

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:  26
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Nelson		W.	
Wolff			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	107 Regents Park, San Antonio, TX 78230		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 210 )	335-2850	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Bruce		E.	
Parker			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	29607 Fairway Bluff, Fair Oaks Ranch, TX 78015		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 210 )	573-8554	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	07	01	2011
	THROUGH	Month	Day
		12	31
			2011
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
			<input type="checkbox"/> Primary
			<input type="checkbox"/> Runoff
			<input type="checkbox"/> General
			<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Constitutional County Judge		Constitutional County Judge

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


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

<b>14 C/OH NAME</b> <p style="text-align:center">Nelson W. Wolff</p>	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="text-align:center">Friends for Nelson W. Wolff</p>
		COMMITTEE ADDRESS <p style="text-align:center">P.O. Box 690187, San Antonio, TX 78269</p>
		COMMITTEE CAMPAIGN TREASURER NAME <p style="text-align:center">Bruce E. Parker</p>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <p style="text-align:center">29607 Fairway Bluff, Fair Oaks Ranch, TX 78015</p>

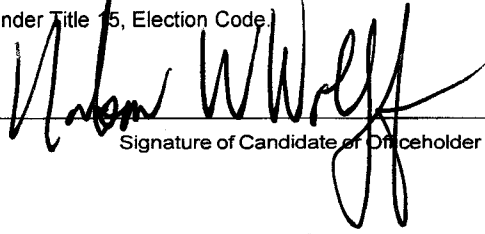
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,314.03
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,401.19
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 58,146.13
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 AFFIDAVIT**

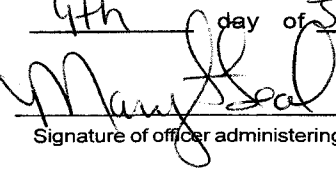


AFFIX NOTARY STAMP / SEAL ABOVE

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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nelson W. Wolff, this the 9th day of January, 2012, to certify which, witness my hand and seal of office.

 \_\_\_\_\_  
 Signature of officer administering oath

Mary F Leal  
 Printed name of officer administering oath

\_\_\_\_\_  
 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME  Nelson W. Wolff		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/12/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward B Kelly 6 Contributor address; City; State; Zip Code 2 Mallory Lane SA Tx 78257	7 Amount of contribution (\$)  500.00  (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 7/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas P Duncan Contributor address; City; State; Zip Code 528 Cordillera Trce Boerne, Tx 78006	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 7/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James A Broaddus Contributor address; City; State; Zip Code 605 Rainbow Cove Austin, Tx 78746	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 7/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis E Rowe Campaign Contributor address; City; State; Zip Code 12042 Blance Rd #200 SA Tx 78216	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 7/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John S Crane Contributor address; City; State; Zip Code 2722 Talbott St Houston, Tx 77005	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)	

**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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME  Nelson W. Wolff		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/12/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W Plack Carr III 6 Contributor address; City; State; Zip Code 551 Elizabeth Rd SA Tx 78209	7 Amount of contribution (\$)  500.00  (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 7/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/Texas Association of Realtors PAC Contributor address; City; State; Zip Code PO Box 2246 Austin, Tx 78768	Amount of contribution (\$)  2500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark E Watson Jr Contributor address; City; State; Zip Code PO Box 6886 SA Tx 78209	Amount of contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/02/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry R Munoz III Contributor address; City; State; Zip Code 235 W Kings Hwy SA Tx 78212	Amount of contribution (\$)  1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplin McLaughlin Diaz Contributor address; City; State; Zip Code 222 Vallejo St San Francisco, CA 94111	Amount of contribution (\$)  5000.00  (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: **3**

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

4 Date 9/23/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael J McWay</b>	7 Amount of contribution (\$)  <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3402 Dartmouth Ave Dallas, Tx 75205</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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)

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**  
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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>20</b>	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 7/1/11	<b>5</b> Payee name The Fund	
<b>6</b> Amount (\$) 1000.00	<b>7</b> Payee address; City; State; Zip Code 1149 E Commerce #207, SA Tx 78205	
<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 7/12/11	Payee name Majestic Theatre	
Amount (\$) 182.00	Payee address; City; State; Zip Code 224 E Houston 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
Date 7/12/11	Payee name Pizzini Designs & Events	
Amount (\$) 225.98	Payee address; City; State; Zip Code 9826 McCullough, SA Tx 78216	
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 7/12/11	Payee name J Alexanders	
Amount (\$) 63.25	Payee address; City; State; Zip Code 255 E Basse Rd, SA Tx 78209	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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)

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<b>1</b> Total pages Schedule F: <b>20</b>	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 7/12/11	<b>5</b> Payee name Southwest Airlines	
<b>6</b> Amount (\$) 2519.80	<b>7</b> Payee address; City; State; Zip Code PO Box 36647-1CR, Dallas, Tx 75235	
<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)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 7/12/11	Payee name National Association of Counties	
Amount (\$) 490.00	Payee address; City; State; Zip Code 25 Massachusetts Ave, Washington, DC 20001	
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 7/12/11	Payee name Four Seasons Hotel	
Amount (\$) 1191.16	Payee address; City; State; Zip Code 2800 Pennsylvania Ave, Washington, DC 20007	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 7/25/11	Payee name Verizon Wireless	
Amount (\$) 144.10	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

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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)

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<b>1</b> Total pages Schedule F: <b>20</b>	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 8/1/11	<b>5</b> Payee name Legal Eats	
<b>6</b> Amount (\$) 206.80	<b>7</b> Payee address; City; State; Zip Code 300 Dolorosa, SA Tx 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food 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 8/9/11	Payee name Muscular Dystrophy Association	
Amount (\$) 300.00	Payee address; City; State; Zip Code 3300 E Sunrise Dr Tucson, AZ 85718	
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 8/11/11	Payee name Lonnie Irvin Lodge	
Amount (\$) 50.00	Payee address; City; State; Zip Code 1611 Arroya Vista SA Tx 78213	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Dues	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 8/15/11	Payee name San Antonio Food Bank	
Amount (\$) 200.00	Payee address; City; State; Zip Code 500 Old Hwy 90 SA Tx 78227	
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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 8/15/11	<b>5</b> Payee name Liberty Bar
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<b>6</b> Amount (\$) 66.51	<b>7</b> Payee address; City; State; Zip Code 1111 S Alamo SA Tx 78210
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(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 8/15/11	Payee name Southwest Airlines
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Amount (\$) 566.80	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, Tx 75235
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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 8/15/11	Payee name Palm Restaurant
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Amount (\$) 65.79	Payee address; City; State; Zip Code 223 E HoustonSt SA Tx 78205
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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 8/15/11	Payee name The Benson Hotel
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Amount (\$) 257.63	Payee address; City; State; Zip Code 309 SW Broadway Portland, OR 97205
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Canceled Trip	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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 8/15/11	<b>5</b> Payee name Tony's
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<b>6</b> Amount (\$) 149.38	<b>7</b> Payee address; City; State; Zip Code 3755 Richmond Ave Houston, Tx 77005
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(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 8/15/11	Payee name FTD Suchy's Flowers
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Amount (\$) 72.00	Payee address; City; State; Zip Code 3113 Woodcreek Dr Downers Grove, IL 60515
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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 8/15/11	Payee name Little Red Barn
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Amount (\$) 94.89	Payee address; City; State; Zip Code 1836 S Hackberry SA Tx 78210
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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 8/15/11	Payee name Apple Store
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Amount (\$) 85.42	Payee address; City; State; Zip Code 15900 La Cantera SA Tx 78256
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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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**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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 8/15/11	<b>5</b> Payee name Tre Trattoria
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<b>6</b> Amount (\$) 318.43	<b>7</b> Payee address; City; State; Zip Code 4003 Broadway, SA Tx 78209
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(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 8/17/11	Payee name Legal Eats
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Amount (\$) 224.77	Payee address; City; State; Zip Code 300 Dolorosa SA Tx 78205
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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 8/18/11	Payee name Southwest Voter Registration Education Project
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 206 Lombard 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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Date 8/23/11	Payee name Bexar County Democratic Party
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Amount (\$) 2500.00	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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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">20</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 8/23/11	<b>5</b> Payee name Verizon Wireless
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<b>6</b> Amount (\$) 144.75	<b>7</b> Payee address; City; State; Zip Code PO Box 105378Atlanta, GA 30348
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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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<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 8/24/11	Payee name UTSA Athletics
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Amount (\$) 810.00	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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Date 9/13/11	Payee name Southwest Airlines
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Amount (\$) 303.90	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, Tx 75231
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Travel in 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 9/13/11	Payee name Office Depot
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Amount (\$) 184.77	Payee address; City; State; Zip Code 3731 Colony 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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**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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/13/11	<b>5</b> Payee name Hertz Rent-a-Car	
<b>6</b> Amount (\$) 389.03	<b>7</b> Payee address; City; State; Zip Code 6300 San Mateo NE Albuquerque, NM 87109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Travel Outside District	<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 9/13/11	Payee name ElDorado Hotel	
Amount (\$) 854.76	Payee address; City; State; Zip Code 309 W San Francisco St Snate Fe NM 87501	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 9/13/11	Payee name Timbo's	
Amount (\$) 50.76	Payee address; City; State; Zip Code 1639 Broadway SA Tx 78215	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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 9/13/11	Payee name Stowers Furniture	
Amount (\$) 3349.71	Payee address; City; State; Zip Code 210 W Rector SA Tx 78216	
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

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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>20</b>	<b>2</b> FILER NAME Nelson W. Wolff		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/13/11	<b>5</b> Payee name Justin Rodriguez Campaign		
<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 2712 Hillcrest SA Tx 78228		
<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 9/14	Payee name Legal Eats		
Amount (\$) 189.87	Payee address; City; State; Zip Code 300 Dolorosa SA Tx 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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 9/15/11	Payee name Joaquin Castro Campaign		
Amount (\$) 1000.00	Payee address; City; State; Zip Code PO Box 2910 SA Tx 78768		
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 9/19/11	Payee name Rey Saldana Campaign		
Amount (\$) 500.00	Payee address; City; State; Zip Code 1730 W Mally Blvd SA Tx 78224		
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">20</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 9/21/11	<b>5</b> Payee name South San Antonio Chamber of Commerce
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<b>6</b> Amount (\$) 1000.00	<b>7</b> Payee address; City; State; Zip Code 7902 Challenger Dr SA Tx 78235
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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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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/20/11	Payee name Verizon Wireless
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Amount (\$) 162.72	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/11	Payee name Elise Chan Campaign
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Amount (\$) 200.00	Payee address; City; State; Zip Code PO Box 592147 SA Tx 78259
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/4/11	Payee name Legal Eats
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Amount (\$) 69.98	Payee address; City; State; Zip Code 300 Dolorosa SA Tx 78205
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food Expense	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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# 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">20</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 10/13/11	<b>5</b> Payee name South Texas Hispanic Fund
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<b>6</b> Amount (\$) 1250.00	<b>7</b> Payee address; City; State; Zip Code 110 Broadway Ste 230 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 10/13/11	Payee name Southwest Airlines
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Amount (\$) 751.80	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, Tx 75235
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Travel in 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 10/13/11	Payee name J Alexanders
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Amount (\$) 85.36	Payee address; City; State; Zip Code 255 E Basse Rd #1300 SA Tx 78209
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food 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 10/13/11	Payee name Office Depot
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Amount (\$) 310.30	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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**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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/19/11	<b>5</b> Payee name Neighborhood First Alliance	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 3607 Tuscany Dr SA Tx 78219	
<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
Date 10/24/11	Payee name Verizon Wireless	
Amount (\$) 80.97	Payee address; City; State; Zip Code PO Box 105378 Atlanta, GA 30348	
<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	Candidate / Officeholder name	Office sought      Office held
Date 11/2/11	Payee name New Covenant Missionary Babtist Church	
Amount (\$) 250.00	Payee address; City; State; Zip Code 1107 SE Loop 410 SA Tx 78220	
<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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/4/11	Payee name San Antonio Liederkranz	
Amount (\$) 100.00	Payee address; City; State; Zip Code PO Box 12442 SA Tx 78212	
<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)
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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/19/11	<b>5</b> Payee name The Wall Street Journal
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<b>6</b> Amount (\$) 577.38	<b>7</b> Payee address; City; State; Zip Code 200 Burnett Rd Chicopee, MA 01020
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Expense	(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 11/12/11	Payee name Southwest Airlines
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Amount (\$) 568.10	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, Tx 75235
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) TravelOut 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 11/12/11	Payee name United Airlines
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Amount (\$) 409.70	Payee address; City; State; Zip Code PO Box 20532 Chicago IL 60666
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<b>PURPOSE OF EXPENDITURE</b>	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 11/12/11	Payee name Expedia
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Amount (\$) 1706.34	Payee address; City; State; Zip Code Travel@customercare.expedia.com
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<b>PURPOSE OF EXPENDITURE</b>	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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/12/11	<b>5</b> Payee name Four Seasons Hotel	
<b>6</b> Amount (\$) 416.48	<b>7</b> Payee address; City; State; Zip Code 2800 Pennsylvania Ave NW Washington, DC 20007	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel Out of District	(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 11/12/11	Payee name Peninsula Beverly Hills	
Amount (\$) 346.12	Payee address; City; State; Zip Code 9882 S Santa Monica Blvd Beverly Hills CA 90212	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/12/11	Payee name Little Red Barn	
Amount (\$) 54.19	Payee address; City; State; Zip Code 1836 S Hackberry SA Tx 78210	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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 11/12/11	Payee name Suchy's Flowers	
Amount (\$) 87.00	Payee address; City; State; Zip Code 955 Cincinnati Ave SA Tx 78201	
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

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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>20</b>	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/14/11	<b>5</b> Payee name Commissioner Sergio "Chico" Rodriguez Campaign	
<b>6</b> Amount (\$) 1000.00	<b>7</b> Payee address; City; State; Zip Code 638 Cantrell SA Tx 78221	
<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
Date 11/16/11	Payee name Legal Eats	
Amount (\$) 189.87	Payee address; City; State; Zip Code 300 Dolorosa SA Tx 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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 11/23/11	Payee name Liz Garza Williams Photographer LLC	
Amount (\$) 405.47	Payee address; City; State; Zip Code 202 Lazywood Trail SA Tx 78216	
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 11/23/11	Payee name Amadeo Ortiz Campaign	
Amount (\$) 250.00	Payee address; City; State; Zip Code PO Box 831486 SA Tx 78283	
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

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: <b>20</b>	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/25/11	<b>5</b> Payee name Verizon Wireless
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<b>6</b> Amount (\$) 131.21	<b>7</b> Payee address; City; State; Zip Code PO Box 105378 Atlanta GA 30348
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Expense	(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 11/30/11	Payee name Joaquin Castro Campaign
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Amount (\$) 500.00	Payee address; City; State; Zip Code 6100 Bandera Rd SA Tx 78238
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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 12/8/11	Payee name San Antonio Business Journal
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Amount (\$) 77.95	Payee address; City; State; Zip Code 8200 IH 10 West #820 SA Tx 78230
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Subscription	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 12/12/11	Payee name Kinetic Kids
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code PO Box 690993 SA Tx 78269
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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	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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/12/11	<b>5</b> Payee name Palm Restaurant	
<b>6</b> Amount (\$) 109.26	<b>7</b> Payee address; City; State; Zip Code 225 E Houston SA Tx 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food 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 12/12/11	Payee name Bruce E Parker	
Amount (\$) 1,200.00	Payee address; City; State; Zip Code 29607 Fairway Bluff, Fair Oaks Ranch, TX 78015	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting	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 12/13/11	Payee name Special Olympica Texas	
Amount (\$) 100.00	Payee address; City; State; Zip Code 4614 Lyndys Farm SA Tx 78244	
<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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/15/11	Payee name Sen. Carlos Uresti Campaign	
Amount (\$) 500.00	Payee address; City; State; Zip Code 2530 SW Military #103 SA Tx 78224	
<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)
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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/16/11	<b>5</b> Payee name Plaza Club	
<b>6</b> Amount (\$) 161.91	<b>7</b> Payee address; City; State; Zip Code 100 W Houston #2100 SA Tx 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food 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 12/23/11	Payee name Bexar County Junior Livestock Show	
Amount (\$) 100.00	Payee address; City; State; Zip Code PO Box 1187 Helotes, TX 78023	
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 12/23/11	Payee name San Antonio Bar Foundation	
Amount (\$) 150.00	Payee address; City; State; Zip Code 100 Dolorosa #500 SA Tx 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Subscription	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 12/23/11	Payee name Bexar County Family Justice Center Foundation	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code 527 North Leona SA Tx 78207	
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: 20	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/23/11	<b>5</b> Payee name Verizon Wireless	
<b>6</b> Amount (\$) 115.29	<b>7</b> Payee address; City; State; Zip Code PO Box 105378, Atlanta, GA 30348	
<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 12/27/11	Payee name The RK Group	
Amount (\$) 549.00	Payee address; City; State; Zip Code 1220 Commerce SA Tx 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food 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 12/27/11	Payee name Suchy's Flowers & Gifts	
Amount (\$) 118.50	Payee address; City; State; Zip Code 955 Cincinnati Ave. SA Tx 78201	
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 12/30/11	Payee name The Greater San Antonio Chamber of Commerce	
Amount (\$) 400.00	Payee address; City; State; Zip Code 602 E Commerce SA Tx 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Membership Dues	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>20</b>	<b>2</b> FILER NAME Nelson W. Wolff	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/30/11	<b>5</b> Payee name San Antonio Sports
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<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code PO Box 830386 SA Tx 78283
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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 12/30/11	Payee name Mitchell Lake Audobon Center
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Amount (\$) 100.00	Payee address; City; State; Zip Code 10850 Pleasanton Rd SA Tx 78221
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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
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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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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

Southwest Airlines

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

07/28/11  
thru  
08/01/11

7 Name of person(s) traveling

Nelson W. Wolff

8 Departure city or name of departure location

San Antonio

9 Destination city or name of destination location

Baltimore

10 Means of transportation

Commercial Air

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

Research for Transit System, Sportd Arena and River Expansion

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

SW Airlines Eldorado Hotel and Hertz Rent-a-Car

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

08/10/11  
thru  
08/14/11

Name of person(s) traveling

Nelson W. Wolff

Departure city or name of departure location

San Antonio

Destination city or name of destination location

Sante Fe

Means of transportation

Commercial Air

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

Meetings with the Sante Fe Opera Board of Directors

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

SW Airlines, United Airlines, Peninsula Hotel and Four Seasons Hotel

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

10/24/11  
thru  
10/27/11

Name of person(s) traveling

Nelson W. Wolff

Departure city or name of departure location

San Antonio

Destination city or name of destination location

Baltimore and Los Angeles

Means of transportation

Commercial Air

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

Missions Land Expansion and Visits with DOT on TIGER Grant

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