



**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. \*\*

<input checked="" type="checkbox"/> <b>GENERAL</b>  <input type="checkbox"/> <b>SPECIFIC</b>  <input type="checkbox"/> additional pages	<b>COMMITTEE NAME</b> Friends for Nelson W. Wolff
	<b>COMMITTEE ADDRESS</b> P.O. Box 690187, San Antonio, TX 78269
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b> Bruce E. Parker
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> 29607 Fairway Bluff, Fair Oaks Ranch, TX 78015

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 5,500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 76.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,960.72
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 95,136.88
<b>OUTSTANDING LOAN TOTALS</b>	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 75, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nelson W. Wolff, this the 29<sup>th</sup> day of January, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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: <b>2</b>	
2 FILER NAME  Nelson W. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/4/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D. Beldon	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 13380 SA Tx 78213		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles E Cheever Jr.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 604 Ridgemoat Ave. SA Tx 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence R Linnartz	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 999 E Basse Rd #180-535 SA Tx 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey E Najim	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 33 Champion Tr. SA Tx 78258		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code USAA Building D-3-W SA Tx 78288		(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: <span style="float:right; font-size: 1.5em;">2</span>	
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/27/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham M Weston	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 112 E Pecan St Ste 6 SA Tx 78205		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>3</b>
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/6/10	5 Payee name Nelson W Wolff  6 Payee address; City; State; Zip Code 107 Regents Park SA Tx 78230	7 Amount (\$)  54.15
8 Purpose of payment (See instructions regarding type of information required.) <b>Travel Reimbursement</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date 1/11/10	Payee name Plaza Club  Payee address; City; State; Zip Code 100 W Houston SA Tx 78205	Amount (\$)  1014.40
Purpose of payment (See instructions regarding type of information required.) <b>Business Meeting</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date 1/13/10	Payee name Hope Andrade Officeholder Account  Payee address; City; State; Zip Code PO Box 90837 SA Tx 78209	Amount (\$)  500.00
Purpose of payment (See instructions regarding type of information required.) <b>Contribution</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date 1/18/10	Payee name Club Giraud  Payee address; City; State; Zip Code 707 N St Marys St SA Tx 78205	Amount (\$)  1635.50
Purpose of payment (See instructions regarding type of information required.) <b>Announcement Breakfast</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <span style="font-size: 24px; float: right;">3</span>
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/18/10	5 Payee name Texas Land and Cattle  6 Payee address; City; State; Zip Code 201 N St Marys St SA Tx 78205	7 Amount (\$)  64.48
8 Purpose of payment (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T)		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date 1/18/10	Payee name Greenfields Market  Payee address; City; State; Zip Code 19239 Stone Oak #117 SA Tx 78258	Amount (\$)  535.31
Purpose of payment (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date 1/18/10	Payee name Roaring Fork  Payee address; City; State; Zip Code 1806 N Loop 1604 SA Tx 78232	Amount (\$)  79.96
Purpose of payment (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
Date 1/20/10	Payee name Pete Gallego Campaign  Payee address; City; State; Zip Code PO Box 777 Alpine, Tx 79831	Amount (\$)  500.00
Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>3</b>
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/26/10	5 Payee name PGA Tour Charities 6 Payee address; City; State; Zip Code 23808 Resort Parkway SA Tx 78261	7 Amount (\$)  5000.00
8 Purpose of payment (See instructions regarding type of information required.)  Contribution (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name, Office sought Office held
Date 1/26/10	Payee name Mindy Montford Campaign Payee address; City; State; Zip Code PO Box 303425 Austin, Tx 78703	Amount (\$)  250.00
Purpose of payment (See instructions regarding type of information required.)  Contribution (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 1/27/10	Payee name Ceasar Chavez Legacy & Education Fund Payee address; City; State; Zip Code 1504 E Commerce SA Tx 78205	Amount (\$)  250.00
Purpose of payment (See instructions regarding type of information required.)  Contribution (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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