

# 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>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST	SUFFIX	Date Received	RECEIVED - CSO 11 JUN 10 PM 4:37		
LANA WOLFF				Date Hand-delivered or Postmarked			
P.O. BOX 14374 ARLINGTON, TX 76094				Receipt #			
P.D. BOX 14374 ARLINGTON, TX 76094				Amount			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX,	APT / SUITE #	CITY,	STATE,	ZIP CODE	Date Processed	
<input type="checkbox"/> change of address						Date Imaged	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	274-5972					
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
DR. CHARLES LEACH			R.	M.D.			
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE),	APT / SUITE #	CITY,	STATE,	ZIP CODE		
	400 W. ARBROOK #100 ARLINGTON, TX 76014						
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	419-8244					
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)						
<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
	05	05	2011		06	08	2011
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
	06	18	2011				
<b>12 OFFICE</b>	OFFICE HELD (if any)			<b>13 OFFICE SOUGHT (if known)</b>			
	CITY COUNCIL #5			—			
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	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						
<input type="checkbox"/> additional pages							

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

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

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

\$ \_\_\_\_\_

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 17,856.95

EXPENDITURE TOTALS

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

\$ \_\_\_\_\_

4. TOTAL POLITICAL EXPENDITURES

\$ 21,362.88

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,613.34

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.

*Paul W. Voey*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

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  
**187 7 (SEVEN)**

2 FILER NAME  
**LANA W. WOLFF**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**5/9/2011**

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

**SUSAN WRIGHT**

6 Contributor address: City: State: Zip Code

**5505 OVERRIDGE DR.  
ARLINGTON, TX 76017**

7 Amount of contribution (\$)

**250**

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

**5/9**

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

**ERNEST WILEMON**

Contributor address: City: State: Zip Code

**4100 SHADY VALLEY  
ARLINGTON, TX 76013**

Amount of contribution (\$)

**1,000**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/9**

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

**ARLINGTON POLICE ASSOC. PAC**

Contributor address: City: State: Zip Code

**P.O. BOX 856  
ARLINGTON, TX 76004-0856**

Amount of contribution (\$)

**1,000**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/9**

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

**CHESAPEAKE TEX PAC**

Contributor address: City: State: Zip Code

**815 BRAZOS STE #106  
AUSTIN, TX 78701**

Amount of contribution (\$)

**1,000**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/9**

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

**APARTMENT ASSOC TARRANT PAC**

Contributor address: City: State: Zip Code

**6350 BAKER BLVD.  
FT. WORTH, TX 76118**

Amount of contribution (\$)

**2000**

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 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: <b>297</b>	
2 FILER NAME <b>LANA W. WOLFF</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/9/2011</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>STEPHEN JONES</b>	7 Amount of contribution (\$) <b>1,000</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3900 MIRAMAR AVE DALLAS, TX 75205</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/12/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>BOB CLUCK</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5820 BAY CLUB DR. ARLINGTON, TX 76013</b>		(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#) <b>JAMES HARDIE PAC</b>	Amount of contribution (\$) <b>125</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>26300 LA ALAMEDA #100 MISSION VIEJO, CA 92691</b>		(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#) <b>JIM WAGNON</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10 COURTNEY CT. ARLINGTON, TX 76015</b>		(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#) <b>MRS. WAYNE JAMES</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 121367 ARLINGTON, TX 76012</b>		(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: <b>298</b>	
2 FILER NAME <b>LANA W. WOLFF</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/17/2011</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JOHN HALL</b>	7 Amount of contribution (\$) <b>50</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>4000 MODLIN AVE FT. WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/17/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SCOTT HOWELL</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>3900 WILLOW STE 200 DALLAS, TX 75226</b>		(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#) <b>RODNEY MELLOTT</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>12935 W. 81ST AVE ARVADA, CO 80005</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>BEACON EXP</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JAMES LIGHTNER</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>5070 PINYON ST. LITTLETON, CO 80123</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>BEACON EXP</b>	
Date <b>6/1/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JIMMY PHILLIPS</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>415 JOYCE ARLINGTON, TX 76010</b>		(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:  
**497**

2 FILER NAME  
**LANA W. WOLFF**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**5/22/2011**

5 Full name of contributor  out-of-state PAC (ID#)  
**RANDY FORD**  
6 Contributor address: City: State: Zip Code  
**407 E. SOUTH  
ARLINGTON, TX 76010**

7 Amount of contribution (\$) **← 250**  
8 In-kind contribution description (if applicable)  
**CATERING**  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**5/22/2011**

Full name of contributor  out-of-state PAC (ID#)  
**CORRINE HAYES**  
Contributor address: City: State: Zip Code  
**2304 SKYLARK  
ARLINGTON, TX 76010**

Amount of contribution (\$) **200**  
In-kind contribution description (if applicable)  
**200**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5/24/2011**

Full name of contributor  out-of-state PAC (ID#)  
**ARLINGTON POLICE ASSOC. PAC**  
Contributor address: City: State: Zip Code  
**P.O. BOX 856  
ARLINGTON, TX 76004**

Amount of contribution (\$) **5556.95**  
In-kind contribution description (if applicable)  
**MAILER  
+  
SIGNS**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/1/2011**

Full name of contributor  out-of-state PAC (ID#)  
**SHARON OSBORN**  
Contributor address: City: State: Zip Code  
**2311 EVERTON DR.  
ARLINGTON, TX 76001**

Amount of contribution (\$) **50**  
In-kind contribution description (if applicable)  
**50**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/1/2011**

Full name of contributor  out-of-state PAC (ID#)  
**SARINYA OLIVER**  
Contributor address: City: State: Zip Code  
**302 COLLEGE ST.  
ARLINGTON, TX 76010**

Amount of contribution (\$) **50**  
In-kind contribution description (if applicable)  
**50**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL CDPIES 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: <b>597</b>	
2 FILER NAME <b>LANA W. WOLFF</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/11/2011</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ROGER DEFRANG</b>	7 Amount of contribution (\$) <b>50</b>	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code <b>2200 SHADY VIEW CT. ARLINGTON, TX 76013</b>	(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#) <b>REPUBLIC SERVICES PAC</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>18500 N. ALLIED WAY PHOENIX, AZ 85054</b>	(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#) <b>DAN DIPERT</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>4709 EL SALVADOR ARLINGTON, TX 76017</b>	(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#) <b>RALPH SORBEL</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>P.O. BOX 120186 ARLINGTON, TX 76012</b>	(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#) <b>SUSAN GUNN</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <b>1401 SOUTHWOOD BLVD ARLINGTON, TX 76013</b>	(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: <b>687</b>	
2 FILER NAME <b>LANA W. WOLFF</b>		3 ACCOUNT # (E-File Commission Filers)	
4 Date <b>6/1/2011</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ADRIANNE BROWN</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>1505 SOUTHWOOD BLVD ARLINGTON, TX 76013</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/1/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>DAVE SCOTT</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>210 FIELD ST STE 100 ARLINGTON, TX 76010</b>	(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#) <b>CARL SCRIVNER</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>1200 W. MITCHELL ARLINGTON, TX 76013</b>	(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#) <b>NICK STEFKOVICH</b>	Amount of contribution (\$) <b>400</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>6310 EDINBURGH DR. COLLEYVILLE, TX 76034</b>	(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#) <b>ROBERT JOHNSON</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>7202 LAKE MEAD ARLINGTON, TX 76016</b>	(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: <b>787</b>	
2 FILER NAME <b>LANA W. WOLFF</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/11/2011</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SALLY CULVER</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1200 CANTERBURY CT. ARLINGTON, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/6/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SUSAN WRIGHT</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5505 OVER RIDGE DR. ARLINGTON, TX 76017</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/6/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>CHRIS COWART</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1900 W. 2ND ARLINGTON, TX 76013</b>		(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#) <b>KELLY CURNUTT</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>505 S. FIELDER ARLINGTON, TX 76013</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>↓</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>TERRY BERTRAND</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>2016 W. BARDIN ARLINGTON, TX 76017</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL PAC 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**

**EXPENDITURE CATEGORIES FOR BOX B(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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F. <i>Four</i>	2 FILER NAME <i>LANA W. WOLFF</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/6/2011</i>	5 Payee name <i>ARLINGTON POLICE ASSOC.</i>
---------------------------	--

6 Amount (\$) <i>\$4610-</i>	7 Payee address; City; State; Zip Code <i>P.O. BOX 836 ARLINGTON, TX 76004-0836</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>DONATION / RALLY, ETC.</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/12/2011</i>	Payee name <i>MURPHY TURNER ASSOC</i>
--------------------------	--

Amount (\$) <i>\$4607.85</i>	Payee address; City; State; Zip Code <i>P.O. BOX 296 AUSTIN, TX 78767</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEE &amp; MAILER</i>	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
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Date <i>5/17/2011</i>	Payee name <i>MURPHY TURNER ASSOC.</i>
--------------------------	---

Amount (\$) <i>\$1545.98</i>	Payee address; City; State; Zip Code <i>P.O. BOX 296 AUSTIN, TX 78767</i>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONSULTING / PHONE CALLS BY MAYOR</i>	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 <i>5/22/2011</i>	Payee name <i>RANDY FORD</i>
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Amount (\$) <i>\$250-</i>	Payee address; City; State; Zip Code <i>407 E. SOUTH ARLINGTON, TX 76010</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>IN-KIND CATERING</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2 of 4	<b>2</b> FILER NAME LANA N. WOLFF	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5/24/2011	<b>5</b> Payee name ARLINGTON POLICE ASSOC.
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<b>6</b> Amount (\$) \$5556.95	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 856 ARLINGTON, TX 76004
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) N-KIND STENS & MAILER	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/19/2011	Payee name FED EX
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Amount (\$) \$29.16	Payee address; City; State; Zip Code 1400 E. COPELAND RD. ARLINGTON, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) PRINTING	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/27/2011	Payee name FAMILY DOLLAR
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Amount (\$) \$8.64	Payee address; City; State; Zip Code 321 S. BOWEN ARLINGTON, TX 76013
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES - MARKERS	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/27/2011	Payee name OFFICE MAX
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Amount (\$) \$23.30	Payee address; City; State; Zip Code STORE # 415 N. ARLINGTON, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3 of 4	<b>2</b> FILER NAME LANA W. WOLFF	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 6-1-2011	<b>5</b> Payee name POSTMASTER
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<b>6</b> Amount (\$) \$254.00	<b>7</b> Payee address; City; State; Zip Code MAIN POST OFFICE ARLINGTON, TX 760049998
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) STAMPS	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-2-2011	Payee name INOVAR PACKAGING GROUP
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Amount (\$) \$491.40	Payee address; City; State; Zip Code 602 MAGIC MILE ARLINGTON, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN SIGNS	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-30-2011	Payee name OFFICE MAX
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Amount (\$) \$34.54	Payee address; City; State; Zip Code 4619 S. COOPER ARLINGTON, TX 76017
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES - STAMP & PENS	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-6-2011	Payee name MURPHY TURNER ASSOC
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Amount (\$) \$3907.56	Payee address; City; State; Zip Code P.O. BOX 296 AUSTIN, TX 78767
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEE & MAILED	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
*4 of 4*

2 FILER NAME  
*LANA W. WOLFF*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>6/7/2011</i>	5 Payee name <i>POSTMASTER</i>	7 Amount (\$) <i>\$ 43.50</i>
6 Payee address; City; State; Zip Code <i>MAIN OFFICE ARLINGTON, TX 760049998</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>POSTAGE STAMPS - (29¢)</i> (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	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
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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
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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
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