

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  32
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI  NICKNAME                      LAST                      SUFFIX  Nelson                      W Wolff	<b>OFFICE USE ONLY</b> Date Received 2011 JUL -8 AM 10:40 BEXAR COUNTY FILED IN MY OFFICE JACQUELYN F. CALLANEN ELECTIONS ADMINISTRATOR Date Hand-delivered or Date Postmarked Receipt #                      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 107 Regents Park, San Antonio, TX 78230		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 210 )                      335-2850		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI  NICKNAME                      LAST                      SUFFIX  Bruce                      E Parker		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 29607 Fairway Bluff, Fair Oaks Ranch, TX 78015		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 210 )                      573-8554		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 01 / 01 / 2011                      06 / 30 / 2011		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year /                      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Constitutional County Judge	<b>13 OFFICE SOUGHT (if known)</b> Constitutional County Judge	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	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		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

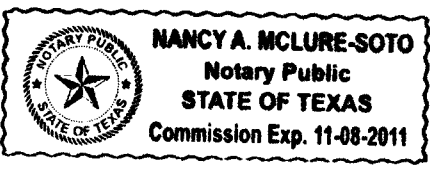
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <p style="text-align:center">Nelson W. Wolff</p>	<b>16 ACCOUNT #</b> (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	<small>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.</small>	
	<b>COMMITTEE TYPE</b>  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<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)	\$ 70,200.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,181.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,485.07
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 84,047.32
<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 6 day of July, 20 11, to certify which, witness my hand and seal of office.

*Nancy A. McLure-Soto*      Nancy A. McLure-Soto      Notary Public  
 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: <span style="font-size: 1.5em; margin-left: 20px;">17</span>	
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/4/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John L Hendry III 6 Contributor address; City; State; Zip Code 321 Argle SA Tx 78209	7 Amount of contribution (\$)  100.00  (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 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan A Catalani Contributor address; City; State; Zip Code 1500 S Zarzamora SA Tx 78207	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 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Starr Contributor address; City; State; Zip Code 7334 Blanco Rd #200 SA Tx 78216	Amount of contribution (\$)  2000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Weir Vale Contributor address; City; State; Zip Code 102 E Hollywood Ave SA Tx 78212	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 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles E Cheever Jr Contributor address; City; State; Zip Code 604 Ridgemont Ave 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)	

**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

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2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/4/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Brown 6 Contributor address; City; State; Zip Code 2008 NW Military Hwy SA Tx 78213	7 Amount of contribution (\$)  500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton J Bolner Contributor address; City; State; Zip Code 110 W Lynwood Ave SA Tx 78212	Amount of contribution (\$)  100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Biggs Contributor address; City; State; Zip Code #2 Glendalough Ct SA Tx 78209	Amount of contribution (\$)  250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4/11	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 (\$)  500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S Barshop Investments Ltd. Contributor address; City; State; Zip Code 900 Isom Rd #300 SA Tx 78216	Amount of contribution (\$)  2000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/4/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston H Harte	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 17424 SA Tx 78217		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin & Drought PC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Convent St25th Floor SA Tx 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom E Turner	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 171720 SA Tx 78217		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemary E Kowalski	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code One Towers Park Lane 1512 SA Tx 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Dawson	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 129 Turnberry Way SA Tx 78230		(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 3/7/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe C McKinney 6 Contributor address; City; State; Zip Code 6110 Yorkshire Dr Spring Branch, Tx 78070	7 Amount of contribution (\$)  100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/7/11	Full name of contributor <input type="checkbox"/> 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 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A L Hernden Contributor address; City; State; Zip Code 4326 Springview Dr SA Tx 78222	Amount of contribution (\$)  1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W Marvin Rush Contributor address; City; State; Zip Code PO Box 34630 SA Tx 78265	Amount of contribution (\$)  1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Allen Hughes Jr Contributor address; City; State; Zip Code PO Box 14 Beeville, Tx 78104	Amount of contribution (\$)  250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	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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2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p>3/7/11</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Thomas Drought</p>	7 Amount of contribution (\$) <p>200.00</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p>112 East Pecan St SA Tx 78205</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p>3/7/11</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>W W McAllister III</p>	Amount of contribution (\$) <p>100.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>4940 Broadway #305 SA Tx 78209</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p>3/7/11</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Henry G Cisneros</p>	Amount of contribution (\$) <p>200.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>454 Soledad St #300 SA Tx 78205</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p>3/7/11</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>George C Hixon</p>	Amount of contribution (\$) <p>1000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>315 E Commerce #300 SA Tx 78205</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p>3/7/11</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>Halff Associates State PAC</p>	Amount of contribution (\$) <p>1000.00</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p>1201 North Bowser Rd SA Tx 75081</p>		(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 3/12/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George E Block Jr 6 Contributor address; City; State; Zip Code 2402 Benrus Blvd SA Tx 78228	7 Amount of contribution (\$)  500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/12/11	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 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G Hasslocher Contributor address; City; State; Zip Code 8520 Crownhill Blvd SA Tx 78209	Amount of contribution (\$)  500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter F Brown Contributor address; City; State; Zip Code 213 Sir Arthur Ct SA Tx 78213	Amount of contribution (\$)  5000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D Beldon Contributor address; City; State; Zip Code PO Box 13380 SA Tx 78213	Amount of contribution (\$)  200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	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

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  
3/14/11

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Louis Scantland

6 Contributor address; City; State; Zip Code

9 Justinian Lane  
SA Tx 78257

7 Amount of contribution (\$)

250.00

(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  
3/14/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Patrick H Swearingen

Contributor address; City; State; Zip Code

310 Argyle  
SA Tx 78209

Amount of contribution (\$)

200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/14/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Edward E. Collins III

Contributor address; City; State; Zip Code

202 Madison  
SA Tx 78204

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/14/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jack Guenther

Contributor address; City; State; Zip Code

153 Treeline Park #300  
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  
3/14/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Virgil K Knowlton

Contributor address; City; State; Zip Code

18226 FM 2252  
SA Tx 78266

Amount of contribution (\$)

2000.00

(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

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2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty S Kelso 6 Contributor address; City; State; Zip Code 640 Ivy Lane SA Tx 78209	7 Amount of contribution (\$)  1000.00  <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard W Evans Jr Contributor address; City; State; Zip Code 315 Terrell Rd SA Tx 78209	Amount of contribution (\$)  1000.00  <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George W Mauze II Contributor address; City; State; Zip Code 2632 Broadway #101 SA Tx 78215	Amount of contribution (\$)  1000.00  <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry R Baumgardner Contributor address; City; State; Zip Code PO Box 340 Spring Branch, Tx 78070	Amount of contribution (\$)  1000.00  <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raba-Kistner PAC Contributor address; City; State; Zip Code PO Box 690287 SA Tx 78269	Amount of contribution (\$)  2000.00  <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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4 Date 3/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAN - PAC	6 Contributor address; City; State; Zip Code 2925 Briarpark Dr 4th Floor Houston, TX 77042	7 Amount of contribution (\$) 1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 3/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan M Brown	Contributor address; City; State; Zip Code 19122 La Verita SA Tx 78258	Amount of contribution (\$) 1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 3/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul J Bury III	Contributor address; City; State; Zip Code 221 W 6th St #600 Austin, Tx 78701	Amount of contribution (\$) 1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 3/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John E Carlson Jr	Contributor address; City; State; Zip Code 210 Geddington Shavano Park, Tx 78249	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 3/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George P Vaughn	Contributor address; City; State; Zip Code 26442 Walden Oak SA Tx 78260	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="float: right; font-size: 1.5em;">17</span>	
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Reed 6 Contributor address; City; State; Zip Code 7317 Ashton Pl SA Tx 78229	7 Amount of contribution (\$)  250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Mc Lynn Johnson Jr Contributor address; City; State; Zip Code 2 Lake Bridge Dr SA Tx 78248	Amount of contribution (\$)  100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter M Holt Contributor address; City; State; Zip Code 2191 Little Blanco Rd Blanco, Tx 78606	Amount of contribution (\$)  5000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D Moore Contributor address; City; State; Zip Code 17918 Texas Emmy Ln SA Tx 78258	Amount of contribution (\$)  250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L Lowry Mays Contributor address; City; State; Zip Code PO Box 659512 SA Tx 78265	Amount of contribution (\$)  1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="float: right; font-size: 1.5em;">17</span>	
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/25/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John W Feik 6 Contributor address; City; State; Zip Code 221 Geneseo Rd SA Tx 78209	7 Amount of contribution (\$)  250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John D Likovich Contributor address; City; State; Zip Code 236 Kign William SA Tx 78204	Amount of contribution (\$)  500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles E Amato Contributor address; City; State; Zip Code 9311 San Pedro Ave #600 SA Tx 78216	Amount of contribution (\$)  1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cosmo F Guido Contributor address; City; State; Zip Code 8426 Vidor SA Tx 78216	Amount of contribution (\$)  100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J Cary Barton Contributor address; City; State; Zip Code One Riverwalk Place #1825 SA Tx 78205	Amount of contribution (\$)  250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	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

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 3/25/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Sheldon 6 Contributor address; City; State; Zip Code 4006 Green Oak Dr Waco, TX 76710	7 Amount of contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 3/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd A Denton Jr Contributor address; City; State; Zip Code 11 Lynn Batts Lane #101 SA Tx 78218	Amount of contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
-----------------	--	--	--

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WM Eugene Powell Contributor address; City; State; Zip Code 11 Lynn Batts Lane #100 SA Tx 78218	Amount of contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne S Alexander Contributor address; City; State; Zip Code 2 Lost Timbers SA Tx 78248	Amount of contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen K Groves Contributor address; City; State; Zip Code 700 N St Marys #1200 SA Tx 78205	Amount of contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

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# 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;">17</span>	
2 FILER NAME <p style="text-align:center;">Nelson W. Wolff</p>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/1/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert D Kelleher 6 Contributor address; City; State; Zip Code PO Box 36611 Dallas, Tx 75235	7 Amount of contribution (\$)  250.00  (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 4/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew Cauthorn Contributor address; City; State; Zip Code 427 Evans Ave 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 4/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard M Kleberg III Contributor address; City; State; Zip Code PO Box 17777 SA Tx 78217	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 4/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulbright & Jaworski LLP Contributor address; City; State; Zip Code 1301 McKinney #5100 Houston, Tx 77010	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 4/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James C Hasslocher Contributor address; City; State; Zip Code 129 Haskin 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)		

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# 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

4/5/11

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

NuStar PAC

6 Contributor address; City; State; Zip Code

2330 North Loop 1604 West  
SA Tx 78248

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

4/5/11

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

Linebarger Goggan Blair & Sampson LLP

Contributor address; City; State; Zip Code

PO Box 17428  
Austin, Tx 78760

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/11

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

John T Montford

Contributor address; City; State; Zip Code

1 Buckingham Court  
SA Tx 78257

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

4/18/11

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

Derek E Naiser

Contributor address; City; State; Zip Code

104 Summer Gln  
Boerne, Tx 78006

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

4/18/11

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

Charles G Johnson Jr

Contributor address; City; State; Zip Code

2943 Stokely Hill  
SA Tx 78258

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)

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# 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 4/18/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert L Worth Jr 6 Contributor address; City; State; Zip Code 217 College Blvd SA Tx 78209	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 4/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Martin Wender Contributor address; City; State; Zip Code 8023 Vantage #200 SA Tx 78230	Amount of contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald J Herrmann Contributor address; City; State; Zip Code 5005 West Ave #100 SA Tx 78213	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 4/21/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J P Zachry Contributor address; City; State; Zip Code 310 S St Marys SA Tx 78205	Amount of contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/21/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey E Najim Contributor address; City; State; Zip Code 33 Champion Tr SA Tx 78258	Amount of contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

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# 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="font-size: 1.5em; margin-left: 20px;">17</span>	
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/29/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean F Hu 6 Contributor address; City; State; Zip Code 547 Country Ln SA Tx 78209	7 Amount of contribution (\$)  300.00  (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 4/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edith McAllister Contributor address; City; State; Zip Code 203 Terrell Road 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 4/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David A Spencer Contributor address; City; State; Zip Code 26610 Harmony Hills SA Tx 78258	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 5/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark D Granados Contributor address; City; State; Zip Code 112 Warbler Way Shavano Park, Tx 78231	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 5/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith N Morton Contributor address; City; State; Zip Code 1919 Oakwell Farms Pkwy #270 SA Tx 78218	Amount of contribution (\$)  500.00  (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

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 5/23/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Scanlan Jr 6 Contributor address; City; State; Zip Code 112 E Pecan St #3000 SA Tx 78205	7 Amount of contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 6/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Weiss Contributor address; City; State; Zip Code 8207 Callaghan Rd #400 SA Tx 78230	Amount of contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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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)
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(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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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(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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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: 12	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	--	---

<b>4</b> Date 1/10/11	<b>5</b> Payee name Fogo De Chao
--------------------------	-------------------------------------

<b>6</b> Amount (\$) 207.91	<b>7</b> Payee address; City; State; Zip Code 849 E Commerce, SA Tx 78205
--------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) 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 1/10/11	Payee name Apple Store
-----------------	---------------------------

Amount (\$) 960.10	Payee address; City; State; Zip Code 15900 La Cantera Pkwy, SA Tx 78256
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	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 1/10/11	Payee name Green Fields Market
-----------------	-----------------------------------

Amount (\$) 183.07	Payee address; City; State; Zip Code 19239 Stone Oak Pkwy, SA Tx 78258
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	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 1/13/11	Payee name Neighborhood First Alliance
-----------------	---

Amount (\$) 250.00	Payee address; City; State; Zip Code 3607 Tuscany Dr, SA Tx 78219
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	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: <b>12</b>	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1/31/11	<b>5</b> Payee name Free Trade Alliance Education Foundation
--------------------------	---

<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code 203 S St Marys #130, SA Tx 78205
--------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(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
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Date 1/31/11	Payee name All American Burger Festival
-----------------	--

Amount (\$) 100.00	Payee address; City; State; Zip Code 1624 E Commerce St, SA Tx 78205
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	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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Date 1/25/11	Payee name Bexar County Family Justice Center Foundation
-----------------	---

Amount (\$) 750.00	Payee address; City; State; Zip Code 300 Dolorosa #1019, SA Tx 78205
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	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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Date 2/3/11	Payee name Lady Bird Johnson HS Speech & Debate Team
----------------	---

Amount (\$) 100.00	Payee address; City; State; Zip Code 23203 Bulverde Rd, SA Tx 78259
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	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: <p style="text-align: center;">12</p>	<b>2</b> FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/16/11	<b>5</b> Payee name Stowers Furniture
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<b>6</b> Amount (\$) 517.92	<b>7</b> Payee address; City; State; Zip Code 210 Rector, SA Tx 78216
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Office Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/16/11	Payee name Office Depot
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Amount (\$) 87.55	Payee address; City; State; Zip Code 3713 Colony Dr, SA Tx 78230
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/16/11	Payee name Office Depot
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Amount (\$) 86.45	Payee address; City; State; Zip Code 3713 Colony DR, SA Tx 78230
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/16/11	Payee name UTSA Athletics
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Amount (\$) 720.00	Payee address; City; State; Zip Code One UTSA Circle, SA Tx 78249
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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**

# 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: <p style="text-align:center; font-size: 1.2em;">12</p>	<b>2</b> FILER NAME <p style="text-align:center;">Nelson W. Wolff</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/16/11	<b>5</b> Payee name Mingo	
<b>6</b> Amount (\$) 280.00	<b>7</b> Payee address; City; State; Zip Code 1023 Basse Rd, SA Tx 78212	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Office Expense	<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 2/18/11	Payee name St Leo the Great Annual Scholarship Gala	
Amount (\$) 250.00	Payee address; City; State; Zip Code 119 Octavia, SA Tx 78214	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	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 2/28/11	Payee name Verizon Wireless	
Amount (\$) 141.46	Payee address; City; State; Zip Code PO Box 4001, Acworth, GA 30101	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	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 3/31/11	Payee name AlphaGraphics	
Amount (\$) 242.28	Payee address; City; State; Zip Code 9991 IH 10 West, SA Tx 78230	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**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: <p style="text-align: center;">12</p>	<b>2</b> FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/3/11	<b>5</b> Payee name Cesar Chavez Legacy Education Foundation
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<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 1504 E Commerce, 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) Contribution	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/3/11	Payee name Claude & Zernong Black Developmental Leadership Foundation
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Amount (\$) 500.00	Payee address; City; State; Zip Code 622 S Hackberry, SA Tx 78203
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contribution	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/8/11	Payee name Rey Saldana Campaign
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Amount (\$) 500.00	Payee address; City; State; Zip Code 1730 W Mally, SA Tx 78224
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contribuiton	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/8/11	Payee name Julie Moke
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Amount (\$) 308.00	Payee address; City; State; Zip Code 100 Dolorosa, SA Tx 78205
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Office Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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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: <p style="text-align: center; font-size: 1.5em;">12</p>	<b>2</b> FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/10/11	<b>5</b> Payee name Cris Medina Campaign	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 5975 Bandera Rd, SA Tx 78238	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contribution	<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		
Date 3/11/11	Payee name Verizon Wireless	Office sought Office held
Amount (\$) 421.64	Payee address; City; State; Zip Code 15188 IH 10 West, SA Tx 78249	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/11/11	Payee name Apple Store	Office sought Office held
Amount (\$) 86.45	Payee address; City; State; Zip Code 1500 La Cantera Blvd, SA Tx 78256	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/11/11	Payee name US Postmaster	Office sought Office held
Amount (\$) 88.00	Payee address; City; State; Zip Code Arsenal Station, SA Tx 78249	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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: 12		<b>2</b> FILER NAME Nelson W. Wolff		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 3/16/11		<b>5</b> Payee name San Antonio Symphony			
<b>6</b> Amount (\$) 888.10		<b>7</b> Payee address; City; State; Zip Code PO Box 658, SA Tx 78293			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Contribution		<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 3/18/11		Payee name Bud Little District 10 Council Campaign			
Amount (\$) 500.00		Payee address; City; State; Zip Code 4431 Bayliss, SA Tx 78233			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		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 3/21/11		Payee name Verizon Wireless			
Amount (\$) 152.66		Payee address; City; State; Zip Code PO Box 105378, Atlanta, GA 30348			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Expense		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 4/6/11		Payee name KSYM 2011 Pledge Drive			
Amount (\$) 250.00		Payee address; City; State; Zip Code 1300 San Pedro, SA Tx 78212			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		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: 12		<b>2</b> FILER NAME Nelson W. Wolff		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 4/6/11		<b>5</b> Payee name Heart of Texas Promotional Products			
<b>6</b> Amount (\$) 1048.82		<b>7</b> Payee address; City; State; Zip Code 26959 Cynthia Drive, SA Tx 78266			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense		<b>(b)</b> 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 4/18/11		Payee name San Antonio Rose Live			
Amount (\$) 183.00		Payee address; City; State; Zip Code 104 N St Marys, SA Tx 78205			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		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 4/18/11		Payee name Verizon Wireless			
Amount (\$) 159.45		Payee address; City; State; Zip Code PO Box 105378, Atlanta, GA 30348			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Expense		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 4/18/11		Payee name Roy Fletcher			
Amount (\$) 3507.30		Payee address; City; State; Zip Code 11843 Braesview, SA Tx 78213			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising Expense		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: <p style="text-align:center">12</p>	<b>2</b> FILER NAME <p style="text-align:center">Nelson W. Wolff</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/18/11	<b>5</b> Payee name Alpha Graphics
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<b>6</b> Amount (\$) 432.21	<b>7</b> Payee address; City; State; Zip Code 9991 IH 10 West, SA Tx 78230
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fundraising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/11	Payee name Bexar County Clerk
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Amount (\$) 1248.13	Payee address; City; State; Zip Code 101 W Nueva #109, SA Tx 78205
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Travel Outside of District	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/13/11	Payee name Saks Fifth Ave
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Amount (\$) 83.57	Payee address; City; State; Zip Code 611 5th Ave, NY NY 1022
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Gift Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/23/11	Payee name Verizon Wireless
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Amount (\$) 83.19	Payee address; City; State; Zip Code PO Box 105378, Atlanta, GA 30348
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T)
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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: 12	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 6/1/11	<b>5</b> Payee name Cris Medina Campaign
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<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 5975 Bandera Rd, SA Tx 78238
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/6/11	Payee name Bexar County Democratic Party
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Amount (\$) 500.00	Payee address; City; State; Zip Code PO Box 12534, SA Tx 78212
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/20/11	Payee name Verizon Wireless
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Amount (\$) 133.87	Payee address; City; State; Zip Code PO Box 105378, Atlanta, GA 30348
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/21/11	Payee name Southwest Voter Registration Education Project
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 206 Lombard St, SA Tx 78226
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T)
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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 Expense | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense         | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense              | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                       | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>12</b>	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 6/16/11	<b>5</b> Payee name San Antonio Hispanic Chamber
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<b>6</b> Amount (\$) 3495.00	<b>7</b> Payee address; City; State; Zip Code 200 E Grayson St #203, 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) Travel Out of District	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/16/11	Payee name Palm Restaurant
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Amount (\$) 93.34	Payee address; City; State; Zip Code 233 E Houston, SA Tx 78205
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/16/11	Payee name Credit Card Center
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Amount (\$) 1567.47	Payee address; City; State; Zip Code Various Payees in Spain with SA Hispanic Chamber
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Out of District	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/16/11	Payee name Delta Airlines
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Amount (\$) 1538.00	Payee address; City; State; Zip Code PO Box 20706, Atlanta, GA 30320
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Out of District	Description (If travel outside of Texas, complete Schedule T)
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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: 12	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 6/24/11	<b>5</b> Payee name Texans for Henry Cuellar
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<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code PO Box 6147, Laredo, TX 78042
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contribution	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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 <u>ONLY</u> 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 Nelson W. Wolff

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  
Bexar County Clerk

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  
04/13/11  
thru  
04/18/11

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  
New York, NY

10 Means of transportation  
Continental Airlines

11 Purpose of travel (including name of conference, seminar, or other event)  
Children's Hospital Fact Finding Tour/Arena Visitor Tax Revenue

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  
San Antonio Hispanic Chamber/Delta Air Lines/Various Travel Expenses in Spain

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  
05/14/11  
thru  
05/21/11

Name of person(s) traveling  
Nelson W. Wolff

Departure city or name of departure location  
San Antonio, TX

Destination city or name of destination location  
Madrid - Sevilla - Barcelona, Spain

Means of transportation  
Delta Airlines

Purpose of travel (including name of conference, seminar, or other event)  
Trade & Cultural Mission

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**