

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>LANA</u> MI <u>W.</u> NICKNAME LAST SUFFIX <u>WOLFF</u>	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: auto;"> RECEIVED - CSO 11 MAY - 6 PM 4/15 </div> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <u>P.O. BOX 14374</u> <u>ARLINGTON, TX 76094</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 274-5972</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>DR.</u> FIRST <u>CHARLES</u> MI <u>R.</u> NICKNAME LAST SUFFIX <u>LEACH</u> <u>M.D.</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>400 W. ARBROOK #100</u> <u>ARLINGTON, TX 76014</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>817 419-8244</u>		
9 REPORT TYPE	<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 (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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 <u>04/13/2011</u> <u>05/04/2011</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>05/14/2011</u>		
12 OFFICE	OFFICE HELD (if any) <u>CITY COUNCIL #5</u>	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

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

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

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

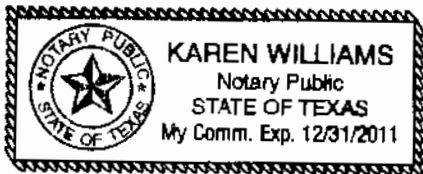
17 NOTICE FROM POLITICAL COMMITTEE(S)

-- 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. **

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <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)	\$ <u>8,903.34</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,137.41</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,119.27</u>
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 6th day of May, 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:

- FOUR -

2 FILER NAME

LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/14/
2011

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

MARY PETSCHKE

6 Contributor address: City: State: Zip Code

4704 SANTA COVA CT.
FT. WORTH TX 76126

7 Amount of contribution (\$)

500 -

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/14/
2011

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

SUSAN MEDINA

Contributor address: City: State: Zip Code

3501 LANDS END
FT. WORTH TX 76109

Amount of contribution (\$)

100 -

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/
2011

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

ROBERT JOHNSON

Contributor address: City: State: Zip Code

7202 LAKE MEAD BLVD
ARLINGTON, TX 76016

Amount of contribution (\$)

250 -

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/
2011

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

CHESAPEAKE TEX PAC

Contributor address: City: State: Zip Code

815 BRAZOS STE A #106
AUSTIN, TX 78701

Amount of contribution (\$)

250 -

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/
2011

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

HELEN SCHRICKEL

Contributor address: City: State: Zip Code

1304 CANTERBURY CT.
ARLINGTON TX 76013

Amount of contribution (\$)

100 -

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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>2 of 4</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/14/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>ADLAI PENNINGTON</i>	7 Amount of contribution (\$) <i>250</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>1375 GILMAN RD FT. WORTH TX 76140</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/14/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>ROBERT KEMBEL</i>	Amount of contribution (\$) <i>300</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>3820 LEISURE LN. DENTON, TX 76210</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/14/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>NICHOLAS STEFKOVICH</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>6310 EDINBURGH AVE COLLEYVILLE, TX 76034</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/20/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>SHIRLEY PATTERSON</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>118 ORIOLE DR. ARLINGTON, TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/21/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>TREPAC ASSOC. REALTORS</i>	Amount of contribution (\$) <i>2,500</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>P.O. BOX 2246 AUSTIN, TX 78768</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:
3 of 4

2 FILER NAME
LANA W. WOLFF

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/21/2011

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

6 Contributor address; City; State; Zip Code
*4150 STADY VALLEY
ARLINGTON, TX 76013*

7 Amount of contribution (\$)
50

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
4/28/2011

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

Contributor address; City; State; Zip Code
*1409 WOODBINE CT.
ARLINGTON, TX 76012*

Amount of contribution (\$)
200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/28/2011

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

Contributor address; City; State; Zip Code
*7407 MIDBURY DR.
DALLAS, TX 75230*

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
4/28/2011

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

Contributor address; City; State; Zip Code
*3600 YACHT CLUB DR.
ARLINGTON TX 76016*

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
4/28/2011

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

Contributor address; City; State; Zip Code
*7704 STONEBANK CT.
FT. WORTH, TX 76112*

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)

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>4 of 4</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/28/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>CHARLES FITZGERALD</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1125 N. CANTER BURY CT. DALLAS, TX 75208</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/28/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>LINEBARGER GOGAN BLAIR & JAMESON LLP</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 17428 AUSTIN, TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/28/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>NORTH COLLINS GENERAL PARTNERSHIP</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6220 EASTON AVE DALLAS, TX 75214</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>THE CAFFEY GROUP</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>\$ 1653.34</i>
Contributor address; City; State; Zip Code <i>309 W. 7th FT. WORTH TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>OIL & GAS</i>		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 <i>BLANK</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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: TWO
2 FILER NAME LANA W. WOLFF		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/14/2011	5 Payee name MURPHY TURNER ASSOC.	7 Amount (\$) \$ 4210.95
6 Payee address: City, State, Zip Code P.O. BOX 296 AUSTIN, TX 78767		
8 Purpose of payment (See instructions regarding type of information required.) CONSULTING, PRINTING FOR MAILER & POSTAGE <small>(If travel outside of Texas, complete Schedule T)</small>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/18/2011	Payee name INNOVAR SCREEN GRAPHICS	Amount (\$) \$ 1825.20
Payee address: City, State, Zip Code 611 MAGIC MILE ARLINGTON, TX 76011		
Purpose of payment (See instructions regarding type of information required.) SIGNS <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/22/2011	Payee name MURPHY TURNER ASSOC.	Amount (\$) \$ 4607.85
Payee address: City, State, Zip Code P.O. BOX 296 AUSTIN, TX 78767		
Purpose of payment (See instructions regarding type of information required.) CONSULTING, PRINTING FOR MAILER & POSTAGE <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/2/2011	Payee name THE CAFFEY GROUP	Amount (\$) \$ 1653.34
Payee address: City, State, Zip Code 309 W. 7TH FT. WORTH, TX 76102		
Purpose of payment (See instructions regarding type of information required.) IN-KIND PRINTING & POSTAGE ENDORSEMENT CARDS <small>(If travel outside of Texas, complete Schedule T)</small>		-- 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 of 2*

2 FILER NAME *LANA W. WOLFF*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5/2/2011</i>	5 Payee name <i>MURPHY TURNER ASSOC.</i>	7 Amount (\$) <i>1840.07</i>
6 Payee address; City; State; Zip Code <i>P.O. BOX 296 AUSTIN, TX 78767</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>PHONE CALL RECORDING</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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