

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 **(M)** FIRST **LANA** MI **W.**
NICKNAME LAST SUFFIX
- **WOLFF** **-**

OFFICE USE ONLY

Date Received

RECEIVED - CSD
15 JUL - 7 AM 11:57

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 **DR.** FIRST **CHARLES** MI **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
925 MEADOW OAKS DR.
ARLINGTON, TX 76010

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 723-5599

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
04 / 30 / 2015 **06 / 30 / 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 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)

\$ 4,500 -

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 3,880 -

CONTRIBUTION BALANCE

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

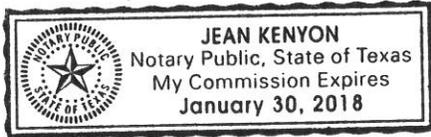
\$ 3,088.24

OUTSTANDING LOAN TOTALS

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

\$ 1,000 -

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 7th day of July, 20 15, to certify which, witness my hand and seal of office.

Jean Kenyon
Signature of officer administering oath

Jean Kenyon
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:

ONE OF TWO

2 FILER NAME

LANA W. WOLFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/5/15

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

APFFA

6 Contributor address; City; State; Zip Code

*208 S. FIELDER
ARLINGTON TX 76013*

7 Amount of contribution (\$)

1000 -

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

PAC

10 Employer (See Instructions)

Date

5/6/15

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

AATC

Contributor address; City; State; Zip Code

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

Amount of contribution (\$)

2500 -

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

5/11/15

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

DONALD VALK

Contributor address; City; State; Zip Code

*4231 N. STATE HWY 161
IRVING, TX 75038*

Amount of contribution (\$)

100 -

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSTRUCTION

Employer (See Instructions)

Date

5/11/15

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

JOE BOWERS

Contributor address; City; State; Zip Code

*520 AVE. H EAST
ARLINGTON, TX 76011*

Amount of contribution (\$)

100 -

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

Date

5/13/15

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

ROBERT S. JOHNSON

Contributor address; City; State; Zip Code

*7202 LAKE MEAD
ARLINGTON, TX 76016*

Amount of contribution (\$)

500 -

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:
TWO - OF - TWO

2 FILER NAME
LANA W. WOLFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date
5/28/15

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

7 Amount of contribution (\$)
200 -

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
*415 JOYCE
ARLINGTON, TX 76010*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
5/28/15

Full name of contributor out-of-state PAC (ID#: _____)
P.W. JAMES

Amount of contribution (\$)
100 -

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*P.O. BOX 121367
ARLINGTON, TX 76012*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
RETIRED

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 5-01-15	5 Payee name APA
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6 Amount (\$) 1800-	7 Payee address; City; State; Zip Code P.O. BOX 856 ARLINGTON TX 76004
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SIGNS / DONATION / PRINTING	(b) Description (If travel outside of Texas, complete Schedule T) — <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 5-18-15	Payee name MURPHY NASICA
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Amount (\$) 250-	Payee address; City; State; Zip Code 816 CONGRESS AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING RETAINER INV. # 2015-317	Description (If travel outside of Texas, complete Schedule T) — <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 5-18-15	Payee name MURPHY NASICA
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Amount (\$) 750-	Payee address; City; State; Zip Code 816 CONGRESS AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING FEE INV. # 2015-319	Description (If travel outside of Texas, complete Schedule T) — <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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