

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00460692	2 PAGE # 1 of 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Kevin	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
NICKNAME LAST SUFFIX Wolff	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 460692 San Antonio, TX 78246 <input type="checkbox"/> Change of Address		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	MS / MRS / MR FIRST MI Mr. John		
5 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX Steen	<div style="text-align: center;"> 2011 JAN 12 P 2 28 FILED IN MY OFFICE JACOB L. F. CALANEN ELECTIONS ADMINISTRATOR TEXAS ETHICS COMMISSION </div>	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 300 Convent Suite 2440 San Antonio, TX 78205		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 224-7700		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2010 12/31/2010		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2008	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District 3	12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address/PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Wolff, Kevin (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00460692

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

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

additional pages

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	23,650.00
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EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4.	TOTAL POLITICAL EXPENDITURES	\$	23,164.45
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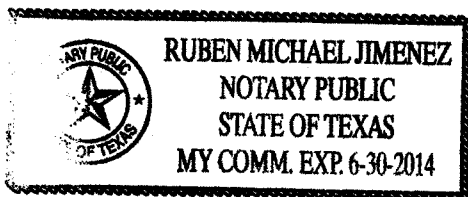
CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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18 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.

[Handwritten Signature]

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *[Handwritten Signature]* this the 12TH day of JANUARY, 20 11, to certify which, witness my hand and seal of office

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/9 Report: 3/22	
2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00460692	
4 Date 11/01/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bacon, Ross (Mr.) 6 Contributor address; City; State; Zip Code 3406 Pinnacle Dr. San Antonio, TX 78216	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/03/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bates, David (Mr.) Contributor address; City; State; Zip Code 139 Elizabeth Road #C San Antonio, TX 78209	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benavidez, Danny (Mr.) Contributor address; City; State; Zip Code 237 W. Travis San Antonio, TX 78205	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G UIDE explains how to complete this form.		1 PAGE # Schedule: 2/9 Report: 4/22	
2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00460692	
4 Date 11/01/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burge, Billy (Mr.) 6 Contributor address; City; State; Zip Code 2028 Buffalo Terrace Houston, TX 77019	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burge, Billy (Mr.) Contributor address; City; State; Zip Code 2028 Buffalo Terrace Houston, TX 77019	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casstevens, John (Mr.) Contributor address; City; State; Zip Code 1390 E. Bitters San Antonio, TX 78216	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/9 Report: 5/22	
2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00460692	
4 Date 11/01/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Critten, Robert (Mr.) 6 Contributor address; City; State; Zip Code 614 Bired Song San Antonio, TX 78258	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curruth, Chris (Mr.) Contributor address; City; State; Zip Code 31351 Tres Lomas Bulverde, TX 78163	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dawson, Gene (Mr.) Contributor address; City; State; Zip Code 555 Ramsey San Antonio, TX 78216	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 6/22	
2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00460692	
4 Date 11/01/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeBerry, Trish (Mrs.) 6 Contributor address; City; State; Zip Code 13906 Bluff Ivey Lane San Antonio, TX 78216	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, Pat (Mr.) Contributor address; City; State; Zip Code 528 Cordillera TRCE San Antonio, TX 78006	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gamboa, Marco (Mr.) Contributor address; City; State; Zip Code P.O. Box 460969 San Antonio, TX 78246	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 9/22	
2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00460692	
4 Date 11/01/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNary, Dick (Mr.) 6 Contributor address; City; State; Zip Code 2300 Nacodoches San Antonio, TX 78209	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munoz, Henry (Mr.) Contributor address; City; State; Zip Code 1017 North Main Street San Antonio, TX 78212	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peirce, Kevin (Mr.) Contributor address; City; State; Zip Code 6023 Corridor Pkwy Shertz, TX 78154	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9 Report: 10/22	
2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00460692	
4 Date 11/01/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raba, Gary (Mr.) 6 Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio, TX 78269	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schultz, Steven (Mr.) Contributor address; City; State; Zip Code 10408 Gulfdale San Antonio, TX 78216	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Szecsy, Ellen (Ms.) Contributor address; City; State; Zip Code 117 N. Manton Lane San Antonio, TX 78213	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/10 Report: 12/22		2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (TEC filers) 00460692	
4 Date 10/28/2010	5 Payee name Absolutely Everything				
6 Amount (\$) \$726.60	7 Payee address City; State; Zip Code 3915 San Pedro San Antonio, TX 78212				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting to discuss campaign/officeholder issues		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/14/2010	Payee name AT&T				
Amount (\$) \$98.29	Payee address City; State; Zip Code P.O.Box 650574 Dallas, TX 75265				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Campaign phone		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Monthly service		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/30/2010	Payee name AT&T				
Amount (\$) \$370.04	Payee address City; State; Zip Code P.O.Box 650574 Dallas, TX 75265				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Campaign phone		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Monthly service		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 08/09/2010	Payee name AT&T				
Amount (\$) \$253.68	Payee address City; State; Zip Code P.O.Box 650574 Dallas, TX 75265				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - campaign phone		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly service		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/10 Report: 13/22	2 FILER NAME Wolff, Kevin (Mr.)	3 ACCOUNT # (TEC filers) 00460692
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4 Date 08/16/2010	5 Payee name AT&T
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6 Amount (\$) \$95.88	7 Payee address City; State; Zip Code P.O.Box 650574 Dallas, TX 75265
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - camaping phone	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly service
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/15/2010	Payee name AT&T
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Amount (\$) \$793.23	Payee address City; State; Zip Code P.O.Box 650574 Dallas, TX 75265
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - campaign phone	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly service
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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 10/14/2010	Payee name AT&T
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Amount (\$) \$409.44	Payee address City; State; Zip Code P.O.Box 650574 Dallas, TX 75265
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - campaign phone	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly service
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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 12/15/2010	Payee name AT&T
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Amount (\$) \$408.80	Payee address City; State; Zip Code P.O.Box 650574 Dallas, TX 75265
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - camaping phone	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly service
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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**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/10 Report: 14/22		2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (TEC filers) 00460692	
4 Date 12/17/2010	5 Payee name AT&T				
6 Amount (\$) \$25.19	7 Payee address City; State; Zip Code P.O.Box 650574 Dallas, TX 75265				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - campaigning phone		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> monthly service		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/21/2010	Payee name Bexar county Republican Party				
Amount (\$) \$500.00	Payee address City; State; Zip Code 900 NE Loop 410 San Antonio, TX 78209				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign contribution		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/27/2010	Payee name Carriage Flowers				
Amount (\$) \$59.54	Payee address City; State; Zip Code 105 Dandelion Lane San Antonio, TX 78213				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flowers for constituent		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/21/2010	Payee name Constant Contact				
Amount (\$) \$21.63	Payee address City; State; Zip Code 1601 Trapelo RD Suite 329 Waltham, TX 02451				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> website		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 4/10 Report: 15/22	2 FILER NAME Wolff, Kevin (Mr.)	3 ACCOUNT # (TEC filers) 00460692
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4 Date 08/23/2010	5 Payee name Constant Contact
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6 Amount (\$) \$21.63	7 Payee address City; State; Zip Code 1601 Trapelo RD Suite 329 Waltham, TX 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> website
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/21/2010	Payee name Constant Contact
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Amount (\$) \$21.63	Payee address City; State; Zip Code 1601 Trapelo RD Suite 329 Waltham, TX 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> website
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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 10/21/2010	Payee name Constant Contact
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Amount (\$) \$21.63	Payee address City; State; Zip Code 1601 Trapelo RD Suite 329 Waltham, TX 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign website
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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 12/21/2010	Payee name Constant Contact
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Amount (\$) \$21.63	Payee address City; State; Zip Code 1601 Trapelo RD Suite 329 Waltham, TX 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign website
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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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/10 Report: 16/22		2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (TEC filers) 00460692	
4 Date 09/27/2010	5 Payee name Costco				
6 Amount (\$) \$337.29	7 Payee address City; State; Zip Code San Antonio, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting to discuss campaigning/officeholder issues		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/29/2010	Payee name Denham Consulting				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 15706 Knollcliff San Antonio, TX 78247				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/01/2010	Payee name Denham Consulting				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code 15706 Knollcliff San Antonio, TX 78247				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor for campaign		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/27/2010	Payee name FTB Pfeil Florist				
Amount (\$) \$68.06	Payee address City; State; Zip Code 803 West Ashby San Antonio, TX 78212				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flowers for memorial		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/10 Report: 17/22	2 FILER NAME Wolff, Kevin (Mr.)	3 ACCOUNT # (TEC filers) 00460692
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4 Date 10/29/2010	5 Payee name Jason Wolff Campaign
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6 Amount (\$) \$3,000.00	7 Payee address City; State; Zip Code San Antonio, TX 78255
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/07/2010	Payee name Jason's Deli
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Amount (\$) \$280.00	Payee address City; State; Zip Code San Antonio, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting to discuss campaing/office holder issues
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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 09/27/2010	Payee name Jims Restaurant
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Amount (\$) \$23.73	Payee address City; State; Zip Code 18155 Blanco Rd San Antonio, TX 78232
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting to discuss campaing issues
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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 09/27/2010	Payee name Jims Restaurant
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Amount (\$) \$34.49	Payee address City; State; Zip Code 18155 Blanco Rd San Antonio, TX 78232
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting to discuss campaing issues
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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

Advertising Expense	Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 7/10 Report: 18/22		2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (TEC filers) 00460692	
4 Date 09/29/2010	5 Payee name Jims Restaurant				
6 Amount (\$) \$22.55	7 Payee address City; State; Zip Code 18155 Blanco Rd San Antonio, TX 78232				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting to discuss campaing issues		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/15/2010	Payee name K&E				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 25603 Desert Rainbow Boerne, TX 78006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign management July 1 to July 15		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/27/2010	Payee name Papa Johns				
Amount (\$) \$40.92	Payee address City; State; Zip Code San Antonio, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting to discuss campaing/officeholder issues		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/14/2010	Payee name Republican party o f Bexar County				
Amount (\$) \$500.00	Payee address City; State; Zip Code 900 NE Loop 410 San Antonio, TX 78209				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaing contribution		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/10 Report: 19/22	2 FILER NAME Wolff, Kevin (Mr.)	3 ACCOUNT # (TEC filers) 00460692
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4 Date 10/14/2010	5 Payee name San Antonio Area foundation
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6 Amount (\$) \$3,000.00	7 Payee address City; State; Zip Code 110 Broadway San Antonio, TX 78205
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/20/2010	Payee name Specs
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Amount (\$) \$271.50	Payee address City; State; Zip Code 14623 Interstate 35 North Schertz, TX 78154
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting to discuss campaign/officeholder issues
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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 08/12/2010	Payee name Staples
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Amount (\$) \$216.12	Payee address City; State; Zip Code 18203 Rim Dr. San Antonio, TX 78257
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies
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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 09/23/2010	Payee name Student Managed Business
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Amount (\$) \$150.00	Payee address City; State; Zip Code one camino Santa Maria San Antonio, TX 78228
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political advertising
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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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 9/10 Report: 20/22	2 FILER NAME Wolff, Kevin (Mr.)	3 ACCOUNT # (TEC filers) 00460692
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4 Date 07/27/2010	5 Payee name TLF Carriage Flowers		
6 Amount (\$) \$64.95	7 Payee address City; State; Zip Code 105 Dandelion Lane San Antonio, TX 78213-2404		

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flowers for constituent
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/28/2010	Payee name United States Postal Service		
Amount (\$) \$56.00	Payee address City; State; Zip Code San Antonio, TX 78246		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> expenditures for postage
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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 12/12/2010	Payee name Witte Museum		
Amount (\$) \$1,750.00	Payee address City; State; Zip Code 3801 Broadway Street San Antonio, TX 78209		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign contribution to organization
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
-----------------------------------------------------	-------------------------------	----------------	--------------

Date 12/21/2010	Payee name Witte Museum		
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 3801 Broadway Street San Antonio, TX 78209		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign contribution to organization
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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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 10/10 Report: 21/22		2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (TEC filers) 00460692	
4 Date 08/14/2010		5 Payee name Wolff, Elizabeth (Mrs.)			
6 Amount (\$) \$2,000.00		7 Payee address City; State; Zip Code 25603 Desert Rainbow Boerne, TX 78006			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign management 8-1 to 8-15	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/10 Report: 22/22		2 FILER NAME Wolff, Kevin (Mr.)		3 ACCOUNT # (TEC filers) 00460692	
4 Date 12/27/2010		5 Payee name FTB Pfeil Florist			
6 Amount (\$) \$68.06		7 Payee address City; State; Zip Code 803 West Ashby San Antonio, TX 78212			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description (See instructions regarding type of information required.) Flowers for memorial		