

**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) <u> </u>	2 Total pages filed: <u> </u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u> </u>	FIRST <u>LANA</u>	MI <u>W.</u>
	NICKNAME <u>-</u>	LAST <u>WOLFF</u>	SUFFIX <u> </u>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX <u>P.O. BOX 14374</u> <u>ARLINGTON, TX</u>	APT / SUITE # <u> </u>	CITY STATE ZIP CODE <u>76094</u>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(817)</u>	PHONE NUMBER <u>274-5972</u>	EXTENSION <u> </u>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>DR.</u>	FIRST <u>CHARLES</u>	MI <u>R.</u>
	NICKNAME <u> </u>	LAST <u>LEACH</u>	SUFFIX <u>M.D.</u>
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) <u>400 W. ARBROOK</u> <u>ARLINGTON, TX</u>	APT / SUITE # <u>#100</u>	CITY STATE ZIP CODE <u>76014</u>
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(817)</u>	PHONE NUMBER <u>419-8244</u>	EXTENSION <u> </u>
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month <u>07</u> Day <u>01</u> Year <u>2012</u>	THROUGH	Month <u>04</u> Day <u>11</u> Year <u>2013</u>
11 ELECTION	ELECTION DATE Month <u>05</u> Day <u>11</u> Year <u>2013</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) <u>CITY COUNCIL #5</u>		13 OFFICE SOUGHT (if known) <u> </u>

OFFICE USE ONLY

Date Received
13 APR 11 PM 3:42

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

RECEIVED - CSO

GO TO PAGE 2

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: <i>ONE</i>	2 FILER NAME <i>LANA W. WOLFF</i>	3 ACCOUNT # (Ethics Commission Filers) <i>---</i>
4 Date <i>03-28-2013</i>	5 Payee name <i>POLITICAL ADVISORS LLC</i>	
6 Amount (\$) <i>\$250. -</i>	7 Payee address; City; State; Zip Code <i>815-A BRAZOS ST. #304 AUSTIN, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONSULTANT FEE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>RETAINER</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED