

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)

additional pages

** 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	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	Friends for Nelson W. Wolff
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	P.O. Box 690187, San Antonio, TX 78269
	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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 264.25
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,609.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 91,527.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

JULIETTE J. MOKE
Notary Public, State of Texas
My Commission Expires
MARCH 05, 2011

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 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 19th day of February, 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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **Nelson W. Wolff** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
02/02/10	Neighborhoods First Alliance	
	6 Payee address; City; State; Zip Code	
	3607 Tuscany SA Tx 78219	500.00

8 Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
02/12/10	League of Women Voters	
	Payee address; City; State; Zip Code	
	1809 Blanco Rd SA Tx 78212	150.00

Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
02/12/10	UTHSC - Greehey Children's Cancer Research	
	Payee address; City; State; Zip Code	
	7703 Floyd Curl SA Tx 78229	250.00

Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
02/12/10	Bexar County Democratic Party	
	Payee address; City; State; Zip Code	
	PO Box 15943 SA Tx 78212	1500.00

Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date
02/16/10

5 Payee name
Plaza Club
6 Payee address; City; State; Zip Code
Frost Bank Tower, 21st Floor
SA Tx 78205

7 Amount (\$)
521.28

8 Purpose of payment (See instructions regarding type of information required.)
Business Meetings
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
02/18/10

Payee name
Palm Restaurant
Payee address; City; State; Zip Code
212 East Houston
SA Tx 78205

Amount (\$)
78.44

Purpose of payment (See instructions regarding type of information required.)
Business Meeting
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
02/18/10

Payee name
Office Depot
Payee address; City; State; Zip Code
3713 Colony Drive
SA Tx 78230

Amount (\$)
212.87

Purpose of payment (See instructions regarding type of information required.)
Office Supplies
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
02/18/10

Payee name
Green Fields Market
Payee address; City; State; Zip Code
19239 Stone Oak Pkwy #117
SA Tx 78258

Amount (\$)
132.18

Purpose of payment (See instructions regarding type of information required.)
Business Meeting
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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