i>75</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4150 SHADY VALLEY DR. 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARTHA May MARTIN</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3104 WESTADOR. DR. 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: **4 of 10**

2 FILER NAME **LANA W. WOLFF** 3 ACCOUNT # (Ethics Commission filers)

4 Date 5/4/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANNY SMITH	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1106 GREENBRIAR LN. 76013		(If travel outside of Texas, complete Schedule T)	

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

Date 5/4/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILLIE N. FARRAR	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1731 WOODS DR. 76010		(If travel outside of Texas, complete Schedule T)	

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

Date 5/4/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WICK ALEXANDER	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 840 W. MITCHELL 76013		(If travel outside of Texas, complete Schedule T)	

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

Date 5/4/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHESAPEAKE ENERGY	Amount of contribution (\$) 750	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 18576 OKLAHOMA CITY, OK 73154		(If travel outside of Texas, complete Schedule T)	

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

Date 5/5/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOB MCFARLAND	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 W. ABRAM P.O. BOX 13060 76013		(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: <i>5 of 10</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/5/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LAN-PAC</i>	7 Amount of contribution (\$) <i>200</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2925 BRIARPARK D. #4 HOUSTON, TX 77042</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/7/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DANIEL A. FULLER, JR.</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4205 BRYN MAWR DR DALLAS, TX 75225</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/7/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John MATHES</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5504 W. UNIVERSITY BLVD DALLAS, TX 75209</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/7/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID C. WILSON</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2525 MCKINNON ST. #700 DALLAS, TX 75201</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/7/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOM MYERS</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2604 PARK RUN 76016</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: **6 of 10**

2 FILER NAME **LANA W WOLFF**

3 ACCOUNT # (Ethics Commission filers)

4 Date **5/7/07**
 5 Full name of contributor out-of-state PAC (ID#: _____)
51554 DAY
 6 Contributor address; City; State; Zip Code
1201 W. ABRAM
ARL 76013

7 Amount of contribution (\$) **150**
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date **5/7/07**
 Full name of contributor out-of-state PAC (ID#: _____)
VAN TEXAS PROPERTIES
 Contributor address; City; State; Zip Code
1601 E. LAMAR #205
ARLINGTON, TX 76011

Amount of contribution (\$) **300**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date **5/10/07**
 Full name of contributor out-of-state PAC (ID#: _____)
JACK LEWIS
 Contributor address; City; State; Zip Code
3410 COLLARD RD.
76017

Amount of contribution (\$) **100**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date **5/10/07**
 Full name of contributor out-of-state PAC (ID#: _____)
DIANE PATRICK
 Contributor address; City; State; Zip Code
4000 SHADY VALLEY CT.
76013

Amount of contribution (\$) **100**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date **5/10/07**
 Full name of contributor out-of-state PAC (ID#: _____)
N. COLLINS GENERAL PARTNERSHIP
 Contributor address; City; State; Zip Code
6220 GASTON AVE.
DALLAS, TX 75214

Amount of contribution (\$) **175**
 In-kind contribution description (if applicable)
 (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: 7 of 10	
2 FILER NAME: LANA W. WOLFF		3 ACCOUNT # (Ethics Commission filers)	
4 Date: 5/10/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): BILL BIESEL	7 Amount of contribution (\$): 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code: 2012 E. RANDOL MILL 76011			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: 5/10/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): JERRAL W. BUES, JR	Amount of contribution (\$): 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: ONE COWBOYS PKWY. IRVING, TX 75063			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 5/14/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): JEFF WILLIAMS	Amount of contribution (\$): 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 6948 W. POLLY WEBB 76016			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 5/14/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): RANDY FORD	Amount of contribution (\$): 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 3507 TOWN LAKE CIR. 76016			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 5/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): ROBERT CARTER AUSTIN	Amount of contribution (\$): 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: P.O. BOX 461344 GARLAND, TX 75046			
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: 8 of 10

2 FILER NAME LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/15/07

5 Full name of contributor out-of-state PAC (ID#: _____)
E. ANNE DYE

6 Contributor address; City; State; Zip Code
2401 N. FIELDER
76012

7 Amount of contribution (\$) 100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 5/15/07

Full name of contributor out-of-state PAC (ID#: _____)
CLYDE GODFREY

Contributor address; City; State; Zip Code
2705 PIN OAK LN.
76012

Amount of contribution (\$) 250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/16/07

Full name of contributor out-of-state PAC (ID#: _____)
TOM HOSKINS

Contributor address; City; State; Zip Code
1400 W. MAYFIELD #340
760

Amount of contribution (\$) 500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/23/07

Full name of contributor out-of-state PAC (ID#: _____)
NORTH COLLINS TWO, LP

Contributor address; City; State; Zip Code
5925 FOREST LANE #507
DALLAS, TX 75230

Amount of contribution (\$) 90

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/23/07

Full name of contributor out-of-state PAC (ID#: _____)
HAROLD D. DIXSON

Contributor address; City; State; Zip Code
3005 SHADY LN. S.
76001

Amount of contribution (\$) 100

In-kind contribution description (if applicable)

(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: <i>9 of 10</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/23/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CLIFF MYCOSKIE</i>	7 Amount of contribution (\$) <i>250</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1409 WOODBINE CT. 76012</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/31/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE FARHAT</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 13398 76094</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>YARONIE STEINER</i>	Amount of contribution (\$) <i>1,500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4899 BYINGTON W. NEW ALBANY, OH 43094</i>			
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			
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			
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: 10 of 10

2 FILER NAME

3 ACCOUNT # (Ethics Commission #)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

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)

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

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines.

12FE4M5

Chesapeake Energy Corporation Fed-PAC

ADDRESS (number and street)

P.O. Box 18496

(Check if address is changed)

Oklahoma City

OK

73154 - 0494

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

09 / 05 / 2003

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tom Price, Jr.

Signature of Treasurer

Date

09 / 05 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-494-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Chesapeake Energy Corporation _____

Mailing Address P. O. Box 18496 _____

Oklahoma City OK 73154-0496

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

FEC Form 1 (Revised 02/2003)

Page 3

Write or Type Committee Name

Chesapeake Fed-PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Tom Price, Jr.

Mailing Address P. O. Box 18496

Oklahoma City OK 73154 - 0496

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 405 - 879 - 9267

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Tom Price, Jr.

Mailing Address P. O. Box 18496

Oklahoma City OK 73154 - 0496

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 405 - 879 - 9267

Full Name of Designated Agent V. Randall Compton

Mailing Address 2601 N. W. Expressway

Suite 200W

Oklahoma City OK 73112

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 405 - 842 - 7977

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

211 N. Robinson

Oklahoma City

OK

73125

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>ONE</i>
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/7/07</i>	5 Payee name <i>MURPHY TURNER & ASSOC.</i>	7 Amount (\$) <i>\$8,021.40</i>
6 Payee address; City; State; Zip Code <i>816 CONGRESS AVE #1160 AUSTIN, TX 78701</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>INV. #213; #203; #193; #183 CAMPAIGN MATERIALS & FEES (If travel outside of Texas, complete Schedule T)</i>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>5/15/07</i>	Payee name <i>MURPHY TURNER & ASSOC.</i>	Amount (\$) <i>\$2,500.-</i>
Payee address; City; State; Zip Code <i>816 CONGRESS AVE #1160 AUSTIN, TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>INV. #235 CONSULTANT FEE (If travel outside of Texas, complete Schedule T)</i>		.. 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

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	
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