



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

**15 C/OH NAME** Kevin A. Wolff **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

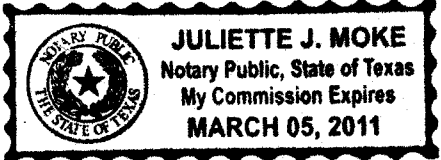
\*\* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

additional pages

<p><b>COMMITTEE TYPE</b></p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p>	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN/TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 47,690.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 43,560.89
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,605.23
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

*Kevin A. Wolff*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin A. Wolff, this the 15<sup>th</sup> day of July, 2009, to certify which, witness my hand and seal of office.

*Juliette J. Moke* JULIETTE J. MOKE 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: 1 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-13-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Thompson	7 Amount of contribution (\$)  250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-13-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Powers	Amount of contribution (\$)  500.00	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 4-13-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roberto Gonzalez	Amount of contribution (\$)  1000.00	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 4-24-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katie Reed	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7317 Ashton Place San Antonio, Texas 78229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-22-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clay Jett	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1327 Thrush Ridge San Antonio, Texas 78248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-21-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Nicholas	7 Amount of contribution (\$)  100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 117 Stanford San Antonio, Texas 78212		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-20-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred Rohde, III	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 85 NE Loop 410 Suite 100 San Antonio, Texas 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-22-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Vickrey Johnson	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12940 Country Parkway San Antonio, Texas 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-21-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Goudge	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 Claiborne Way San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-22-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Harwell	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 17065 San Antonio, Texas 78217		(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: 3 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-21-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin Rush	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 34630 San Antonio, Texas 78265		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4-21-09	Laddie Denton	500.00	
11 Lynn Batts Lane Suite 101 San Antonio, Texas 78218		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-20-09	B. J. Red McCombs	1000.00	
P.O. Box BH003 San Antonio, Texas 78201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
3-13-09	Billy Burge	500.00	
2029 Buffalo Terrace Houston, Texas 77019		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-25-09	Patrick Swearingen Jr.	250.00	
310 Argyle San Antonio, Texas 78209		(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: 4 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-25-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred Rohde, Jr.	7 Amount of contribution (\$)  100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 85 NE Loop 410 Suite 100 San Antonio, Texas 78216		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-23-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Weiss	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8207 Callaghan Rd. Suite 400 San Antonio, Texas 78230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-23-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas E. Turner	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14610 Cadillac Drive San Antonio, Texas 78248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-25-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Moore	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17918 Texas Emmy Lane San Antonio, Texas 78258		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-27-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Catalani	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1500 S. Zarzamora San Antonio, Texas 78207		(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: 5 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-27-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George C. "Tim" Hixon	7 Amount of contribution (\$)  500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 315 E. Commerce Suite 300 San Antonio, Texas 78205		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-29-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Crittenden	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 614 Birdsong S. San Antonio, Texas 78258		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-30-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Macon	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Convent St. Suite 2200 San Antonio, Texas 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-24-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raba-Kistner PAC	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio, Texas 78269		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-29-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus Jahns	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 700741 San Antonio, Texas 78270		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-29-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Ortiz	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 210 Pike Road San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-29-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown & Ortiz PC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1112 E. Pecan Suite 1360 San Antonio, Texas 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-29-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A. L. Hernden	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 222 E. Main Plaza San Antonio, Texas 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-29-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Sheldon	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4009 Green Oak Dr. Waco, Texas 75740		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-28-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PSCO PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 NE Loop 410 Suite 1100 San Antonio, Texas 78216		(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: 7 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-29-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry Baumgardner	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 340 Spring Branch, Texas 78070		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4-29-09	Jasmine Azima	1000.00	
115 E. Travis #1020 San Antonio, Texas 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-29-09	Edward Steves	1000.00	
P.O. Box 1866 San Antonio, Texas 78297		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-22-09	Fermin Rajunov	500.00	
5 Wayward Circle San Antonio, Texas 78248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5-1-09	James M. Cavender III	300.00	
P.O. Box 681237 San Antonio, Texas 78268		(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: 8 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-22-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Frost	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 604 Garraty Road San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-29-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Mays	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 659512 San Antonio, Texas 78265		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-29-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry Mays	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 659512 San Antonio, Texas 78265		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-27-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Evans	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 315 Terrell Road San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-28-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Frost	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1600 San Antonio, Texas 78296		(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: 9 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-1-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bruce Todd	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 823 Congress Ave. Suite 1506 Austin, Texas 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-27-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dale Schuparra	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 50 Federal St. Suite 612 Boston, MA 02110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-13-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linebarger Goggan Blair & Sampson LLP	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 17428 Austin, Texas 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-15-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GSABA PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3625 Paesano's Parkway San Antonio, Texas 78231		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-5-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fulbright & Jaworski	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Convent Suite 2200 San Antonio, Texas 78205		(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: 10 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-7-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valero PAC	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 696000 San Antonio, Texas 78269		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-28-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson & Troilo	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7550 IH 10 West Suite 800 San Antonio, TX 78229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-4-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marmon Mok LLP	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 N. St. Mary's Suite 1800 San Antonio, Texas 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-28-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plack Carr, III	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 551 Elizabeth Road San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-18-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. B. Zachry, Jr.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7603 Shadylane San Antonio, Texas 78209		(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: 11 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-15-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Amato	7 Amount of contribution (\$)  500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9311 San Pedro Suite 600 San Antonio, Texas 78216		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-12-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Ribbon Asset Mgmt. LLP	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7334 Blanco Road Suite 200 San Antonio, Texas 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-13-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 SW Freeway Suite 2600 Houston, Texas 77027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-26-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NuStar PAC	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2330 N Loop 1604 W San Antonio, Texas 78248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-26-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Barshop	Amount of contribution (\$)  1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 900 Isom Road Suite 300 San Antonio, Texas 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**SCHEDULE A**

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1 Total pages Schedule A: 12 of 15

2 FILER NAME Kevin A. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date  
5-26-09

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
613 Contadora  
San Antonio, Texas 78258

1000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
5-26-09

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
600 Navarro Suite 500  
San Antonio, Texas 78205

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-26-09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Henry Munoz, III

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
235 W. Kings Highway  
San Antonio, Texas 78212

2500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-26-09

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
605 Rainbow Cove  
Austin, Texas 78746

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-27-09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Baltazar Serna, Jr.

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
126 Villita  
San Antonio, Texas 78205

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 13 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-26-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead PC PAC  6 Contributor address; City; State; Zip Code 5400 Renaissance Tower Suite 1201 Dallas, Texas 75270	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 5-26-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Briones  Contributor address; City; State; Zip Code 8118 Broadway Suite 100 San Antonio, Texas 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 5-27-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Novak  Contributor address; City; State; Zip Code 22375 Fossil Ridge San Antonio, Texas 78261	Amount of contribution (\$)  300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-27-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene Habiger  Contributor address; City; State; Zip Code 735 Lost Canyon San Antonio, Texas 78258	Amount of contribution (\$)  300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-15-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubra Franklin  Contributor address; City; State; Zip Code 1502 Greystone Ridge San Antonio, Texas 78258	Amount of contribution (\$)  3000.00  (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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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: 14 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-22-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABC PAC	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10408 Gulfdale San Antonio, Texas 78216		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-1-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bebb Francis	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 112 E. Pecan Suite 200 San Antonio, Texas 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-19-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DSABC PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 816 Camaron Suite Suite 214 San Antonio, Texas 78212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-12-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. B. Zachry, Jr.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 310 S. St. Mary's Suite 2400 San Antonio, Texas 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-8-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John B. Zachry	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 240130 San Antonio, Texas 78224		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 15 of 15	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6-4-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Guenther	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 153 Freeline Park Suite 300 San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-1-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Drenner & Golden Stuart Wolff LLP	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 Congress Suite 1200 San Antonio, Texas 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-16-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Zachry	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 240130 San Antonio, Texas 78224		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-11-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert D. Traylor	Amount of contribution (\$) 240.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18507 Rogers Bend San Antonio, Texas 78258		(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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages this Schedule B:	
<b>2</b> FILER NAME Kevin A. Wolff		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> <b>7</b> Pledgor address;      City; State; Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1 of 7
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-5-09	5 Payee name Hobby Lobby  6 Payee address; City; State; Zip Code 286 Bitters Road San Antonio, Texas 78216	7 Amount (\$)  143.19
8 Purpose of payment (See instructions regarding type of information required.) Supplies for office  (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-5-09	Payee name Allison Greer  Payee address; City; State; Zip Code 1723 Typhoon San Antonio, Texas 78248	Amount (\$)  1000.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-20-09	Payee name AT&T  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, Texas 75265	Amount (\$)  225.10
Purpose of payment (See instructions regarding type of information required.) Monthly Service  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-23-09	Payee name Girl Scouts of South Texas  Payee address; City; State; Zip Code 811 N. Coker Loop San Antonio, Texas 78216	Amount (\$)  98.00
Purpose of payment (See instructions regarding type of information required.) Cookies for soldiers  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES** **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 of 7

2 FILER NAME Kevin A. Wolff 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
2-10-09	Wal-Mart	
	6 Payee address; City; State; Zip Code	
	1515 N. Loop 1604 W	86.46
	San Antonio, Texas 78232	

8 Purpose of payment (See instructions regarding type of information required.) Refrigerator for office	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
2-19-09	Republican Party of Bexar County	
	Payee address; City; State; Zip Code	
	900 NE Loop 410	150.00
	San Antonio, Texas 78209	

Purpose of payment (See instructions regarding type of information required.) Contribution	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
2-20-09	Allison Greer	
	Payee address; City; State; Zip Code	
	1723 Typhoon	1000.00
	San Antonio, Texas 78248	

Purpose of payment (See instructions regarding type of information required.) Contract Labor	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
2-20-09	AT&T	
	Payee address; City; State; Zip Code	
	P.O. Box 650574	221.31
	Dallas, Texas 75265	

Purpose of payment (See instructions regarding type of information required.) Monthly Service	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES** **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 of 7

2 FILER NAME Kevin A. Wolff 3 ACCOUNT # (Ethics Commission filers)

4 Date 3-12-09	5 Payee name Standard Coffee Company	7 Amount (\$)  42.41
6 Payee address: City: State: Zip Code 111 Pecan St. San Antonio, Texas 78205		

8 Purpose of payment (See instructions regarding type of information required.) Coffee Service for office  (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3-17-09	Payee name Republican Business Women PAC	Amount (\$)  60.00
Payee address: City: State: Zip Code P.O. Box 700523 San Antonio, Texas 78270		

Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3-17-09	Payee name Allison Greer	Amount (\$)  1000.00
Payee address: City: State: Zip Code 1723 Typhoon San Antonio, Texas 78248		

Purpose of payment (See instructions regarding type of information required.) Contract Labor  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 3-17-09	Payee name AT&T	Amount (\$)  223.34
Payee address: City: State: Zip Code P.O. Box 650574 Dallas, Texas 75265		

Purpose of payment (See instructions regarding type of information required.) Monthly Service  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4 of 7
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-17-09	5 Payee name AT&T  6 Payee address; City; State; Zip Code P.O. Box 650574 Dallas, Texas 75265	7 Amount (\$)  221.31
8 Purpose of payment (See instructions regarding type of information required.) Monthly Service  (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-20-09	Payee name American Postal  Payee address; City; State; Zip Code 13423 Blanco Road San Antonio, Texas 78248	Amount (\$)  420.00
Purpose of payment (See instructions regarding type of information required.) Postage  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-21-09	Payee name Ideas Unlimited  Payee address; City; State; Zip Code 2516 Bandera Road San Antonio, Texas 78238	Amount (\$)  480.70
Purpose of payment (See instructions regarding type of information required.) Invitations  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-23-09	Payee name Allison Greer  Payee address; City; State; Zip Code 1723 Typhoon San Antonio, Texas 78248	Amount (\$)  1000.00
Purpose of payment (See instructions regarding type of information required.) Fundraiser  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5 of 7
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-4-09	5 Payee name La Hacienda de los Barrios  6 Payee address; City; State; Zip Code 18747 Redland Road San Antonio, Texas 78259	7 Amount (\$)  1773.27
8 Purpose of payment (See instructions regarding type of information required.) Food/Bev. for fundraiser  (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 5-7-09	Payee name Guerra DeBerry & Coody  Payee address; City; State; Zip Code 122 E. Houston Street San Antonio, Texas 78205	Amount (\$)  16,000.00
Purpose of payment (See instructions regarding type of information required.) Media Expenses (Schedule K 01/15/09) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 5-15-09	Payee name Susan Farris  Payee address; City; State; Zip Code 204 E. Rosewood San Antonio, Texas 78212	Amount (\$)  34.58
Purpose of payment (See instructions regarding type of information required.) Reimbursement for supplies  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 5-18-09	Payee name AT&T  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, Texas 75265	Amount (\$)  224.08
Purpose of payment (See instructions regarding type of information required.) Monthly Service  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 6 of 7
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-27-09	5 Payee name Allison Greer  6 Payee address; City; State; Zip Code 1723 Typhoon San Antonio, Texas 78248	7 Amount (\$)  1000.00
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor  (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 6-10-09	Payee name Guerra DeBerry & Coody  Payee address; City; State; Zip Code 122 E. Houston Street San Antonio, Texas 78205	Amount (\$)  16,000.00
Purpose of payment (See instructions regarding type of information required.) Media Services (Schedule K 1-15-09)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 6-18-09	Payee name Ideas Unlimited  Payee address; City; State; Zip Code 2516 Bandera Road San Antonio, Texas 78238	Amount (\$)  432.00
Purpose of payment (See instructions regarding type of information required.) Letterhead/Envelopes  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 6-20-09	Payee name Frost Bank  Payee address; City; State; Zip Code P.O. Box 1600 San Antonio, Texas 78201	Amount (\$)  4.00
Purpose of payment (See instructions regarding type of information required.) Service Charge  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 7 of 7
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission filers)
4 Date 6-20-09	5 Payee name Allison Greer  6 Payee address; City; State; Zip Code 1723 Typhoon San Antonio, Texas 78248	7 Amount (\$)  1500.00
8 Purpose of payment (See instructions regarding type of information required.) Fundraiser  (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 6-21-09	Payee name AT&T  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, Texas 75265	Amount (\$)  221.14
Purpose of payment (See instructions regarding type of information required.) Monthly Service  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule G:
<b>2</b> FILER NAME <b>Kevin A. Wolff</b>	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>	<b>8</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		

Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/>	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME Kevin A. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date 6-30-09	5 Payor name Guerra DeBerry & Coody 6 Payor address; City; State; Zip Code 122 E. Houston St. San Antonio, Texas 78205 7 Reason for credit Media Services - Balance Due	8 Amount (\$)  37,939.34
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Date	Payor name Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
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Date	Payor name Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
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