

# 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: <b>THREE</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS   MRS   MR      FIRST      MI _____ <b>LANA</b> <b>W.</b> NICKNAME      LAST      SUFFIX _____ <b>WOLFF</b> _____	OFFICE USE ONLY RECEIVED - 60 09 JAN 15 PM 4:58	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>P.O. BOX 14374</b> <b>ARLINGTON, TX 76094</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(817) 274-5972</b>		
CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <b>DR.</b> <b>CHARLES</b> <b>R.</b> NICKNAME      LAST      SUFFIX _____ <b>LEACH</b> _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>1001 N. WALDROP</b> <b>ARLINGTON, TX</b> <b>76012</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(817) 460-0257</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>07 / 01 / 2008</b> <b>12 / 31 / 2008</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>05 / 12 / 2007</b>	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) <b>CITY COUNCIL DIST. 5</b>	13 OFFICE SOUGHT (if known)	
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  Address / PO Box;      Apt. / Suite #;      City;      State;      Zip Code		

GO TO PAGE 2



**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

*OCT.  
20,  
2008*

5 Payee name

*MURPHY TURNER & ASSOC*

7 Amount (\$)

*\$300. —*

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.)

*RETAINER FEE*  
(If travel outside of Texas, complete Schedule T)

*JULY  
AUG  
SEPT*

9 Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*DEC.  
9,  
2008*

Payee name

*ARLINGTON MLK CELEBRATION COMMITTEE*

Payee address; City; State; Zip Code

*P.O. BOX 1921  
ARLINGTON, TX 76004-5722*

Amount (\$)

*\$100. —*

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

*PROGRAM RECOGNITION*  
(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**