

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PAGE 1**

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The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers) 2 Total pages filed

<p>3 CANDIDATE / OFFICEHOLDER NAME</p> <p>MS / MRS / MR <input checked="" type="checkbox"/> MR</p> <p>FIRST LANA M. W</p> <p>NICKNAME - LAST WOLFF SUFFIX -</p>	<p>OFFICE USE ONLY</p> <p>Date Received _____</p> <p>Date Hand-delivered or Date Postmarked _____</p> <p>Receipt # _____ Amount _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p>
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX P.O. Box 14374 APT / SUITE # _____ CITY ARLINGTON, TX STATE TX ZIP CODE 76094</p> <p><input type="checkbox"/> Change of Address</p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p> <p>AREA CODE (817) PHONE NUMBER 274-5972 EXTENSION _____</p>	
<p>6 CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MR <input checked="" type="checkbox"/> MR</p> <p>FIRST CHARLES M. R.</p> <p>NICKNAME - LAST LEACH SUFFIX M.D.</p>	
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p> <p>STREET ADDRESS (NO PO BOX PLEASE) 1001 N. WALDROP APT / SUITE # _____ CITY ARLINGTON, TX STATE TX ZIP CODE 76012</p>	
<p>8 CAMPAIGN TREASURER PHONE</p> <p>AREA CODE (817) PHONE NUMBER 460-0257 EXTENSION _____</p>	
<p>9 REPORT TYPE</p> <p><input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officerholder only)</p> <p><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)</p>	
<p>10 PERIOD COVERED</p> <p>Month Day Year 05 / 01 / 09 THROUGH Month Day Year 06 / 30 / 09</p>	
<p>11 ELECTION</p> <p>ELECTION DATE Month Day Year 05 / 09 / 09 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>	
<p>12 OFFICE</p> <p>OFFICE HELD (if any) CITY COUNCIL #5</p>	<p>13 OFFICE SOUGHT (if known)</p>
<p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p>.. 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. ..</p> <p>Name _____</p> <p>Address / PO Box Apt / Suite # City State Zip Code _____</p> <p><input type="checkbox"/> additional pages</p>	

GO TO PAGE 2

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

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

- This box is for notice of political contributions accepted or political expenditures made 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
GENERAL	COMMITTEE ADDRESS
SPECIFIC	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 \$ 250.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8,755.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 9,292.95

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 8,190.34

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 Wolff
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lana Wolff, this the 10th day of July, 2009, to certify which, witness my hand and seal of office.

Martha Garcia Martha Garcia Notary Public
Signature of officer administering oath Printed name of officer administering oath 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. THREE	
2 FILER NAME LANA W. WOLFF		3 ACCOUNT # (Ethics Commission files)	
4 Date 5/8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BEN DOSKOCIL	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 5306 MAUSFIELD RD ARLINGTON, TX 76017		(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#) AST/PAC	Amount of contribution (\$) 2000	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6350 BAKER BLVD. FT. WORTH, TX 76118		(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#) PHILLIP HUFFINES	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8200 DOUGLAS AVE DALLAS, TX 75225		(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#) CLIFF MYCOSKIE	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1409 WOODBINE CT. ARLINGTON, TX 76012		(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#) MELINDA MATHES	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 25 HIGHLAND PARK VILLAGE DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>2 of 3</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/8</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>SHARON MOFFETT</i>	7 Amount of contribution (\$) <i>1,000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3900 MIRAMAR AVE DALLAS, TX 75205</i>		(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# _____) <i>DAVID WILSON</i>	Amount of contribution (\$) <i>75</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1526 MCKINNON #700 DALLAS, TX 75201</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# _____) <i>AFFA / PAC</i>	Amount of contribution (\$) <i>2000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>208 S. FIELDER 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# _____) <i>DONALD HUFFINES</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8200 DOUGLAS AVE #300 DALLAS, TX 75225</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# _____) <i>CHESAPEAKE ENERGY PAC</i>	Amount of contribution (\$) <i>750</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 916 FT. WORTH, TX 76101</i>		(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: 9 of 3	
2 FILER NAME LANA W. WOLFF		3 ACCOUNT # (Ethics Commission files)	
4 Date 5/8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) EDWIN ABBOTT	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 628 S. HARBOUR CT. GRANBURY, TX 76048		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GEORGE MATHES	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25 HIGHLAND PARK VILLAGE DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) APFF / PAC	Amount of contribution (\$) 1430	In-kind contribution description (if applicable) LABOR SIGNS
Contributor address; City; State; Zip Code 208. S. FIELDER ARLINGTON TX 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) IMRAN KHAN	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 914 PURDUE DR. ARLINGTON, TX 76012		(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 5/2	5 Payee name TIN CUP	7 Amount (\$) 56.01
6 Payee address: City: State: Zip Code 1025 W. ABRAM ARLINGTON TX 76013		

8 Purpose of payment (See instructions regarding type of information required.) VOLUNTEER MEETING (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/6	Payee name U.S. POST OFFICE	Amount (\$) 134.40
5/12	Payee address: City: State: Zip Code ARLINGTON, TX 76010	

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
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Date 5/4	Payee name MURPHY TURNER Assoc.	Amount (\$) 4672.54
Payee address: City: State: Zip Code 816 CONGRESS AVE # 1160 AUSTIN, TX 78701		

Purpose of payment (See instructions regarding type of information required.) INV. 2009-213 MAILER (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/28	Payee name APFF PAC	Amount (\$) 1430.00
Payee address: City: State: Zip Code 208 S. FIELDER ARLINGTON TX 76013		

Purpose of payment (See instructions regarding type of information required.) SIEN LABOR (IN-KIND) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form

1 Total pages Schedule G:
ONE

2 FILER NAME *LANA W. WOLFF*

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	6 Payee address: City, State, Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	8 Amount (\$)	Reimbursement from political contributions intended
<i>5/12</i>	<i>MURPHY TURNER & ASSOC.</i>	<i>816 CONGRESS # 1160 AUSTIN TX 78701</i>	<i>WIN BONUS</i>	<i>3000</i>	<input checked="" type="checkbox"/>
Date	Payee name	Payee address: City, State, Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)	Reimbursement from political contributions intended
Date	Payee name	Payee address: City, State, Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)	Reimbursement from political contributions intended
Date	Payee name	Payee address: City, State, Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)	Reimbursement from political contributions intended
Date	Payee name	Payee address: City, State, Zip Code	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)	Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED