

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.2em;">99</div>										
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR Mr</td> <td style="width:33%; border-bottom: 1px solid black;">FIRST Nelson</td> <td style="width:33%; border-bottom: 1px solid black;">MI W</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST Wolff</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>		MS / MRS / MR Mr	FIRST Nelson	MI W	NICKNAME	LAST Wolff	SUFFIX	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received <div style="text-align: center; font-size: 0.8em;"> 2018 JAN 11 AM 9:11 BEXAR COUNTY JACQUELYNNE C. LARSEN ELECTIONS ADMIN. </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged </div>	Receipt #	Amount \$		
	MS / MRS / MR Mr	FIRST Nelson	MI W										
NICKNAME	LAST Wolff	SUFFIX											
Receipt #	Amount \$												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 107 Regents Park, San Antonio, TX 78230 </div> <input type="checkbox"/> Change of Address													
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">AREA CODE (210)</td> <td style="width:33%;">PHONE NUMBER 335-1326</td> <td style="width:33%;">EXTENSION</td> </tr> </table>		AREA CODE (210)	PHONE NUMBER 335-1326	EXTENSION								
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">MS / MRS / MR Ms</td> <td style="width:33%; border-bottom: 1px solid black;">FIRST Andi</td> <td style="width:33%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST Rodriguez</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>		MS / MRS / MR Ms	FIRST Andi	MI	NICKNAME	LAST Rodriguez	SUFFIX					
	MS / MRS / MR Ms	FIRST Andi	MI										
NICKNAME	LAST Rodriguez	SUFFIX											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border-bottom: 1px solid black; padding-bottom: 5px;"> 222 E. Houston Street, San Antonio, TX 78205 </td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	222 E. Houston Street, San Antonio, TX 78205				
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222 E. Houston Street, San Antonio, TX 78205													
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">AREA CODE (210)</td> <td style="width:33%;">PHONE NUMBER 827-8711</td> <td style="width:33%;">EXTENSION</td> </tr> </table>			AREA CODE (210)	PHONE NUMBER 827-8711	EXTENSION							
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9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)		
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Month Day Year 07 / 01 / 2017 </td> <td style="width:10%; text-align: center; vertical-align: middle;">THROUGH</td> <td style="width:40%;"> Month Day Year 12 / 31 / 2017 </td> </tr> </table>			Month Day Year 07 / 01 / 2017	THROUGH	Month Day Year 12 / 31 / 2017							
Month Day Year 07 / 01 / 2017	THROUGH	Month Day Year 12 / 31 / 2017											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> ELECTION DATE Month Day Year 03 / 06 / 2018 </td> <td style="width:65%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special								
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black; padding-right: 5px;"> OFFICE HELD (if any) Constitutional County Judge Bexar County, Texas </td> <td style="width:50%; padding-left: 5px;"> 13 OFFICE SOUGHT (if known) Constitutional County Judge Bexar County, Texas </td> </tr> </table>			OFFICE HELD (if any) Constitutional County Judge Bexar County, Texas	13 OFFICE SOUGHT (if known) Constitutional County Judge Bexar County, Texas								
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

Nelson W. Wolff

15 Filer ID (Ethics Commission Filers)

**16 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

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

Friends for Nelson W. Wolff

COMMITTEE ADDRESS

P.O. Box 830986, San Antonio, TX 78283

COMMITTEE CAMPAIGN TREASURER NAME

Ms Andi Rodriguez

COMMITTEE CAMPAIGN TREASURER ADDRESS

222 E. Houston Street, San Antonio, TX 78205

☐ 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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 347,725.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 4,084.01

4. TOTAL POLITICAL EXPENDITURES

\$ 50,892.87

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 619,236.56

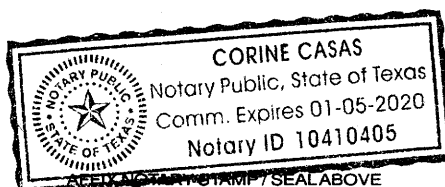
**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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.



Nelson W. Wolff
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nelson W. Wolff, this the 10th day of January, 20 18, to certify which, witness my hand and seal of office.

Corine Casas
Signature of officer administering oath

Corine Casas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Nelson W. Wolff		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 347,725.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 50,892.87
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 14,221.71
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

49

2 FILER NAME

Nelson W. Wolff

3 Filer ID (Ethics Commission Filers)

4 Date

7/3/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chester J or Jill M Drash, Jr.

7 Amount of contribution (\$)

10000.00

6 Contributor address;

City; State; Zip Code

18746 Calle Cierra, SA TX 78258

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles E Amato

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

9311 San Pedro Ave., Ste. 600, SA TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clarence J Kahlig II

Amount of contribution (\$)

2500.00

Contributor address;

City; State; Zip Code

9207 San Pedro Ave., SA TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CDS Muery PAC

Amount of contribution (\$)

2500.00

Contributor address;

City; State; Zip Code

3411 Magic Dr., SA TX 78229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

49

2 FILER NAME

Nelson W. Wolff

3 Filer ID (Ethics Commission Filers)

4 Date

7/11/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mr or Mrs Peter M Holt

7 Amount of contribution (\$)

10000.00

6 Contributor address;

City; State; Zip Code

2191 Little Blanco Rd., Blanco, TX 78606

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Norton Rose Fulbright US LLP Texas Committee

Amount of contribution (\$)

2000.00

Contributor address;

City; State; Zip Code

1301 McKinney, Ste 5100, Houston, TX 77010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/11/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Walter M Emgrey Jr.

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

1020 NE Loop 410, Ste 700, SA TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/14/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Martin & Drought, PC

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

300 Convent St., 25th Floor, SA TX 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 7/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom E Turner, Jr. 6 Contributor address; City; State; Zip Code PO Box 171720, SA Tx 78217	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harriet Marmon Helmle or Austin E Helmle Contributor address; City; State; Zip Code 401 Horizon Crest, Boerne, TX 78006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan A Catalani Contributor address; City; State; Zip Code 1500 S. Zarzamora St., SA TX 78207	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James R or Judy Adams Contributor address; City; State; Zip Code 209 Genesco Rd., SA TX 78209	Amount of contribution (\$) 1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

49

2 FILER NAME

Nelson W. Wolff

3 Filer ID (Ethics Commission Filers)

4 Date

7/18/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

David S Zachry

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

PO Box 33240, SA TX 78265

10000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/18/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

George B Hernandez, Jr.

Amount of contribution (\$)

Contributor address; City; State; Zip Code

506 Royal CT., SA TX 78228

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/18/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James G Lifshutz

Amount of contribution (\$)

Contributor address; City; State; Zip Code

215 W Travis St., SA TX 78205

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/18/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

H B Zachry, Jr.

Amount of contribution (\$)

Contributor address; City; State; Zip Code

310 S Saint Mary St., Ste 2400, SA TX 78205

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 7/18/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane D Rath or Gary G Candy 6 Contributor address; City; State; Zip Code 68 Bristol Green, SA Tx 78209	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Constance W Lindsey or Thomas Keyser Contributor address; City; State; Zip Code 98 Saddletree Rd., Shavano Park, TX 78231	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph or Elizabeth Casseb Contributor address; City; State; Zip Code 7926 Thornhill St., SA Tx 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg or Bekki Kowalski Contributor address; City; State; Zip Code P0 Box 1361, SA Tx 78295	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 7/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B J Mc Combs 6 Contributor address; City; State; Zip Code PO Box BH003, SA Tx 78201	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marmon Mok, LLP Contributor address; City; State; Zip Code 700 N St Marys Ste 1600, SA TX 78205	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Political Action Committee of Winstead PC Contributor address; City; State; Zip Code 2728 North Harwood St., Ste 500, Dallas, TX 75201	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Starr Contributor address; City; State; Zip Code 7334 Blanco Rd Ste 200, SA TX 78216	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

49

2 FILER NAME

Nelson W. Wolff

3 Filer ID (Ethics Commission Filers)

4 Date

7/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Phil Hardberger

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

319 W Hollywood Ave., SA TX 78212

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SSFCU PAC

Amount of contribution (\$)

Contributor address; City; State; Zip Code

16211 La Cantera Pkwy, SA TX 78256

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kathleen Weir Vale

Amount of contribution (\$)

Contributor address; City; State; Zip Code

102 E Hollwood Ave., SA TX 78212

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

George P Vaughn

Amount of contribution (\$)

Contributor address; City; State; Zip Code

107 Navato Blvd., SA TX 78232

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 7/21/17	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00457853) Terracon Political Action Committee 6 Contributor address; City; State; Zip Code 18001 W 106th St., Olathe, Kansas 66061	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Carlos Alvarez Contributor address; City; State; Zip Code 14800 San Pedro, Ste 310, SA TX 78232	Amount of contribution (\$) 10000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) S Barshop Investments Ltd. Contributor address; City; State; Zip Code 10001 Reunion Place Ste 230, SA TX 78216	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Edward K Kopplow Contributor address; City; State; Zip Code 7373 Broadway, Ste 101, SA TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 7/25/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward E Collins III 6 Contributor address; City; State; Zip Code 114 Camp St., Unit 301, SA TX 78204	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard M Kleberg III Contributor address; City; State; Zip Code 201 Lilac Lane, SA TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Cukjati & Tom LLP Contributor address; City; State; Zip Code 1802 Blanco Road, SA TX 78212	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John W or Rita L Feik Contributor address; City; State; Zip Code 221 Genseo Rd., SA TX 78209	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 7/25/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Maloney, Jr. 6 Contributor address; City; State; Zip Code 239 E Commerce St., SA TX 78205	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D Beldon Contributor address; City; State; Zip Code PO Box 13380, SA TX 78213	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edith S McAllister Contributor address; City; State; Zip Code 203 Terrell Rd., SA TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd A Denton, Jr. Contributor address; City; State; Zip Code 1 Bitterblue Ln., SA TX 78218	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 7/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John L Nau III 6 Contributor address; City; State; Zip Code PO Box 130130, Houston, TX 77219	7 Amount of contribution (\$) 5000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerry Telle Contributor address; City; State; Zip Code 2 Granburg Cir., SA TX 78218	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret A Kelley, MD Contributor address; City; State; Zip Code 230 Dwyer Ave., Apt 902, SA TX 78204	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas C Musgrave III Contributor address; City; State; Zip Code 825 Old Austin Rd., SA TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/1/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis Resource Management 6 Contributor address; City; State; Zip Code 10101 Reunion Place, Ste 1000, SA TX 78216	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raba-Kistner PAC Contributor address; City; State; Zip Code PO Box 690287, SA TX 78269	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code PO Box 17428, Austin, TX 78760	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick J or Joan R Kennedy Contributor address; City; State; Zip Code 1027 Austin Hwy, Ste 108, SA TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garland C or Ronda J Galm 6 Contributor address; City; State; Zip Code 11815 Parrigin Rd., Helotes, TX 78023	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianna M Burns MD Contributor address; City; State; Zip Code 131 Manchester Way, Shavano Park, TX 78249	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto P Gonzalez Contributor address; City; State; Zip Code 1747 Fawn Gate, SA TX 78248	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James A or Kay H Broadus Contributor address; City; State; Zip Code 605 Rainbow Cove, Austin, TX 78746	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kacy D Cigarroa 6 Contributor address; City; State; Zip Code 18 Gallery Ct., SA TX 78209	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr Susan Blackwood or James L Blackwood Contributor address; City; State; Zip Code 706 Birdsong S., SA TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret W Walker Contributor address; City; State; Zip Code 69 Granburg Cir., SA TX 78218	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur S or Norma S Rodriguez Contributor address; City; State; Zip Code 2101 W Summit Ave., SA TX 78201	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Cary Barton 6 Contributor address; City; State; Zip Code One Riverwalk Place, Ste 1825, SA TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert D Amerman Contributor address; City; State; Zip Code 411 Fantasia, SA TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Perry Contributor address; City; State; Zip Code 419 Happy Trl., Shavano Park, TX 78231	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roslyn Canavan Contributor address; City; State; Zip Code 215 W Bandera Rd Ste 114 Box 470, Boerne, TX 78006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/9/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William R Sneckner 6 Contributor address; City; State; Zip Code 27027 Bulverde Rd #4, SA TX 78260	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/9/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Obriotti Green Contributor address; City; State; Zip Code 128 Grant Ave., Alamo Heights, TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/9/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie G Harvey Contributor address; City; State; Zip Code 2 Queens Gate, SA TX 78218	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/9/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond Carvajal Contributor address; City; State; Zip Code 3410 Roosevelt Ave., SA Tx 78214	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/18/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert P Braubach 6 Contributor address; City; State; Zip Code 106 S St Marys St., Ste 200, SA TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lukin T Gilliland Jr. Contributor address; City; State; Zip Code 901 NE Loop 410 #909, SA Tx 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William I Wyatt, Jr. Contributor address; City; State; Zip Code 123 W Kings Hwy., SA TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Davidek Jr Trust Contributor address; City; State; Zip Code 4 Villa Verde, SA Tx 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/18/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim or Cheryl A Gonzales 6 Contributor address; City; State; Zip Code 25406 Pyrite, SA TX 78006	7 Amount of contribution (\$) 5000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward E or Linda L Whitacre Jr. Contributor address; City; State; Zip Code 325 Terrell Rd., SA TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward B or Nancy Lee Kelley Contributor address; City; State; Zip Code 7 Links Green, SA TX 78257	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Lee Contributor address; City; State; Zip Code 970 Isom, SA TX 78216	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles C Butt 6 Contributor address; City; State; Zip Code 335 King William, SA TX 78204	7 Amount of contribution (\$) 5000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CP & Y Inc. PAC Contributor address; City; State; Zip Code 1820 Regal Row Ste 200, Dallas, TX 75235	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken or Donna Flores Contributor address; City; State; Zip Code 406 Happy Trl., Shavano Park, TX 78231	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John E or Lesha G Carlson, Jr. Contributor address; City; State; Zip Code 210 Geddington, Shavano Park, Tx 78249	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 44
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Hoover 6 Contributor address; City; State; Zip Code 27695 N 70th St., Scottsdale, AZ 85266	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff J or Karen E Williamson Contributor address; City; State; Zip Code 27 W Sierra Vista Dr., Phoenix, AZ 85013	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teri Jones Contributor address; City; State; Zip Code 108 Zachary Ct., Roseville, CA 95747	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas S or Lisa Case Contributor address; City; State; Zip Code 7794 Pinebrook Rd., Park City, UT 84098	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric H or Julie J Hedlund 6 Contributor address; City; State; Zip Code 250 Treeline Park #404, SA TX 78209	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack E or Marlene R Spirt Contributor address; City; State; Zip Code 7 Byron Nelson, SA TX 78257	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Q Cedillo Contributor address; City; State; Zip Code 70 Bristol Grn., SA TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick H Swearingen, Jr. Contributor address; City; State; Zip Code 310 Argyle, SA TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weldon W or Linda C Hammond Jr. 6 Contributor address; City; State; Zip Code 4 Lazy Lane, SA TX 78209	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Engberg Contributor address; City; State; Zip Code 29626 Fairview Pl., Fair Oaks Ranch, TX 78015	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy or Dorothy Davila Contributor address; City; State; Zip Code 6411 Stonykirk, SA TX 78240	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Applegate Contributor address; City; State; Zip Code 10206 Willowick Lane, SA TX 78217	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Herrmann 6 Contributor address; City; State; Zip Code 5005 West Ave., Ste 100, SA TX 78213	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew Moorman Contributor address; City; State; Zip Code 121 E Mariposa, SA TX 78212	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Katie Reed Contributor address; City; State; Zip Code 7317 Ashton Place, SA TX 78229	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip D or Sandy Green Contributor address; City; State; Zip Code 157 Cibolo Ridge Trail, Boerne, TX 78015	Amount of contribution (\$) 2250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T C Frost 6 Contributor address; City; State; Zip Code PO Box 1600, SA TX 78296	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat or Kelley L Frost Contributor address; City; State; Zip Code 604 Garraty Road, SA Tx 78209	Amount of contribution (\$) 2250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/8/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin J or Sherri B Downey Contributor address; City; State; Zip Code 13622 Inwood Park, SA TX 78216	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/8/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David A or Dona B Berchelmann Jr. Contributor address; City; State; Zip Code 406 Woodway Forest Dr., SA TX 78216	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas J or Susan R Smith or Carol A Stephens 6 Contributor address; City; State; Zip Code 112 E Pecan St Ste 3050, SA TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navin Bhatia Contributor address; City; State; Zip Code 120 Turnberry Way, SA TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allan B Polunsky Contributor address; City; State; Zip Code 17806 IH 10 West Ste 450, SA TX 78257	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey E Najim Contributor address; City; State; Zip Code 306 Huntington Place, SA TX 78231	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NuStar PAC 6 Contributor address; City; State; Zip Code 19003 IH 10 West, SA TX 78257	7 Amount of contribution (\$) 10000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/17	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00386029) HNTB Holdings Ltd., PAC Contributor address; City; State; Zip Code 715 Kirk Dr., Kansas City, MO 64105	Amount of contribution (\$) 3000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valero PAC Contributor address; City; State; Zip Code PO Box 696000, SA TX 78269	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRACEWELL PAC Contributor address; City; State; Zip Code 711 Louisiana St., Houston, TX 77002	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBC State PAC 6 Contributor address; City; State; Zip Code 130 E Travis, SA TX 78205	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Montford Contributor address; City; State; Zip Code 1 Buckingham Court, SA TX 78257	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John T Montford Contributor address; City; State; Zip Code 1 Buckingham Court, SA TX 78257	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown and Ortiz PC Contributor address; City; State; Zip Code 112 E Pecan Ste 1360, SA TX 78205	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John B Zachry 6 Contributor address; City; State; Zip Code PO Box 240130, SA TX 78224	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baltazar R Serna Jr. Contributor address; City; State; Zip Code 126 Villita, SA TX 78205	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel B Markson Contributor address; City; State; Zip Code 200 Concord Plaza Dr., Ste 900, SA TX 78216	Amount of contribution (\$) 625.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert W Hartman III Contributor address; City; State; Zip Code 204 Ruelle Ln. Apt D, SA TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

SCHEDULE A1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William T Kaufman 6 Contributor address; City; State; Zip Code 100 W Houston St., Ste 1250, SA TX 78205	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Gastro or Paul Robert Killen Contributor address; City; State; Zip Code 29 Winthrop Downs, SA TX 78257	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Rose Brown Contributor address; City; State; Zip Code 48 Vineyard, SA TX 78257	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cory or Phillip Bakke Contributor address; City; State; Zip Code 21 Lynn Batts Lane Ste 10, SA TX 78218	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penelope S Farthing 6 Contributor address; City; State; Zip Code 1503 35th St NW, Washington, DC 20007	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward A or Nancy Scott Cross, II Contributor address; City; State; Zip Code 2 Laurel Place, SA TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John P and Karen (Suzie) Walker Contributor address; City; State; Zip Code 1603 Nacogdoches Rd., SA TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Thomas Barrett Contributor address; City; State; Zip Code 1407 Viewridge Dr., SA TX 78213	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 44
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David T or Barbara J Covarrubias 6 Contributor address; City; State; Zip Code 8507 Meaghan Mist, Helotes, TX 78023	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony or Brenda Davila Contributor address; City; State; Zip Code 6727 Lazyridge Dr., SA TX 78229	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane H Macon Contributor address; City; State; Zip Code 300 Convent St., Ste 1500, SA TX 78205	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Glass Harig Contributor address; City; State; Zip Code 108 Geneseo, SA TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory R Garza 6 Contributor address; City; State; Zip Code 15527 Dawn Crst., SA TX 78248	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene E Gonzalez, CPA Contributor address; City; State; Zip Code 7500 Callaghan, SA TX 78229	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcom T Hartman Contributor address; City; State; Zip Code 8520 Crown Hill Blvd., SA TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Allison L Greer Contributor address; City; State; Zip Code 2043 Preakness Lane, SA TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Vasquez 6 Contributor address; City; State; Zip Code 8102 Robin Rest Dr., SA TX 78209	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton K Barton Contributor address; City; State; Zip Code 4103 Sylvanoaks, SA TX 78229	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Osborne Bobbitt Contributor address; City; State; Zip Code 410 King William St., SA TX 78204	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan I Davis Contributor address; City; State; Zip Code 3905 Waterford Ct., Beachwood, OH 44122	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 44
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Zunker 6 Contributor address; City; State; Zip Code 400 Ridgemont, SA TX 78209	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/11/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dirk Elmendorf Contributor address; City; State; Zip Code 422 King William, SA TX 78204	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Hull Contributor address; City; State; Zip Code 100 Sage Cyn, Boerne, TX 78006	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J David Heller Contributor address; City; State; Zip Code 60 Rydalwood Lane, Moreland Hills, OH 44022	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Brown 6 Contributor address; City; State; Zip Code 2237 Delamere Dr., Cleveland Hts., OH 44106	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Outcalt Contributor address; City; State; Zip Code 2881 Plymouth Dr., Pepper Pike, OH 44124	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Tanner Contributor address; City; State; Zip Code 33487 Vineyard Park, Avon, OH 44011	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Currall Contributor address; City; State; Zip Code 6983 Ridgemont Court, Hudson, OH 44236	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Hull 6 Contributor address; City; State; Zip Code 100 Sage Cyn, Boerne, TX 78006	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frates Seeligson Contributor address; City; State; Zip Code 311 W Holloywood, SA TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erick Waller Contributor address; City; State; Zip Code 5309 Transportation Blvd., Cleveland, OH 44125	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Stephenson Contributor address; City; State; Zip Code 8622 Napa Landing, Boerne, TX 78015	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harriet Dominique 6 Contributor address; City; State; Zip Code 230 Dwyer Ave. #1101, SA TX 78204	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcelo P or Olivia P Sanchez Contributor address; City; State; Zip Code 16402 Strong Box, SA TX 78247	Amount of contribution (\$) 10000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Vickrey Johnson Contributor address; City; State; Zip Code 12940 Country Pkwy, SA TX 78216	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek E or Susan R Naiser Contributor address; City; State; Zip Code 104 Summer Gln., Boerne, TX 78006	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert D Amerman 6 Contributor address; City; State; Zip Code 411 Fantasia, SA TX 78216	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kye Kilpatrick or Louis J Fox Contributor address; City; State; Zip Code 34 Haverhill Way, SA Tx 78209	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC Contributor address; City; State; Zip Code 9800 Fredericksburg Rd, SA TX 78288	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennert O or Suzanne E Ware Contributor address; City; State; Zip Code 317 Limestone Creek Rd., SA TX 78232	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

49

2 FILER NAME

Nelson W. Wolff

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

J Bruce Bugg, Jr.

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

410 Elizabeth Rd., SA TX 78209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert G or Janette M Marbut

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

PO Box 90417, SA TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kopser for Congress

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

PO Box 701711, SA TX 78270

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ken Lowe

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

311 Fargo Ave, SA TX 78220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham M Weston 6 Contributor address; City; State; Zip Code 112 E Pecan St., Ste. 6, SA TX 78205	7 Amount of contribution (\$) 5000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam or Laura Dawson Contributor address; City; State; Zip Code 129 Turnberry Way, SA TX 78230	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard and Holly Turner Contributor address; City; State; Zip Code 106 Tuttle Road, SA TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. or Mrs. Richard W. Evans Jr. Contributor address; City; State; Zip Code 315 Terrell Rd., SA TX 78209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

49

2 FILER NAME

Nelson W. Wolff

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Martin Phipps, PLLC

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

102 9th St, SA TX 78215

5000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/16/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Elizabeth A Gonzalez Barratachea

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

431 Woodway Forest Dr., SA TX 78216

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sue A or Richard A Bolner

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

113 Aauren Ct., La Vernia TX 78121

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James or Shirley Dannenbaum

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3908 Del Monte Dr., Houston, TX 77019

10000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

44

2 FILER NAME

Nelson W. Wolff

3 Filer ID (Ethics Commission Filers)

4 Date

11/1/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lily L. or Johnny M. Guerra

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

5107 Queen Bess Ct., SA TX 78228

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/9/17

Full name of contributor

☒ out-of-state PAC (ID#: C00142711)

The Boeing Company PAC

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

929 Long Bridge Dr., Arlington, VA 22202

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/8/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Henry R. Munoz III

Amount of contribution (\$)

10000.00

Contributor address;

City; State; Zip Code

235 W. Kings Hwy., SA TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Allen Castro

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2342 W Huisache Ave., SA TX 78201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 49
2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald D Urbanczyk 6 Contributor address; City; State; Zip Code 26226 Hwy 46 West, Spring Branch, TX 78070	7 Amount of contribution (\$) 15000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 7/5/17		5 Payee name Thompson Print & Mailing			
6 Amount (\$) 510.31		7 Payee address; City; State; Zip Code 5818 Rocky Point, Dr., SA TX 78249			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Postage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/6/17		Payee name TRL Productions			
Amount (\$) 500.00		Payee address; City; State; Zip Code 13802 Sienna Ct., SA TX 78249			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) 2018 Festival Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/12/17		Payee name San Antonio Association of Hispanic Journalists			
Amount (\$) 500.00		Payee address; City; State; Zip Code PO Box 120334, SA TX 78212			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 7/12/17		5 Payee name Woodlawn Lake Community Association			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code PO Box 28374, SA TX 78228			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/14/17		Payee name Cardmember Services			
Amount (\$) 579.66		Payee address; City; State; Zip Code PO Box 790408, St. Louis, MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/17		Payee name Veronica Vasquez Campaign			
Amount (\$) 750.00		Payee address; City; State; Zip Code 112 E. Pecan St., Ste. 1450, SA TX 78205			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 7/21/17		5 Payee name Rick Morones, Jr.			
6 Amount (\$) 750.00		7 Payee address; City; State; Zip Code 2119 Nogalitos, SA TX 78225			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Boxing Event Contribution		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/24/17		Payee name Thompson Print & Mailing			
Amount (\$) 719.70		Payee address; City; State; Zip Code 5818 Rocky Point Dr., SA TX 78249			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Print Services		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/28/17		Payee name Ana Sandoval Campaign			
Amount (\$) 500.00		Payee address; City; State; Zip Code 1222 Donaldson Ave., SA TX 78228			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 7/23/17		5 Payee name San Antonio Business Journal			
6 Amount (\$) 115.00		7 Payee address; City; State; Zip Code PO Box 36919, Charlott, NC 28236			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Subscription		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/10/17		Payee name Thompson Print & Mailing			
Amount (\$) 134.24		Payee address; City; State; Zip Code 5818 Rocky Point, SA TX 78249			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Print Services		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/18/17		Payee name Cardmember Services			
Amount (\$) 1306.66		Payee address; City; State; Zip Code PO Box 790408, St. Louis, MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 8/21/17		5 Payee name Thompson Print & Mailing			
6 Amount (\$) 520.51		7 Payee address; City; State; Zip Code 5818 Rocky Point, SA TX 78249			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Postage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/7/17		Payee name Marcie Treveno Ripper			
Amount (\$) 1500.00		Payee address; City; State; Zip Code 13423 Blanco Rd., SA TX 78216			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/11/17		Payee name Bexar County Democratic Party			
Amount (\$) 600.00		Payee address; City; State; Zip Code 3000 IH-10 West SA TX 78201			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 9/12/17		5 Payee name The RK Group			
6 Amount (\$) 4504.74		7 Payee address; City; State; Zip Code PO Box 1361 SA TX 78295			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Catering - Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/12/17		Payee name River City Valet			
Amount (\$) 440.00		Payee address; City; State; Zip Code 3031 Whisper Fern SA TX 78230			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Valet Parking - Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/13/17		Payee name Seazar's Wine & Spirit			
Amount (\$) 241.18		Payee address; City; State; Zip Code 6422 N New Braunfels Ave., SA TX 78209			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Beverage - Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">19</div>	2 FILER NAME <div style="text-align: center;">Nelson W. Wolff</div>	3 Filer ID (Ethics Commission Filers)
4 Date 9/13/17	5 Payee name Monique Diaz for Judge	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code PO Box 90883, SA TX 78209	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) Contribution	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date 9/13/17	Payee name Avenida Guadalupe Association	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1313 Guadalupe St., Ste. 100, SA TX 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date 9/14/17	Payee name Marcie Trevino Ripper	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 13423 Blanco Rd., #436, SA TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 9/18/17		5 Payee name Cardmember Services			
6 Amount (\$) 5729.54		7 Payee address; City; State; Zip Code PO Box 790408 St. Louis, MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/18/17		Payee name Bruce E. Parker			
Amount (\$) 1600.00		Payee address; City; State; Zip Code 2220 CR 203, Burnet TX 78611			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) July through September Accounting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/19/17		Payee name Annie's List			
Amount (\$) 500.00		Payee address; City; State; Zip Code 630 W. 34th St. Ste 320, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 Date 9/20/17	5 Payee name Calvert for Commissioner Campaign	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO Box 15571 SA TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 9/25/17	Payee name Ron Nirenberg for Mayor Campaign	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1001 Broadway SA TX 78215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/9/17	Payee name AV Technical Support	
Amount (\$) 1840.26	Payee address; City; State; Zip Code 4311 Director Dr., SA TX 78219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Kickoff - Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/17		5 Payee name Cardmember Services			
6 Amount (\$) 1565.34		7 Payee address; City; State; Zip Code PO Box 790408 St Louis, MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/2/17		Payee name Opportunity First PAC			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 1150 N. Loop 1604 W. Ste 108-230, SA TX 78258			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/6/17		Payee name Sign Busters			
Amount (\$) 350.00		Payee address; City; State; Zip Code 330 W. Baetz Blvd., SA TX 78221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense.		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 10/2/17		5 Payee name San Antonio AFL - CIO			
6 Amount (\$) 350.00		7 Payee address; City; State; Zip Code 231 W. Cypress, Ste 115, SA TX 78212			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/4/17		Payee name Nicholas "Nico" LaHood for D.A. Campaign			
Amount (\$) 500.00		Payee address; City; State; Zip Code PO Box 12616, SA TX 78212			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/17/17		Payee name HEB			
Amount (\$) 114.26		Payee address; City; State; Zip Code 9900 Wurzbach, SA TX 78230			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Expense - Staff Luncheon		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 10/21/17		5 Payee name Verizon			
6 Amount (\$) 126.85		7 Payee address; City; State; Zip Code PO Box 4001, Acworth, GA 30101			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/18/17		Payee name Briscoe Western Art Museum			
Amount (\$) 3000.00		Payee address; City; State; Zip Code 210 W. Market St., SA TX 78205			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/27/17		Payee name Thompson Print & Mailing Solutions			
Amount (\$) 1448.14		Payee address; City; State; Zip Code 5818 Rocky Point Dr., SA TX 78249			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 10/25/17		5 Payee name Cynthia Chapa for District Judge Campaign			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 4710 Adkins Trail, SA TX 78238			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/17		Payee name Bell Ripper PLLC			
Amount (\$) 1191.07		Payee address; City; State; Zip Code 13423 Blanco Rd., #436, SA TX 78216			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign Consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/17		Payee name Nicole Erfurth			
Amount (\$) 217.50		Payee address; City; State; Zip Code 3902 Skylark Ave., SA TX 78210			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign Social Media Services		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/17		5 Payee name Owl Marketing			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code 16719 Huebner Rd. Bldg #1, SA TX 78230			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Media Consulting		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/2/17		Payee name Luz Elena Chapa			
Amount (\$) 250.00		Payee address; City; State; Zip Code 300 Dolorosa Ste 3200, SA TX 78205			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/17		Payee name Sign Busters			
Amount (\$) 100.00		Payee address; City; State; Zip Code 330 W. Baetz Blvd., SA TX 78221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign Sign Storage		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 11/13/17		5 Payee name Cardmember Services			
6 Amount (\$) 3780.18		7 Payee address; City; State; Zip Code PO Box 790408 St. Louis, MO 63179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Cedit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/20/17		Payee name Verizon			
Amount (\$) 115.72		Payee address; City; State; Zip Code PO Box 4001, Acworth, GA 30101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/17		Payee name Bexar County Democratic Party			
Amount (\$) 1250.00		Payee address; City; State; Zip Code PO Box 12534, SA TX 78212			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Filing Fee for County Judge		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date 12/7/17		5 Payee name Nicole Erfurth		
6 Amount (\$) 165.00		7 Payee address; City; State; Zip Code 3902 Skylark Ave., SA TX 78210		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Campaign Services		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 12/7/17		Candidate / Officeholder name Marcie Ripper		
Amount (\$) 275.00		City; State; Zip Code 13423 Blanco Rd #436, SA TX 78216		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign Services		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 12/7/17		Candidate / Officeholder name Associated General Contractors of America, Inc.		
Amount (\$) 500.00		City; State; Zip Code 10806 Gulfdale, SA TX 78216		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution .		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 12/7/17		5 Payee name Veronica Escobar for Congress			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code PO Box 3961, El Paso, TX 79923			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/12/17		Payee name Cardmember Services			
Amount (\$) 1260.35		Payee address; City; State; Zip Code PO Box 790408, St. Louis, MO 63179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/24/17		Payee name Brenda Vega			
Amount (\$) 500.00		Payee address; City; State; Zip Code 425 CR 3821, SA TX 78253			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign Services		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 12/20/17		5 Payee name Star Catering of SA			
6 Amount (\$) 196.61		7 Payee address; City; State; Zip Code 14415 Blanco Rd., SA TX 78216			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food Expense Staff Luncheon		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/26/17		Payee name Bruce E. Parker			
Amount (\$) 1800.00		Payee address; City; State; Zip Code 2220 CR 203, Burnet, TX 78611			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) October thru December Accounting & Report Preparation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/26/17		Payee name Verizon			
Amount (\$) 113.45		Payee address; City; State; Zip Code PO Box 4001, Acworth, GA 30101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.2em;">19</div>	2 FILER NAME <div style="text-align: center;">Nelson W. Wolff</div>	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/17	5 Payee name Pirya	
6 Amount (\$) 1664.63	7 Payee address; City; State; Zip Code 580 Howard St., #402, San Francisco, CA 94104	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) Service Fees for On-Line Credit Card Contributions July thru December 2017	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 3167.04
5 Date 7/13/17	6 Payee name Habitat for Humanity of San Antonio	
7 Amount (\$) 100.00	8 Payee address; City; State; Zip Code 311 Probant, SA TX 78204	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 7/28/17	Payee name Northwest Democrats	
Amount (\$) 600.00	Payee address; City; State; Zip Code PO Box 681911 SA TX 78268	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 8/4/17	6 Payee name San Antonio Area African American Community Fund
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7 Amount (\$) 2500.00	8 Payee address; City; State; Zip Code 303 Pearl Pkwy., Ste. 114, SA TX 78215
--------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/12/17	Payee name St Regis Houston
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Amount (\$) 1098.51	Payee address; City; State; Zip Code 1919 Briar Oaks Ln., Houston, TX 77027
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/11/17	6 Payee name Alexic G. Velasquez	
7 Amount (\$) 425.00	8 Payee address; City; State; Zip Code 14318 Ben Brush, SA TX 78248	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Graphic Design - Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8/18/17	Payee name The Fund	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1149 E. Commerce, Ste. 200, SA TX 78205	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/30/17	6 Payee name The Wall Steet Journal	
7 Amount (\$) 443.88	8 Payee address; City; State; Zip Code 1211 Ave of the Americas, NY NY 10036	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8/31/17	Payee name DS Services	
Amount (\$) 144.26	Payee address; City; State; Zip Code 2300 Windy Ridge Pkwy, Atlanta, GA 30339	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
----------------------------------	---------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date 9/14/17	6 Payee name Society of Professional Journalists - San Antonio Chapter
-------------------	---

7 Amount (\$) 350.00	8 Payee address; City; State; Zip Code 3503 River Way, SA TX 78230
-------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/22/17	Payee name Bliss Restaurant
-----------------	--------------------------------

Amount (\$) 565.96	Payee address; City; State; Zip Code 926 South Presa, SA TX 78210
-----------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 9/27/17	6 Payee name Harlandale Education Foundation	
7 Amount (\$) 100.00	8 Payee address; City; State; Zip Code 102 Genevieve, SA TX 78214	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 9/11/17	Payee name The Rose Boutique	
Amount (\$) 229.49	Payee address; City; State; Zip Code 955 Cincinatti Ave., SA TX 78201	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Flowers - Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/4/17	6 Payee name Key Ideas Incorporated	
7 Amount (\$) 1700.00	8 Payee address; City; State; Zip Code 1002 North Flores, SA TX 78212	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media Advisory and Event Photography	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10/5/17	Payee name National MS Society	
Amount (\$) 200.00	Payee address; City; State; Zip Code 525 West Monroe St., Ste. 900, Chicago, IL 60661	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/9/17	6 Payee name Illusions Rentals
--------------------------	--

7 Amount (\$) 351.81	8 Payee address; City; State; Zip Code 1107 AT&T Centery Pkwy #111, SA TX 78219
--------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/12/17	Payee name Jason's Deli
-------------------------	-----------------------------------

Amount (\$) 470.31	Payee address; City; State; Zip Code 25 NE Loop 410 SA TX 78216
------------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense Community Leaders Luncheon	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 10/17/17	6 Payee name Midtown Social House
---------------------------	---

7 Amount (\$) 452.49	8 Payee address; City; State; Zip Code 1719 Blanco Rd., SA TX 78212
--------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense Suburban Cities Luncheon	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/17	Payee name Nello Resturante
------------------------	---------------------------------------

Amount (\$) 148.03	Payee address; City; State; Zip Code 696 Madison Ave., NY NY 10065
------------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <div style="text-align: center; font-size: 1.5em;">12</div>	2 FILER NAME <div style="text-align: center;">Nelson W. Wolff</div>	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$			
5 Date <div style="text-align: center;">11/8/17</div>	6 Payee name <div style="text-align: center;">Rey A. Saldana Campaign Fund</div>				
7 Amount (\$) <div style="text-align: center;">250.00</div>	8 Payee address; City; State; Zip Code <div style="text-align: center;">1730 W. Mally, SA TX 78224</div>				
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Contribution</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

Date <div style="text-align: center;">11/9/17</div>	Payee name <div style="text-align: center;">Alzheimer's Association</div>				
Amount (\$) <div style="text-align: center;">100.00</div>	Payee address; City; State; Zip Code <div style="text-align: center;">10223 McAllister Frwy., Ste. 100, SA TX 78216</div>				
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Contribution</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12		2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 11/10/17		6 Payee name Alexis G. Valasquez			
7 Amount (\$) 119.40		8 Payee address; City; State; Zip Code 14318 Ben Brush St., SA TX 78248			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Email Hosting		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/17/17		Payee name Dropbox			
Amount (\$) 105.53		Payee address; City; State; Zip Code 185 Berry St., Ste 400, San Francisco, CA 94107			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) File Storage/Sharing		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 12	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 11/28/17	6 Payee name Daily Bread Ministries	
7 Amount (\$) 100.00	8 Payee address; City; State; Zip Code 6351 Rittiman Rd., SA TX 78218	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: **1**

2 FILER NAME

Nelson W. Wolff

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Nello Resturante

5 Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

11/01/17
thru
11/05/17

7 Name of person(s) traveling

Nelson W. Wolff

8 Departure city or name of departure location

San Antonio

9 Destination city or name of destination location

New York

10 Means of transportation

Commercial Air

11 Purpose of travel (including name of conference, seminar, or other event)

Bond & Economic Development Trip

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

TSVC, Inc. Political Action Committee (Terracon PAC)

ADDRESS (number and street)

18001 West 106th Street



(Check if address is changed)

Suite 300

Olathe

CITY ▲

KS

STATE ▲

66061

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

slruhl@comerica.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY
01 / 03 / 2014

3. FEC IDENTIFICATION NUMBER ►

C

C00457853

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Donald Vrana

Signature of Treasurer

Donald Vrana

[Electronically Filed]

Date

MM / DD / YYYY
01 / 03 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

TSVC, Inc. Political Action Committee (Terracon PAC)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

TSVC, Inc.

Mailing Address

18001 West 106th Street

Suite 300

Olathe

KS

66061

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Comerica Bank

Mailing Address

PAC Services

PO Box 75000, MC 2250

Detroit

MI

48275-2250

Title or Position

CITY

STATE

ZIP CODE

Bookkeeper

Telephone number

248

371

7269

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Donald Vrana

Mailing Address

18001 W. 106th Street

Suite 300

Olathe

KS

66061

CITY

STATE

ZIP CODE

Title or Position
EVP, CFO

Telephone number

248

371

7269

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank

Mailing Address

P.O. Box 75000

Detroit

MI

48275

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Image# 14940002045

PAGE 5 / 5

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

Change of Treasurer

Form/Schedule:

Transaction ID:

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

HNTB Holdings Ltd. PAC

ADDRESS (number and street)

715 Kirk Drive



(Check if address is changed)

Kansas City

CITY ▲

MO

STATE ▲

64105

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

makelley@hntb.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

None

2. DATE

03

10

2015

3. FEC IDENTIFICATION NUMBER ►

C

C00386029

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Douglas Mann

Signature of Treasurer

Douglas Mann

[Electronically Filed]

Date

03

10

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☒ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

HNTB Holdings Ltd. PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****HNTB Holdings Ltd.**

Mailing Address

715 Kirk Drive

Kansas City

CITY

MO

STATE

64105

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Matt Kelley

Mailing Address

715 Kirk Drive

Kansas City

CITY

MO

STATE

64105

ZIP CODE

Custodian of Records

Telephone number

816

527

2346

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Douglas Mann

Mailing Address

715 Kirk Drive

Kansas City

CITY

MO

STATE

64105

ZIP CODE

Title or Position
Treasurer

Telephone number

816

527

2346

Full Name of
Designated
Agent

Matt Kelley

Mailing Address

715 Kirk Drive

Kansas City

CITY

MO

STATE

64105

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

816

527

2346

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Commerce Bank

Mailing Address

1000 Walnut Street

Kansas City

CITY

MO

STATE

64106

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Image# 15970295448

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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

This report is being amended to disclose the new Treasurer

Form/Schedule:

Transaction ID:

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

The Boeing Company Political Action Committee

ADDRESS (number and street)

929 Long Bridge Drive

- ☐ (Check if address is changed)

Arlington

CITY ▲

VA

STATE ▲

22202

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

- ☒ (Check if address is changed)

elizabeth.e.steil@boeing.com

Optional Second E-Mail Address

pleeman@ddcpublicaffairs.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
04 / 17 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00142711

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lowe, Jennifer, . .

Signature of Treasurer Lowe, Jennifer, . .

Date

MM / DD / YYYY
04 / 17 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

☒ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|--|---------------|---|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 5

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Liquid Robotics Inc Political Action Committee (Liquid Robotics PAC)

Mailing Address

Liquid Robotics

1329 Moffett Park Dr

Sunnyvale

CA

94089

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C