



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

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

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

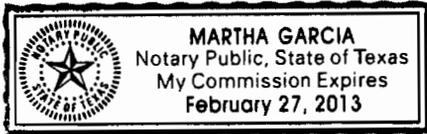
17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 272.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,918.34
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 5, Election Code.

*Lana W. Wolff*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lana Wolff, this the 15th day of July, 2010, to certify which, witness my hand and seal of office.

*Martha Garcia*  
Signature of officer administering oath

Martha Garcia  
Printed name of officer administering oath

Notary Public  
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 <i>01/05/2010</i>	5 Payee name <i>TARRANT COUNTY YOUTH COLLABORATION</i>	7 Amount (\$) <i>\$ 100.00</i>
6 Payee address; City; State; Zip Code <i>6707 BRENTWOOD STAIR RD #620 FORT WORTH, TX 76112</i>		

8 Purpose of payment (See instructions regarding type of information required.)  
*DONATION*  
(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 <i>01/21/2010</i>	Payee name <i>ARLINGTON ALLIANCE FOR YOUTH</i>	Amount (\$) <i>\$ 100.00</i>
Payee address; City; State; Zip Code <i>2910 DUFF DR. ARLINGTON, TX 76013</i>		

Purpose of payment (See instructions regarding type of information required.)  
*DONATION*  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date <i>01/31/2010</i>	Payee name <i>POST MASTER</i>	Amount (\$) <i>\$ 72.00</i>
Payee address; City; State; Zip Code <i>PANTEGO LOCATION ARLINGTON, TX 760132299</i>		

Purpose of payment (See instructions regarding type of information required.)  
*P.O. BOX RENTAL*  
(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**