

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

RECEIVED - CSD  
15 MAY - PM 11:25

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 MR FIRST LANA MI W.  
NICKNAME LAST SUFFIX  
- WOLFF -

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Postmarked

Receipt #	Amount
-----------	--------

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. BOX 14374  
ARLINGTON, TX 76094

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 274-5972

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
DR. CHARLES R.  
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 ARBROOK #100  
ARLINGTON, TX 76014

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 419-8244

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)
- July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
03 / 31 / 2015    04 / 29 / 2015

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
05 / 09 / 2015

12 OFFICE

OFFICE HELD (if any)  
CITY COUNCIL #5

13 OFFICE SOUGHT (if known)

-

GO TO PAGE 2

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

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

14 C/OH NAME LANA WOLFF 15 ACCOUNT # (Ethics Commission Filers) —

16 NOTICE FROM POLITICAL COMMITTEE(S)

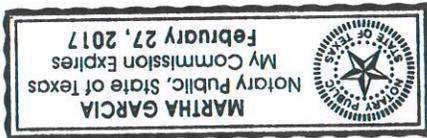
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>— 0 —</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,900.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,089.45</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,388.24</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000.00</u>

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 Wolff, this the 1st day of May, 20 15, to certify which, witness my hand and seal of office.

Martha Garcia Signature of officer administering oath  
Martha Garcia Printed name of officer administering oath  
Notary Public 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>1 of 2</i>	
2 FILER NAME <i>LANA W. WOLFF</i>		3 ACCOUNT # (Ethics Commission Filers) <i>_____</i>	
4 Date <i>4/10/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICK MERRITT</i>	7 Amount of contribution (\$) <i>200</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3004 IRONSTONE CT. ARLINGTON TX 76006</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TREPAC / REALTORS</i>	Amount of contribution (\$) <i>1,000</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)	
Date <i>4/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PETE CONLON</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2405 CALES DR. #B ARLINGTON, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY MARTIN</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 91588 ARLINGTON, TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MPAC ARLINGTON</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. BOX 174474 ARLINGTON, TX 76003</i>		(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

04/07/15

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

ADAI PENNINGTON

6 Contributor address; City; State; Zip Code

1375 GILMAN RD.  
FT. WORTH, TX 76140

7 Amount of contribution (\$)

300 -

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

04/21/15

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

CHARLES GREEN

Contributor address; City; State; Zip Code

212 E. ABRAM  
ARLINGTON, TX 76010

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

04/30/15

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

HAMMER & NAILS PAC

Contributor address; City; State; Zip Code

100 E. 15th #600  
FT. WORTH, TX 76102

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

4/30/15

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

LES COTHRON

Contributor address; City; State; Zip Code

5104 S. COLLINS  
ARLINGTON, TX 76018

Amount of contribution (\$)

300 -

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/15

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

BMG AUTO Group

Contributor address; City; State; Zip Code

2418 W. DIVISION  
ARLINGTON, TX 76012

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <i>ONE</i>	<b>2</b> FILER NAME <i>LANA W. WOLFF</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>-</i>
--	---	---

<b>4</b> Date <i>04/02/15</i>	<b>5</b> Payee name <i>3D DESIGN &amp; DESIGN</i>
----------------------------------	--

<b>6</b> Amount (\$) <i>634.16</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1133 W. MAIN ARLINGTON TX 76013</i>
---	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SIGNS &amp; STAKES</i>	(b) Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	--

Date <i>04/18/15</i>	Payee name <i>MURPHY NASICA &amp; ASSOC.</i>
-------------------------	---

Amount (\$) <i>4205.29</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>815-A BRAZOS ST. #304 AUSTIN, TX 78701</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>MAILER DESIGN, PRINT &amp; POSTAGE</i>	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Date <i>04/30/15</i>	Payee name <i>MURPHY NASICA &amp; ASSOC.</i>
-------------------------	---

Amount (\$) <i>250.</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>815-A BRAZOS ST. #304 AUSTIN, TX 78701</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONSULTANT FEE</i>	Description (If travel outside of Texas, complete Schedule T) <i>RETAINER</i>  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED