



# 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.

GENERAL  
 SPECIFIC

additional pages

COMMITTEE NAME: Friends for Nelson W. Wolff

COMMITTEE ADDRESS: P.O. Box 690187, San Antonio, TX 78269

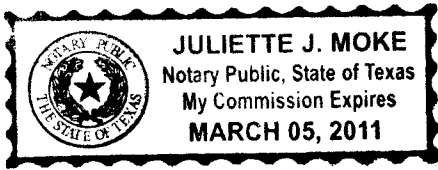
COMMITTEE CAMPAIGN TREASURER NAME: Bruce E. Parker

COMMITTEE CAMPAIGN TREASURER ADDRESS: 29607 Fairway Bluff, Fair Oaks Ranch, TX 78015

<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)	\$ 6,000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 200.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,090.38
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,870.58
<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 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 25<sup>th</sup> day of October, 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: <p style="text-align: center;">1</p>	
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SARPAC	7 Amount of contribution (\$)  5000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9110 IH 10 West Ste 1 SA Tx 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda V Johnson	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2 Lake Bridge Dr SA Tx 78248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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

# 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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/14/10	<b>5</b> Payee name San Antonio Area Foundation	
<b>6</b> Amount (\$) 2000.00	<b>7</b> Payee address; City; State; Zip Code 110 Broadway Ste 230 SA Tx 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Donation	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/14/10	Payee name Tommy Adkisson Campaign	
Amount (\$) 2500.00	Payee address; City; State; Zip Code 2823 E Southcross SA Tx 78223	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/15/10	Payee name Office Depot	
Amount (\$) 159.94	Payee address; City; State; Zip Code 3731 Colony Drive SA Tx 78230	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/15/10	Payee name Jim's Restaurant	
Amount (\$) 72.39	Payee address; City; State; Zip Code 11006 IH 10 West SA Tx 78230	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Business Meeting	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held

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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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/15/10	<b>5</b> Payee name Southwest Airline	
<b>6</b> Amount (\$) 926.80	<b>7</b> Payee address; City; State; Zip Code 8008 Cedar Springs Dallas, TX 78235	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Travel	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> 10/15/10	<b>Payee name</b> San Diego Padres	
<b>Amount (\$)</b> 129.00	<b>Payee address; City; State; Zip Code</b> 100 Park Blvd. San Diego, CA 92101	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Travel Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> 10/15/10	<b>Payee name</b> Hilton Advance Purchase	
<b>Amount (\$)</b> 201.61	<b>Payee address; City; State; Zip Code</b> PO Box 9025, Addison, Tx 38117	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Travel Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> 10/15/10	<b>Payee name</b> El Mirador Restaurant	
<b>Amount (\$)</b> 79.23	<b>Payee address; City; State; Zip Code</b> 722 St Mary's Street SA Tx 78205	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Business Meeting	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10/20/10	<b>5</b> Payee name San Antonio Bar Foundation
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<b>6</b> Amount (\$) 150.00	<b>7</b> Payee address; City; State; Zip Code 100 Dolorosa Ste 500 SA Tx 78205
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Membership Dues	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/10	Payee name Trinity University Press
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Amount (\$) 598.80	Payee address; City; State; Zip Code One Trinity Place SA Tx 78212
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T)
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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 10/20/10	Payee name Alzafar Shrine Center
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Amount (\$) 70.00	Payee address; City; State; Zip Code 901 North Loop 1604 W SA Tx 78232
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 1

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

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  
 Southwest Airline, San Diego Padres, Hilton Advance Purchase

5 Contribution / Expenditure reported on:  
 Schedule A    Schedule B    Schedule C    Schedule D    Schedule F    Schedule G  
 Schedule H    Schedule N    COH-UC    COH-T    PAC-C    PAC-E

6 Dates of travel 09/27/10  thru  09/28/10	7 Name of person(s) traveling Nelson W. Wolff
	8 Departure city or name of departure location San Antonio, TX
	9 Destination city or name of destination location San Diego, CA

10 Means of transportation Southwest Airline	11 Purpose of travel (including name of conference, seminar, or other event) PETCO-Co-Headquarters, Shared Services Center Proposal
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:  
 Schedule A    Schedule B    Schedule C    Schedule D    Schedule F    Schedule G  
 Schedule H    Schedule N    COH-UC    COH-T    PAC-C    PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:  
 Schedule A    Schedule B    Schedule C    Schedule D    Schedule F    Schedule G  
 Schedule H    Schedule N    COH-UC    COH-T    PAC-C    PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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