

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:**
32

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
Nelson W
NICKNAME LAST SUFFIX
Wolff

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
107 Regents Park, San Antonio, TX 78230
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(210) 335-2850

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Bruce E
NICKNAME LAST SUFFIX
Parker

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
29607 Fairway Bluff, Fair Oaks Ranch, TX 78015

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(830) 981-4755

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 Month Day Year
07 / 01 / 2009 THROUGH 12 / 31 / 2009

11 ELECTION
ELECTION DATE: Month Day Year
ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
Conititutional County Judge

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** 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
 additional pages

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
Receipt #
Date Processed
Date Imaged

FILED IN MY OFFICE
JACQUELYN F. CALLANEN
ELECTIONS ADMINISTRATOR
BEXAR COUNTY

2010 JAN - 7 P 4: 16

GO TO PAGE 2

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

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

15 C/OH NAME Nelson W. Wolff **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. **

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	Friends for Nelson W. Wolff
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	P.O. Box 890187, San Antonio, TX 78269-0187
	COMMITTEE CAMPAIGN TREASURER NAME
	Bruce E. Parker
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	29607 Fairway Bluff, Fair Oaks Ranch, TX 78015

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 68,650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,665.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,228.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 99,597.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Nelson W. Wolff
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nelson W. Wolff, this the 7th day of January, 2010, to certify which, witness my hand and seal of office.

Juliette J. Moke
Signature of officer administering oath

JULIETTE J. MOKE
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: **17**

2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/16/9

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

6 Contributor address; City; State; Zip Code
203 Terrell Road
SA Tx 78209

7 Amount of contribution (\$)
250.00

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
7/16/9

Full name of contributor out-of-state PAC (ID#: _____)
Downtown Main Street Ltd

Contributor address; City; State; Zip Code
547 Country Lane
SA Tx 78209

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/16/9

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

Contributor address; City; State; Zip Code
829 Contour Drive
SA Tx 78212

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/31/9

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

Contributor address; City; State; Zip Code
613 Contadora
SA Tx 78258

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/9

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

Contributor address; City; State; Zip Code
7334 Blance Rd
SA Tx 78216

Amount of contribution (\$)
1000.00

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 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: 17	
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/30/9	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barclay Anthony	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 131 Palo Duro St. SA Tx 78232		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/30/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Kolitz	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Dolorosa SA Tx 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George E Block	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2402 Benrus SA Tx 78228		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edith S McAllister	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 203 Terrell Road SA Tx 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W Marvin Rush	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 34630 SA Tx 78265		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: **17**

2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/30/9

5 Full name of contributor out-of-state PAC (ID#: _____)
Edward E Collins III

6 Contributor address; City; State; Zip Code
202 Madison
SA Tx 78204

7 Amount of contribution (\$)
1000.00

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
11/30/9

Full name of contributor out-of-state PAC (ID#: _____)
James M Cavendar III

Contributor address; City; State; Zip Code
PO Box 681237
SA Tx 78268

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/9

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

Contributor address; City; State; Zip Code
PO Box BH003
SA Tx 78201

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/9

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

Contributor address; City; State; Zip Code
222 E Main Plaza
SA Tx 78205

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/9

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

Contributor address; City; State; Zip Code
1202 W Bitters
SA Tx 78216

Amount of contribution (\$)
1000.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <p style="text-align:center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/30/9	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Pat Maloney 6 Contributor address; City; State; Zip Code 239 E Commerce SA Tx 78205	7 Amount of contribution (\$) 1000.00 (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 11/30/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James W Gorman Contributor address; City; State; Zip Code 7373 Broadway SA Tx 78209	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Harwell Contributor address; City; State; Zip Code PO Box 17065 SA Tx 78217	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark E Watson Jr Contributor address; City; State; Zip Code PO Box 6886 SA Tx 78209	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/4/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward E Whitacre Jr Contributor address; City; State; Zip Code 155 Bushnell Ave SA Tx 78212	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: **17**

2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/4/9

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

6 Contributor address; City; State; Zip Code
9311 San Pedro
SA Tx 78216

7 Amount of contribution (\$)
1000.00

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
12/4/9

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

Contributor address; City; State; Zip Code
129 Turnberry Way
SA Tx 78230

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/4/9

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

Contributor address; City; State; Zip Code
2 Lost Timbers
SA Tx 78248

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/4/9

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

Contributor address; City; State; Zip Code
970 Isom Rd
SA Tx 78216

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/4/9

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

Contributor address; City; State; Zip Code
132 Grant Ave
SA Tx 78209

Amount of contribution (\$)
250.00

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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Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/4/9

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
100 W Houston
SA Tx 78205

1000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/4/9

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5150 Broadway St
SA Tx 78209

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/4/9

Full name of contributor out-of-state PAC (ID#: _____)
W Plack Carr III

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
551 Elizabeth Rd
SA Tx 78209

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/4/9

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4 Walden Elms
SA Tx 78257

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/4/9

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9 Justinian Lane
SA Tx 78257

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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1 Total pages Schedule A:

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2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/4/9

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

6 Contributor address; City; State; Zip Code
315 E Commerce St
SA Tx 78205

7 Amount of contribution (\$)

1000.00

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
12/8/9

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

Contributor address; City; State; Zip Code
PO Box 659512
SA Tx 78265

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/8/9

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

Contributor address; City; State; Zip Code
416 La Jara Blvd
SA Tx 78209

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/8/9

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

Contributor address; City; State; Zip Code
900 Isom Rd
SA Tx 78216

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/8/9

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

Contributor address; City; State; Zip Code
5556 Doliver DR
Houston, TX 77056

Amount of contribution (\$)

1000.00

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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