

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Kevin MI: A. NICKNAME: LAST: Wolff SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: P.O. Box 460692 CITY: San Antonio, TX STATE: ZIP CODE: 78246 <input checked="" type="checkbox"/> Change of Address	Date Received: _____ Date Hand-delivered or Date Postmarked: 2008 JAN 1 Receipt # _____ Amount: _____ Date Processed: D Date Imaged: 4:56	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (210) PHONE NUMBER: 829-5355 EXTENSION:	RECEIVED IN MY OFFICE JACQUELYN F. CALLANEN ELECTIONS ADMINISTRATION BEYAR POINT	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: John MI: NICKNAME: LAST: Steen, Jr. SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 300 Convent Suite 2440 CITY: San Antonio, Texas STATE: ZIP CODE: 78205		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (210) PHONE NUMBER: 224-7700 EXTENSION:		
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 26 / 08 12 / 31 / 08		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) County Commissioner Pct. 3	13 OFFICE SOUGHT (if known)	
14 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			

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

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

15 C/OH NAME Kevin A. Wolff

16 ACCOUNT # (Ethics Commission Files)

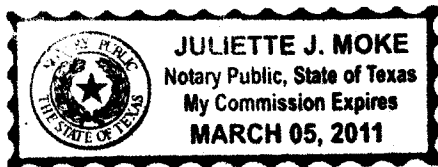
**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

- 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. -

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 50461.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2476.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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 15th day of January, 2009, to certify which, witness my hand and seal of office.

Juliette J. Moke
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: <u>1 of 7</u>	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission form)	
4 Date 10-28-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gloria Galt	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 700 E. Hildebrand Ave. San Antonio, Texas 78212		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-28-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patricia Steves	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 Grandview San Antonio, Texas 78209		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-28-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Steen, Jr.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Convent Suite 2440 San Antonio, Texas 78205		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-28-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward Steves	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 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)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James W. Bishop, Jr.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 167 Richards Lane Buda, Texas 78610		(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: <u>297</u>	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission file)	
4 Date 10-29-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Spears 6 Contributor address; City; State; Zip Code 2922 Albin San Antonio, Texas 78209	7 Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Vickrey Johnson Contributor address; City; State; Zip Code 2 Lake Bridge Drive San Antonio, Texas 78248	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cyndi Taylor Krier Campaign Acct. Contributor address; City; State; Zip Code 106 S. St. Mary's Suite 800 San Antonio, Texas 78205	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leo Gomez, Jr. Contributor address; City; State; Zip Code 9406 Hazelton Lane San Antonio, Texas 78251	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick A. Pych Contributor address; City; State; Zip Code 230 Dwyer Ave. San Antonio, Texas 78204	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <u>3 of 7</u>	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission file #)	
4 Date 10-29-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LEO PAC	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 19 Rustic Bend San Antonio, Texas 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) G. Hasslocher	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8520 Crownhill San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Malcolm Hartman	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1250 NE Loop 410 Suite 210A San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James C. Hasslocher	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 129 Haskin San Antonio, Texas 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S.A. Firefighters PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 5100 San Antonio, Texas 78201		(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: <u>4 of 7</u>	
2 FILER NAME Kevin A. Wolff		3 ACCOUNT # (Ethics Commission file)	
4 Date 11-6-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert & Jeannine Engberg	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 29626 Fairview Place Fair Oaks Ranch, Texas 78015		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-6-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald R. Arredondo	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10406 Lazy F Trail Helotes, Texas 78023		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-6-08	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 11-6-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. C. Buford	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7 Chatsworth Way San Antonio, Texas 78209		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-6-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glenn Werhan	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11623 Elm Ridge Road San Antonio, Texas 78230		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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