

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

LANA W. WOLFF

15 ACCOUNT # (Ethics Commission Filers)

16 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

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *- 0 -*

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

\$ *4,600 -*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *- 0 -*

4. TOTAL POLITICAL EXPENDITURES

\$ *250 -*

CONTRIBUTION
BALANCE

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

\$ *5699.06*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *1000.00*

18 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 W. Wolff, this the 3rd day of May, 20 13, to certify which, witness my hand and seal of office.

Stephanie Dimas
Signature of officer administering oath

Stephanie Dimas
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:

1 of 2

2 FILER NAME

LANA W. WOLFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/15/13

5 Full name of contributor

out-of-state PAC (ID# _____)

SARINYA OLIVER

6 Contributor address: City: State: Zip Code

302 COLLEGE ST.
ARLINGTON, TX 76010

7 Amount of contribution (\$)

100⁰⁰

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

04/15/13

Full name of contributor

out-of-state PAC (ID# _____)

HAMMER & NAILS

Contributor address: City: State: Zip Code

7001 BOLLIVARD 26# 323
FT. WORTH, TX 76180

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

/

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

Date

04/15/13

Full name of contributor

out-of-state PAC (ID# _____)

EXXON MOBIL PAC

Contributor address: City: State: Zip Code

5959 LAS COLINAS BLVD
IRVINE, TX 75039

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

/

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

Date

04/15/13

Full name of contributor

out-of-state PAC (ID# _____)

LINEBARRIER GOGGAN BLAIR & SAMPSON,

Contributor address: City: State: Zip Code

100 THROCKMORTON # 300
FT. WORTH, TX 76102

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

/

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEYS AT LAW

Employer (See Instructions)

Date

04/29/13

Full name of contributor

out-of-state PAC (ID# _____)

LES COTHRON

Contributor address: City: State: Zip Code

2107 LAURA W.
ARLINGTON, TX 76010

Amount of contribution (\$)

300⁰⁰

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:

2 of 2

2 FILER NAME

LANA W. WOLFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/29/13

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

TREPAC

6 Contributor address; City; State; Zip Code

P.O. BOX 2246
AUSTIN, TX 78768

7 Amount of contribution (\$)

2000⁰⁰

(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

04/29/13

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

G. C. MARTIN

Contributor address; City; State; Zip Code

P.O. BOX 91588
ARLINGTON, TX 76015

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

/

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 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) <u> </u>
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4 Date <i>05-03-2013</i>	5 Payee name <i>POLITICAL ADVISORS LLC</i>
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6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>815-A BRAZOS ST. #304 AUSTIN, TX 78701</i>
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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>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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