

**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)

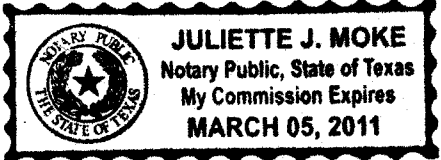
additional pages

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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 47,690.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 43,560.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,605.23
OUTSTANDING LOAN TOTALS	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 15th 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)	

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: 3 of 15

2 FILER NAME Kevin A. Wolff

3 ACCOUNT # (Ethics Commission filers)

4 Date
4-21-09

5 Full name of contributor out-of-state PAC (ID#:
Marvin Rush

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
P.O. Box 34630
San Antonio, Texas 78265

500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4-21-09

Full name of contributor out-of-state PAC (ID#:
Laddie Denton

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
11 Lynn Batts Lane Suite 101
San Antonio, Texas 78218

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-20-09

Full name of contributor out-of-state PAC (ID#:
B. J. Red McCombs

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box BH003
San Antonio, Texas 78201

1000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-13-09

Full name of contributor out-of-state PAC (ID#:
Billy Burge

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
2029 Buffalo Terrace
Houston, Texas 77019

500.00

(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 out-of-state PAC (ID#:
Patrick Swearingen Jr.

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
310 Argyle
San Antonio, Texas 78209

250.00

(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: 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)	

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: 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>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</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)	
4-29-09	Brown & Ortiz PC Contributor address; City; State; Zip Code 1112 E. Pecan Suite 1360 San Antonio, Texas 78205	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-29-09	A. L. Hernden Contributor address; City; State; Zip Code 222 E. Main Plaza San Antonio, Texas 78205	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-29-09	Richard Sheldon Contributor address; City; State; Zip Code 4009 Green Oak Dr. Waco, Texas 75740	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-28-09	PSCO PAC Contributor address; City; State; Zip Code 100 NE Loop 410 Suite 1100 San Antonio, Texas 78216	250.00	
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.