

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: FIVE
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> LANA W. FIRST MI NICKNAME LAST SUFFIX - WOLFF	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;"> 11 JUL 13 PM 1:31 RECEIVED - CSO </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 14374 ARLINGTON, TX 76094		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 274-5972		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> DR. CHARLES R. FIRST MI NICKNAME LAST SUFFIX LEACH M.D.		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 400 W. ARBROOK #100 ARLINGTON, TX 76014		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 419-8244		
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 checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 06 / 09 / 2011 06 / 30 / 2011		
11 ELECTION	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		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL #5	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 _____		

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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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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)

\$ 4,545

EXPENDITURE TOTALS

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

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 3,784.28

CONTRIBUTION BALANCE

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

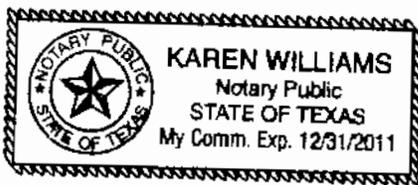
\$ 2,374.06

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 W. Wolfe
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lana W. Wolfe, this the 13th day of July, 20 11, to certify which, witness my hand and seal of office.

Karen Williams
Signature of officer administering oath

Karen Williams
Printed name of officer administering oath

Notary
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: <i>TWO (1 of 2)</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/17/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>FRED DAVIS</i>	7 Amount of contribution (\$) <i>50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. BOX 13663 ARLINGTON, TX 76094</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6/17/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>WM. M. SMITH, JR.</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1506 CREEK FORD DR ARLINGTON, TX 76012</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/17/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>LINEBARBER GOGGAN BLAIR & SAMPSON</i>	Amount of contribution (\$) <i>2000</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>6/17/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>J. G. LUKE</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable) <i>TY rpt 2</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 1024 ARLINGTON, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/17/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>LES COTHRON</i>	Amount of contribution (\$) <i>300</i>	In-kind contribution description (if applicable) <i>TY rpt 2</i>
Contributor address; City; State; Zip Code <i>2107 LAURA LN. 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 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>292</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/17/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JUE LAVENDER</i>	7 Amount of contribution (\$) <i>50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3307 COUNTRY CLUB ARLINGTON, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6/17/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BILLIE FARRAR</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable) <i>?</i>
Contributor address; City; State; Zip Code <i>600 W. PARK ROW ARLINGTON, TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/28/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DARY STONE</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>215 N. O'CONNOR #350 IRVING, TX 75039</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/28/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MICHAEL C. FARHAT</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1100 GREENBRIAR ARLINGTON, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/17/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BILLIE FARRAR</i>	Amount of contribution (\$) <i>95-</i>	In-kind contribution description (if applicable) <i>MILL CREEK FLYER + POSTAGE</i>
Contributor address; City; State; Zip Code <i>600 W. PARK ROW ARLINGTON, TX 76010</i>		(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
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: ONE	2 FILER NAME LANA W. WOLFF	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/10/2011	5 Payee name MURPHY'S TURNER ASSOC
6 Amount (\$) 1439.28	7 Payee address; City; State; Zip Code P.O. BOX 296 AUSTIN, TX 78767

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BILLIE FARRAR PHONE CALLS	(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 6/17/2011	Payee name APA DONATION (ARLINGTON POLICE ASSOC.)
Amount (\$) 2000.-	Payee address; City; State; Zip Code P.O. BOX 856 ARLINGTON, TX 76004-0856

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LABOR/STENS RUNOFF	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 6-18-2011	Payee name J. GILLIGANS
Amount (\$) 250.-	Payee address; City; State; Zip Code 407 E. SOUTH ARLINGTON, TX 76010

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) VOLUNTEER PARTY	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 6-17-2011	Payee name BILLIE FARRAR
Amount (\$) 95 IN KIND	Payee address; City; State; Zip Code 600 W. PARK ROW ARLINGTON, TX 76010

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) IN KIND/NEIGHBORHOOD FLYER	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