



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

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

|                                      |   |
|--------------------------------------|---|
| 15 C/OH NAME<br><i>LANA W. WOLFF</i> | 16 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------------|---|

|  |   |                                      |
|--|---|--------------------------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> additional pages | ** 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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | 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 | \$ _____            |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <i>3695</i>      |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ _____            |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <i>260</i>       |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <i>10,353.34</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ _____            |

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 *14<sup>th</sup>* day of *April*, 20*11*, to certify which, witness my hand and seal of office.

*Karen Williams*      *Karen Williams*      *Notary*  
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:<br><b>5/1</b>           |  |
| 2 FILER NAME<br><b>LANA W. WOLFF</b>   |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>3/20</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>WILEY CURTIS D.D</b> | 7 Amount of contribution (\$)<br><b>100</b>       | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>3340 THORNTREE CT.<br/>ARLINGTON, TX 76016</b>  |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |   | 10 Employer (See Instructions)                    |  |
| Date<br><b>3/20</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>LES COTHRON</b>        | Amount of contribution (\$)<br><b>100</b>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>2107 LAURA LN.<br/>ARLINGTON, TX 76010</b>  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>3/20</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>ROGER DEFRANG</b>      | Amount of contribution (\$)<br><b>50</b>          | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>2200 SHADY VIEW CT.<br/>ARLINGTON, TX 76013</b>   |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>3/19</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>JAMIE L. WAYLAND</b>   | Amount of contribution (\$)<br><b>300</b>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1821 W. 2ND<br/>ARLINGTON, TX 76013</b>   |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>3/31</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>AUDRA MOORE</b>        | Amount of contribution (\$)<br><b>25</b>          | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>325 S. MESQUITE #305<br/>ARLINGTON, TX 76010</b>  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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:                         |  |
| 2 FILER NAME<br><i>LANA W. WOLFF</i>                      |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><i>3/31</i>                                     | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>TOM CRAVENS</i>      | 7 Amount of contribution (\$)<br><i>150</i>       | 8 In-kind contribution description (if applicable) |
|   | 6 Contributor address; City; State; Zip Code<br><i>501 S. FIELDER<br/>ARLINGTON, TX 76013</i>         | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                    |  |
| Date<br><i>3/31</i>                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>MRS KELLY McKNIGHT</i> | Amount of contribution (\$)<br><i>250</i>         | In-kind contribution description (if applicable)   |
|   | Contributor address; City; State; Zip Code<br><i>3200 W. SUBLET<br/>ARLINGTON, TX 76017</i>           | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date<br><i>3/31</i>                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>JACQUILINE MAROOF</i>  | Amount of contribution (\$)<br><i>50</i>          | In-kind contribution description (if applicable)   |
|   | Contributor address; City; State; Zip Code<br><i>294 WESTVIEW TERR.<br/>ARLINGTON, TX 76013</i>       | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date<br><i>3/31</i>                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>SUE PHILLIPS</i>       | Amount of contribution (\$)<br><i>100</i>         | In-kind contribution description (if applicable)   |
|   | Contributor address; City; State; Zip Code<br><i>415 JOYCE<br/>ARLINGTON, TX 76010</i>                | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |
| Date<br><i>3/31</i>                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>JIMMY PHILLIPS</i>     | Amount of contribution (\$)<br><i>100</i>         | In-kind contribution description (if applicable)   |
|   | Contributor address; City; State; Zip Code<br><i>415 JOYCE<br/>ARLINGTON, TX 76010</i>                | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

2 FILER NAME

LANA W. WOLFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/31

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JERRY & CORRINE HAYES

6 Contributor address; City; State; Zip Code

2304 SKYLARK  
ARLINGTON, TX 76010

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

4/4

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

BILLIE FARRAR

Contributor address; City; State; Zip Code

600 W. PARK ROW  
ARLINGTON, TX 76010

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

4/4

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

DOLAND MANER

Contributor address; City; State; Zip Code

3501 RAMOS DR.  
ARLINGTON, TX 76015

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

4/4

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

BEAU BROWNE

Contributor address; City; State; Zip Code

710 VIEWSIDE CIRCLE  
ARLINGTON TX 76011

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

4/4

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

DANNY SMITH

Contributor address; City; State; Zip Code

1106 GREENBRIAR LN.  
ARLINGTON, TX 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)

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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<br><b>4/4</b> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>CHARLES CLAWSON</b> | 7 Amount of contribution (\$)<br><b>250</b>       | 8 In-kind contribution description (if applicable) |
|                      | 6 Contributor address; City; State; Zip Code<br><b>6219 LAKERIDGE RD.<br/>ARLINGTON, TX 76016</b>    | (If travel outside of Texas, complete Schedule T) |  |

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

|                    |  |   |  |
|--------------------|--|---|--|
| Date<br><b>4/4</b> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>BETTY ALLISON</b> | Amount of contribution (\$)<br><b>50</b>          | In-kind contribution description (if applicable) |
|                    | Contributor address; City; State; Zip Code<br><b>117 ORAM ST.<br/>ARLINGTON, TX 76010</b>        | (If travel outside of Texas, complete Schedule T) |  |

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

|                    |  |   |  |
|--------------------|--|---|--|
| Date<br><b>4/4</b> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>ANNE DYE</b>  | Amount of contribution (\$)<br><b>50</b>          | In-kind contribution description (if applicable) |
|                    | Contributor address; City; State; Zip Code<br><b>2401 N. FIELDER<br/>ARLINGTON, TX 76012</b> | (If travel outside of Texas, complete Schedule T) |  |

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

|                    |   |   |  |
|--------------------|---|---|--|
| Date<br><b>4/5</b> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>IMRAN KHAN</b> | Amount of contribution (\$)<br><b>25</b>          | In-kind contribution description (if applicable) |
|                    | Contributor address; City; State; Zip Code<br><b>914 PURDUE DR.<br/>ARLINGTON, TX 76012</b>   | (If travel outside of Texas, complete Schedule T) |  |

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

|                    |  |   |  |
|--------------------|--|---|--|
| Date<br><b>4/5</b> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>GRACE ATHERTON</b>  | Amount of contribution (\$)<br><b>20</b>          | In-kind contribution description (if applicable) |
|                    | Contributor address; City; State; Zip Code<br><b>1250 W. PIONEER PKWY.<br/>ARLINGTON, TX 76013</b> | (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<br><i>LANA W. WOLFF</i>  |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><i>4/5</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>CHARLES &amp; NOBA GREEN</i> | 7 Amount of contribution (\$)<br><i>200</i>       | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>4101 VISTA CREEK CT.<br/>ARLINGTON, TX 76016</i> |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)   |   | 10 Employer (See Instructions)                    |  |
| Date<br><i>4/5</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>WALTER CLEMENTS</i>            | Amount of contribution (\$)<br><i>100</i>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>1811 BILLY B<br/>ARLINGTON, TX 76010</i>           |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><i>4/5</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>WICK ALEXANDER</i>             | Amount of contribution (\$)<br><i>100</i>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>840 W. MITCHELL<br/>ARLINGTON, TX 76013</i>        |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><i>4/5</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>JAN DUNCAN</i>                 | Amount of contribution (\$)<br><i>150</i>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>1210 BRITTANY LANE<br/>ARLINGTON, TX 76013</i>     |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><i>4/5</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><i>JIM NOKES</i>                  | Amount of contribution (\$)<br><i>50</i>          | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>P.O. BOX 13625<br/>ARLINGTON, TX 76094</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:                         |  |
| 2 FILER NAME<br><b>LANA W. WOLFF</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>4/5</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>CHARLES R. DODSON</b> | 7 Amount of contribution (\$)<br><b>250</b>       | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>255 N. CENTER #100<br/>ARLINGTON, TX 76011</b> |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)   |  | 10 Employer (See Instructions)                    |  |
| Date<br><b>4/5</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>R. MERRITT</b>          | Amount of contribution (\$)<br><b>300</b>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>3004 IRON STONE CT.<br/>ARLINGTON, TX 76006</b>  |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date<br><b>4/5</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>EDWARD MACLEOD</b>      | Amount of contribution (\$)<br><b>100</b>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1911 LAKESIDE DR.<br/>ARLINGTON, TX 76013</b>    |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date<br><b>4/5</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>JIM QUICK</b>           | Amount of contribution (\$)<br><b>100</b>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>5912 MOSS DR.<br/>ARLINGTON, TX 76016</b>        |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |
| Date<br><b>4/5</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>J.G. LUKE</b>           | Amount of contribution (\$)<br><b>75</b>          | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>P.O. BOX 1024<br/>ARLINGTON, TX 76004</b>        |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |  |

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

|   |                                      |  |
|---|--------------------------------------|--|
| 1 Total pages Schedule F:<br><b>ONE</b> | 2 FILER NAME<br><b>LANA W. WOLFF</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---|--------------------------------------|--|

|                            |  |
|----------------------------|--|
| 4 Date<br><b>2-1-2011</b>  | 5 Payee name<br><b>POST MASTER</b>   |
| 6 Amount (\$)<br><b>72</b> | 7 Payee address; City; State; Zip Code<br><b>PANTEGO STATION<br/>ARLINGTON, TX 760132299</b> |

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>P.O. BOX RENTAL</b> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                           |   |
|---------------------------|---|
| Date<br><b>2-15-2011</b>  | Payee name<br><b>CITY OF ARLINGTON</b>  |
| Amount (\$)<br><b>100</b> | Payee address; City; State; Zip Code<br><b>101 W. ASCAM<br/>ARLINGTON, TX 76010</b> |

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>FILING FEE</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                          |   |
|--------------------------|---|
| Date<br><b>3-26-2011</b> | Payee name<br><b>POST MASTER</b>  |
| Amount (\$)<br><b>98</b> | Payee address; City; State; Zip Code<br><b>MAIN POST OFFICE<br/>ARLINGTON, TX 760049998</b> |

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>FUNDRAISING EXPENSE</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>STAMPS</b> |
|------------------------|--|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 EXPENDITURE                              | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |             |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                | Office sought   | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED