

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  25
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: Nelson MI: W NICKNAME: _____ LAST: Wolff SUFFIX: _____	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt # _____ Amount: \$ _____ Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 107 Regents Park, San Antonio, TX 78230		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: (210) PHONE NUMBER: 335-2850 EXTENSION: _____		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: Bruce MI: E NICKNAME: _____ LAST: Parker SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 29607 Fairway Bluff, Fair Oaks Ranch, TX 78015		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: (830) PHONE NUMBER: 981-4755 EXTENSION: _____		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month / Day / Year    THROUGH    Month / Day / Year 07 / 01 / 2008    THROUGH    12 / 31 / 2008		
<b>11 ELECTION</b>	ELECTION DATE Month / Day / Year _____ / _____ / _____	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Constitutional County Judge	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name: _____  Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____		

**GO TO PAGE 2**

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

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

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

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

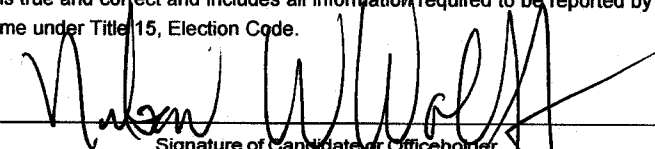
-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required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

<input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		Friends for Nelson W. Wolff
		COMMITTEE ADDRESS
		P.O. Box 890187, San Antonio, TX 78269-0187
	COMMITTEE CAMPAIGN TREASURER NAME	Bruce E. Parker
	COMMITTEE CAMPAIGN TREASURER ADDRESS	29607 Fairway Bluff, Fair Oaks Ranch, TX 78015

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,573.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,052.88
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,631.81
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

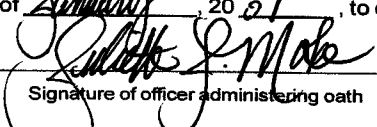
**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NELSON W. WOLFF, this the 13<sup>th</sup> day of January, 2009, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

JULIETTE J. MOKE  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1**

2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date  
11/14/08

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

6 Contributor address; City; State; Zip Code  
USAA Building D-3-W  
SA Tx 78288

7 Amount of contribution (\$) **1000.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/15/08

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

Ciro D Rodriguez for Congress  
Contributor address; City; State; Zip Code  
P.O. Box 14528  
SA Tx 78214

Amount of contribution (\$) **1000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Refunded Contribution

Employer (See Instructions)

Date

Full name of contributor  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)

Date

Full name of contributor  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)

Date

Full name of contributor  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)

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

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: **21**

2 FILER NAME  
Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/10/08	5 Payee name Cafe Paladar	7 Amount (\$) 768.00
6 Payee address; City; State; Zip Code 18322 Sonterra Place SA Tx 78248		

8 Purpose of payment (See instructions regarding type of information required.) Business Meeting (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 7/9/08	Payee name Democrates of NW Bexar County	Amount (\$) 250.00
Payee address; City; State; Zip Code PO Box 681911 SA Tx 78268		

Purpose of payment (See instructions regarding type of information required.) Contribution (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 7/9/08	Payee name Alamo Badminton Club	Amount (\$) 165.00
Payee address; City; State; Zip Code 105 Blue Star #1 SA TX 78204		

Purpose of payment (See instructions regarding type of information required.) Contribution (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 7/7/08	Payee name San Antonio Opera	Amount (\$) 200.00
Payee address; City; State; Zip Code 909 NE Loop 410 #636 SA TX 78209		

Purpose of payment (See instructions regarding type of information required.) Contribution (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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>21</b>
2 FILER NAME <p style="text-align: center;">Nelson W. Wolff</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p>7/23/08</p>	5 Payee name <p>The Fund</p>	7 Amount (\$) <p>1000.00</p>
6 Payee address; City; State; Zip Code <p>100 Dolorosa SA TX 78201</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p>Contribution (If travel outside of Texas, complete Schedule T)</p>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p>7/29/08</p>	Payee name <p>Benaviedez Framing</p>	Amount (\$) <p>82.24</p>
Payee address; City; State; Zip Code <p>1905 South Flores SA TX 78204</p>		
Purpose of payment (See instructions regarding type of information required.) <p>Office Supplies (If travel outside of Texas, complete Schedule T)</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p>7/31/08</p>	Payee name <p>Nelson W. Wolff</p>	Amount (\$) <p>77.30</p>
Payee address; City; State; Zip Code <p>107 Regents Park SA TX 78230</p>		
Purpose of payment (See instructions regarding type of information required.) <p>Business Meetings (If travel outside of Texas, complete Schedule T)</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p>7/14/08</p>	Payee name <p>New Leaf Cafe</p>	Amount (\$) <p>54.49</p>
Payee address; City; State; Zip Code <p>One Margaret Corbin Drive NY NY 10040</p>		
Purpose of payment (See instructions regarding type of information required.) <p>Travel (If travel outside of Texas, complete Schedule T)</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **21**

2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date  
7/14/08

5 Payee name  
AMTRAK

7 Amount (\$)

6 Payee address; City; State; Zip Code  
New York Penn Station  
NY NY 10001

258.00

8 Purpose of payment (See instructions regarding type of information required.)

Travel

(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  
7/14/08

Payee name  
Renaissance Hotel

Amount (\$)

Payee address; City; State; Zip Code  
1127 Connecticut Ave. NW  
Washington, DC 20036

814.58

Purpose of payment (See instructions regarding type of information required.)

Travel

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
7/14/08

Payee name  
Chevron

Amount (\$)

Payee address; City; State; Zip Code  
2726 Lockhill Selma  
SA TX 78230

50.62

Purpose of payment (See instructions regarding type of information required.)

Travel

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
~~07/14/08~~

Payee name  
Shell Oil

Amount (\$)

Payee address; City; State; Zip Code  
91002851827  
Brookshire, TX 77423

57.06

Purpose of payment (See instructions regarding type of information required.)

Travel

(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: **21**

2 FILER NAME  
Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/14/08	5 Payee name El Mirador Restaurant	7 Amount (\$) 71.90
6 Payee address; City; State; Zip Code 722 S St. Mary's SA TX 78205		

8 Purpose of payment (See instructions regarding type of information required.) Business Meeting (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 7/14/08	Payee name Chevron	Amount (\$) 61.84
Payee address; City; State; Zip Code 2726 Lockhill Selma SA TX 78230		

Purpose of payment (See instructions regarding type of information required.) Travel (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 7/14/08	Payee name Office Depot	Amount (\$) 105.88
Payee address; City; State; Zip Code 3713 Colony Drive SA TX 78230		

Purpose of payment (See instructions regarding type of information required.) Office Supplies (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 <del>07/14/08</del>	Payee name Shell Oil	Amount (\$) 62.02
Payee address; City; State; Zip Code 54279800269 SA TX 78256		

Purpose of payment (See instructions regarding type of information required.) Travel (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: **21**

2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date  
7/14/08

5 Payee name  
Chevron

7 Amount (\$)

6 Payee address; City; State; Zip Code  
2726 Lockhill Selma  
SA TX 78230

54.93

8 Purpose of payment (See instructions regarding type of information required.)  
Travel  
(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  
8/15/08

Payee name  
Mens Senior Baseball League

Amount (\$)

Payee address; City; State; Zip Code  
100 Dolorosa  
SAATX 78201

250.00

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

Date  
8/15/08

Payee name  
Greater San Antonio Chamber

Amount (\$)

Payee address; City; State; Zip Code  
PO Box 1628  
SA TX 78269

400.00

Purpose of payment (See instructions regarding type of information required.)  
Membership Dues  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
8/15/08

Payee name  
San Antonio Sports Foundation

Amount (\$)

Payee address; City; State; Zip Code  
PO Box 830386  
SA TX 78283

100.00

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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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **21**

2 FILER NAME

Nelson W. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date  
8/18/08

5 Payee name  
Hope Andrade Office Holder Account

7 Amount (\$)

6 Payee address; City; State; Zip Code  
15060 Cadillac Drive  
SA TX 78248

1000.00

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

(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  
8/18/08

Payee name  
Linda Penn Campaign

Amount (\$)

Payee address; City; State; Zip Code  
P.O. Box 597  
SA TX 78101

250.00

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

Date  
8/21/08

Payee name  
Palm Restaurant

Amount (\$)

Payee address; City; State; Zip Code  
225 E Houston  
SA TX 78205

56.98

Purpose of payment (See instructions regarding type of information required.)

Business Meeting

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
8/21/08

Payee name  
Exxon Mobil

Amount (\$)

Payee address; City; State; Zip Code  
46912911  
SA TX 78230

60.40

Purpose of payment (See instructions regarding type of information required.)

Travel

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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