# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mr Nelson  NICKNAME LAST	MI W SUFFIX	OFFICE USE ONLY  Date Received
	Wolff	SSITIA	29
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; Co	onio, TX 78230	ZOIO JAN II AN
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 210 ) 335-1326	EXTENSION	Date Hand-deliverag or Date-Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Ms Andi		Date Processed  Date Imaged
	Rodriguez		•
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU  222 E. Houston Street, San	,,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 210 ) 827-8711	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
40 DEDIOD			
10 PERIOD COVERED	Month Day Year 07 / 01 / 2017	THROUGH 12 /	Day Year 2017
11 ELECTION		ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)  Constitutional County Judg  Bexar County, Texas	ge Constitutional Bexar County,	County Judge
	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

4 C/OH NAME  15 Filer ID (Ethics Commission Filers)					
		Nelson W. Wolff			
16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	Friends for Nelson W. Wolff				
	SPECIFIC COMMITTEE ADDRESS				
	P.O. Box 830986, San Antonio, TX 78283				
	COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages	Ms Andi Rodriguez				
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		222 E. Houston Street, San Antoni	o, TX 78205		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ 0.00		
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 347,725.00					
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 4,084.01		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 50,892.87		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 619,236.56		
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$ 0.00		
18 AFFIDAVIT					
		, , , , , , , , , , , , , , , , , , , ,	erjury, that the accompanying report is rmation required to be reported by me		
Notary Pu	ORINE CASAS ablic, State of Texas expires 01-05-2020 by ID 10410405		didate or Officeholder		
ACET ACT AND A STATE OF THE STA	MP/SEALABOVE	Molan M Wales	th		
Sworn to and subso	cribed before me,	to certify which, witness my hand and seal of office.	, this the		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath		

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

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

ster J or Jill M Drash, Jr. ributor address; City; State; 46 Calle Cierra, SA TX 78258 bb title (See Instructions)	(ID#:) Zip Code	1 Total pages Schedule A1: 49 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 10000.00
name of contributor	Zip Code  8  9 Employer (See Instruct	3 Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$)  10000.00
name of contributor	Zip Code  8  9 Employer (See Instruct	7 Amount of contribution (\$) 10000.00
ster J or Jill M Drash, Jr. ributor address; City; State; 46 Calle Cierra, SA TX 78258  ob title (See Instructions)	Zip Code  8  9 Employer (See Instruct	10000.00
ributor address; City; State; 46 Calle Cierra, SA TX 78258  ob title (See Instructions)	9 Employer (See Instruct	
A6 Calle Cierra, SA TX 78258  ob title (See Instructions)  name of contributor	9 Employer (See Instruct	
name of contributor	9 Employer (See Instruct	ions)
name of contributor	9 Employer (See Instruct	ions)
rles E Amato	(ID#:)	
	l l	Amount of contribution (\$)
ributor address:		1000.00
ributor address; City; State;	Zip Code	
1 San Pedro Ave., Ste. 600,	SA TX 78216	
b title (See Instructions)	Employer (See Instruct	ions)
name of contributor	(ID#:)	Amount of contribution (\$)
rence J Kahlig II		2500.00
ributor address; City; State;	Zip Code	
7 San Pedro Ave., SA TX 782	16	
b title (See Instructions)	Employer (See Instruct	ions)
name of contributor out-of-state PAC	(10#-	Amount of contribution (#)
Muery PAC	(10#)	Amount of contribution (\$)  2500.00
ributor address; City; State;	Zip Code	2500.00
l Magic Dr., SA TX 78229		
b title (See Instructions)	Employer (See Instruct	ions)
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 7/11/17 Mr or Mrs Peter M Holt 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) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 7/11/17 Norton Rose Fulbright US LLP Texas Committee 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 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 7/11/17 Walter M Emgrey Jr. 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 Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 7/14/17 Martin & Drought, PC 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)

### 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	5 Full name of contributor	7 Amount of contribution (\$)
7/14/		
	6 Contributor address; City; State; Zip Code	
	PO Box 171720, SA Tx 78217	500.00
8 Princip	al occupation / Job title (See Instructions)  9 Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
7/14/	17 Harriet Marmon Helmle or Austin E Helmle	
	Contributor address; City; State; Zip Code	
	401 Horizon Crest, Boerne, TX 78006	100.00
Principa	l occupation / Job title (See Instructions) Employer (See Instruc	I ctions)
Date	Full name of contributor	Amount of contribution (\$)
7/14/	17 Dan A Catalani	(4)
	Contributor address; City; State; Zip Code	
	1500 S. Zarzamora St., SA TX 78207	1000.00
Principa	I occupation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
7/14/		
	Contributor address; City; State; Zip Code	
	209 Genesco Rd., SA TX 78209	1500.00
Principa	I occupation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

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 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 7/14/17 William Robert Klesse 6 Contributor address; City; State; Zip Code 109 Turnberry Way, SA TX 78230 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 7/14/17 James D Goudge Contributor address; City; State; Zip Code 200 Claiborne Way, SA TX 78209 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 7/18/17 Rosemary E Kowalski City; State; Zip Code Contributor address; 1220 E Commerce St., SA TX 78205 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 7/18/17 Patricia G Steves Contributor address: City; State; Zip Code PO Box 1866, SA Tx 78297 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### SCHEDULE A1

		-
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
	PO Box 33240, SA TX 78265	10000.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date 7/18/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 506 Royal CT., SA TX 78228	2500.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date 7/18/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 215 W Travis St., SA TX 78205	1000.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date 7/18/17	Full name of contributor	Amount of contribution (\$)
	310 S Saint Mary St., Ste 2400, SA TX 78205	2500.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)

### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 49
2 FILER NAME	Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC (II	D#:)	7 Amount of contribution (\$)
7/18/17	Diane D Rathor Gary G Candy		
	6 Contributor address; City; State;	Zip Code	
	68 Bristol Green, SA Tx 78209		1000.00
8 Principal occi	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/18/17	Full name of contributor	eyser	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
	98 Saddletree Rd., Shavano Park,	· '	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
7/18/17	Joseph or Elizabeth Casseb		
	Contributor address; City; State; 7926 Thornhill St., SA Tx 78209	Zip Code	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/21/17	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State; PO Box 1361, SA Tx 78295	Zip Code	2000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTAOUADDITIONAL COSTS		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruc		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

		TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Nelson W. Wolff  4 Date 7/21/17 B J Mc Combs  6 Contributor address; City; State; Zip Code 1000.00  8 Principal occupation / Job title (See Instructions)  Date 7/21/17 Marmon Mok, LLP  Contributor address; City; State; Zip Code 1000.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 7/21/17 Political Action Committee of Winstead PC  Contributor address; City; State; Zip Code 1000.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 49
7/21/17  B J Mc Combs 6 Contributor address; City: State: Zip Code PO Box BH003, SA Tx 78201  Date 7/21/17  B J Mc Combs 6 Contributor address; City: State: Zip Code PO Box BH003, SA Tx 78201  Date 7/21/17  Marmon Mok, LLP  Contributor address; City: State: Zip Code 700 N St Marys Ste 1600, SA TX 78205  Date 7/21/17  Date 7/21/17  Political Action Committee of Winstead PC  Contributor address; City: State: Zip Code 2728 North Harwood St., Ste 500, Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Date 7/21/17  Political Action Committee of Winstead PC  Contributor address; City: State: Zip Code 2728 North Harwood St., Ste 500, Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Date 7/21/17  Paid Starr Contributor address: City: State: Zip Code Amount of contribution (\$)  Amount of contribution (\$)	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Contributor address; City; State; Zip Code   1000.00			7 Amount of contribution (\$)
Date 7/21/17		6 Contributor address; City; State; Zip Code	1000.00
Amount of contribution (\$)  7/21/17 Marmon Mok, LLP  Contributor address; City; State; Zip Code 700 N St Marys Ste 1600, SA TX 78205  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Political Action Committee of Winstead PC  Contributor address; City; State; Zip Code 2728 North Harwood St., Ste 500, Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)	3 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 700 N St Marys Ste 1600, SA TX 78205  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 7/21/17  Political Action Committee of Winstead PC  Contributor address; City; State; Zip Code 2728 North Harwood St., Ste 500, Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Date 7/21/17  David Starr  Contributor address; City; State; Zip Code  1000.00  Amount of contribution (\$)		Marmon Mok, LLP	Amount of contribution (\$)
Date 7/21/17 Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City; State; Zip Code 2728 North Harwood St., Ste 500, Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  7/21/17 David Starr  Contributor address; City; State; Zip Code		Contributor address; City; State; Zip Code	1000.00
7/21/17 Political Action Committee of Winstead PC  Contributor address; City; State; Zip Code 2728 North Harwood St., Ste 500, Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 7/21/17 David Starr  Contributor address; City; State; Zip Code  Amount of contribution (\$)	Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
2728 North Harwood St., Ste 500, Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 7/21/17  David Starr  Contributor address; City; State; Zip Code			Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  7/21/17 David Starr Contributor address; City; State; Zip Code		2728 North Harwood St., Ste 500, Dallas, TX	1000.00
7/21/17 David Starr  Contributor address; City; State; Zip Code	Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
		Out-of-state FAC (ID#)	Amount of contribution (\$)
		1	5000.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)

MONET	TARY POLITICAL CONTRI	BUTIONS	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	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; State 319 W Hollywood Ave., SA TX 78		1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 7/21/17	SSFCU PAC	: (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	1000.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/21/17	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State; 102 E Hollwood Ave., SA TX 782	-	1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/21/17	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State 107 Navato Blvd., SA TX 78232	; Zip Code	1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O		

### SCHEDULE A1

The Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule A1: 49
2 FILER NAME Nelson W.	Wolff	3 Filer ID (Ethics Commission Filers)
7/21/17 Terracon Political Act	out-of-state PAC (ID#: C00457853  ion Committee  City; State; Zip Code	7 Amount of contribution (\$)
18001 W 106th St., Ola		2500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instru	octions)
Date Full name of contributor  7/25/17 Carlos Alvarez	out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; 14800 San Pedro, Ste 3	City; State; Zip Code 10, SA TX 78232	10000.00
Principal occupation / Job title (See Instructions)	Employer (See Instru	ctions)
7/25/17 S Barshop Investments		Amount of contribution (\$)
Contributor address; 10001 Reunion Place St	City; State; Zip Code	2500.00
Principal occupation / Job title (See Instructions)	Employer (See Instru	ctions)
7/25/17   Edward K Kopplow	out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; 7373 Broadway, Ste 101	City; State; Zip Code , SA TX 78209	1000.00
Principal occupation / Job title (See Instructions)	Employer (See Instru	ctions)
	L CODIES OF THIS COUEDIN F AS A	

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

MONET	TARY POLITICAL CONTRI	BUTIONS	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 7/25/17	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; State 114 Camp St., Unit 301, SA TX	; Zip Code	1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 7/25/17	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; State 201 Lilac Lane, SA TX 78209	; Zip Code	500.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 7/25/17	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State 1802 Blanco Road, SA TX 78212	; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 7/25/17	Full name of contributor	; (ID#:)	Amount of contribution (\$)
	Contributor address; City; State 221 Genseo Rd., SA TX 78209	; Zip Code	5000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

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 5 Full name of contributor out-of-state PAC (ID#:) 7/25/17 Pat Maloney, Jr.	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 239 E Commerce St., SA TX 78205	1000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 7/25/17 Michael D Beldon	Amount of contribution (\$)
Contributor address; City, State; Zip Code PO Box 13380, SA TX 78213	1000.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 7/25/17 Edith S McAllister	Amount of contribution (\$)
Contributor address; City; State; Zip Code 203 Terrell Rd., SA TX 78209	500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 7/28/17 Lloyd A Denton, Jr.	Amount of contribution (\$)
Contributor address; City; State; Zip Code  1 Bitterblue Ln., SA TX 78218	1000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

	MONET	TARY 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 out-of-state PAC (ID#:)  Judith N Morton	7 Amount of contribution (\$)		
		6 Contributor address; City; State; Zip Code 1919 Oakwell Farms Pkwy, Ste 270, SA TX 78218	500.00		
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)		
	Date 7/28/17	Full name of contributor	Amount of contribution (\$)		
		Contributor address; City; State; Zip Code 126 E Brandon Dr., SA TX 78209	1000.00		
	Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)		
	Date 7/19/17	Full name of contributor	Amount of contribution (\$)		
		Contributor address; City; State; Zip Code 127 Burr Rd #4, SA TX 78209	500.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ation / Job title (See Instructions) Employer (See Instruc	tions)		
	Date 7/21/17	Full name of contributor	Amount of contribution (\$)		
		Contributor address; City; State; Zip Code 318 Canterbury Hill St., SA TX 78209	5000.00		
	Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)		
	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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 7/28/17 John L Nau III 6 Contributor address; City; State; Zip Code PO Box 130130, Houston, TX 77219 5000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/1/17 Gerry Telle Contributor address; City; State; Zip Code 2 Granburg Cir., SA TX 78218 2000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/1/17 Margaret A Kelley, MD ontributor address; City; State; Zip Code Contributor address; 230 Dwyer Ave., Apt 902, SA TX 78204 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/1/17 Thomas C Musgrave III Contributor address; City; State; Zip Code 825 Old Austin Rd., SA TX 78209 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

The Instruction	n Guide explains how to complete this	form.	1 Total pages Schedule A1: 49	
2 FILER NAME	Nelson W. Wolf	f	3 Filer ID (Ethics Commission Filers)	
	nme of contributor	(ID#:)	7 Amount of contribution (\$)	
	outor address; City; State Reunion Place, Ste 1000,	· .	2500.00	
8 Principal occupation / Job	title (See Instructions)	9 Employer (See Instruction	ons)	
8/1/17 Raba-	-Kistner PAC	f (ID#:)	Amount of contribution (\$)	
РО Во	butor address; City; State	; Zip Code	2500.00	
Principal occupation / Job	title (See Instructions)	Employer (See Instruction	ons)	
	me of contributor	son LLP	Amount of contribution (\$)	
	outor address; City; State ox 17428, Austin, TX 78760		5000.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	ck J or Joan R Kennedy	(ID#:)	Amount of contribution (\$)	
<b>!</b>	outor address; City; State Austin Hwy, Ste 108, SA T	; Zip Code	1000.00	
Principal occupation / Job	title (See Instructions)	Employer (See Instruction	ons)	
If contril	ATTACH ADDITIONAL COPIES O putor is out-of-state PAC, please see instr			

Forms provided by Texas Ethics Commission

### 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 5 Full name of contributor out-of-state PAC (ID#:) 8/14/17 Garland C or Ronda J Galm	7 Amount of contribution (\$)			
6 Contributor address; City; State; Zip Code 11815 Parrigin Rd., Helotes, TX 78023	1000.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:)  8/14/17 Dianna M Burns MD	Amount of contribution (\$)			
Contributor address; City; State; Zip Code 131 Manchester Way, Shavano Park, TX 78249	1000.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:)  8/14/17 Roberto P Gonzalez	Amount of contribution (\$)			
Contributor address; City; State; Zip Code 1747 Fawn Gate, SA TX 78248	1000.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:  8/14/17 James A or Kay H Broaddus	Amount of contribution (\$)			
Contributor address; City; State; Zip Code 605 Rainbow Cove, Austin, TX 78746	1000.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)			
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

The Instructi	ion 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)	
ł I	name of contributor	C (ID#:)	7 Amount of contribution (\$)	
1	tributor address; City; State	; Zip Code	500.00	
8 Principal occupation / J	ob title (See Instructions)	9 Employer (See Instruction	ons)	
	name of contributor	Blackwood	Amount of contribution (\$)	
1	tributor address; City; State Birdsong S., SA TX 78258	; Zip Code	100.00	
Principal occupation / Jo	bb title (See Instructions)	Employer (See Instruction	ons)	
8/14/17 Marg	garet W Walker	(ID#:)	Amount of contribution (\$)	
	cributor address; City; State Granburg Cir., SA TX 78218	; Zip Code	500.00	
Principal occupation / Jo	bb title (See Instructions)	Employer (See Instruction	ons)	
	name of contributor	; (ID#:)	Amount of contribution (\$)	
•	tributor address; City; State W Summit Ave., SA TX 7820		200.00	
Principal occupation / Jo	bb title (See Instructions)	Employer (See Instruction	ons)	

### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	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	#:)	7 Amount of contribution (\$)	
	6 Contributor address; City; State; One Riverwalk Place, Ste 1825, SA	· .	500.00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date 8/14/17	Full name of contributor	#:	Amount of contribution (\$)	
	Contributor address; City; State; 411 Fantasia, SA TX 78216	Zip Code	500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date 8/14/17	Full name of contributor	#:)	Amount of contribution (\$)	
	Contributor address; City; State; 419 Happy Trl., Shavano Park, TX	· I	500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date 8/14/17	Full name of contributor	#:)	Amount of contribution (\$)	
		Zip Code		
	215 W Bandera Rd Ste 114 Box 470,	, Boerne, TX 78006	500.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)	

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 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) 8/9/17 William R Sneckner 6 Contributor address; City; State; Zip Code 27027 Bulverde Rd #4, SA TX 78260 2500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/9/17 Cathy Obriotti Green Contributor address; City; State; Zip Code 128 Grant Ave., Alamo Heights, TX 78209 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 8/9/17 Katie G Harvey Contributor address; City; State; Zip Code Contributor address; 2 Queens Gate, SA TX 78218 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 8/9/17 Raymond Carvajal . . . . . . . . . . . . . . . . Contributor address; City; State; Zip Code 3410 Roosevelt Ave., SA Tx 78214 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 8/7/17 Richard Wells 6 Contributor address; City; State; Zip Code 9515 FM 1863, SA TX 78266 10000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/7/17 Gant Elmore Contributor address; City; State; Zip Code 108 Newell Ave., SA TX 78212 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/18/17 Gordon V Hartman City; State; Zip Code Contributor address; 1202 W Bitters Bldg 1, Ste 1200, SA TX 78216 5000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/18/17 Philip F Benson Contributor address; City; State; Zip Code 800 Navarro St., Ste 260, SA TX 78205 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ 8/18/17 Robert P Braubach 6 Contributor address; City; State; Zip Code 106 S St Marys St., Ste 200, SA TX 78205 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 8/18/17 Lukin T Gilliland Jr. Contributor address; City; State; Zip Code 901 NE Loop 410 #909, SA Tx 78209 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 8/18/17 William I Wyatt, Jr. Contributor address; City; State; Zip Code 123 W Kings Hwy., SA TX 78212 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/18/17 Thomas Davidek Jr Trust Contributor address; City; State; Zip Code 4 Villa Verde, SA Tx 78230 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.

	MONET	TARY POLITICAL CONTRIBI	UTIONS	SCHEDULE A1
	The	Instruction Guide explains how to complete this for	m.	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  out-of-state PAC (ID# Jim or Cheryl A Gonzales  6 Contributor address; City; State; 25406 Pyrite, SA TX 78006	Zip Code	7 Amount of contribution (\$) 5000.00
8	Principal occu		Employer (See Instruction	
	Date 8/18/17	Full name of contributor		Amount of contribution (\$)
		Contributor address; City; State; 325 Terrell Rd., SA TX 78209	Zip Code	1000.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date 8/18/17	Full name of contributor  out-of-state PAC (ID#:		Amount of contribution (\$)
		Contributor address; City; State; 77 Links Green, SA TX 78257	Zip Code	1000.00
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date 8/14/17	Full name of contributor		Amount of contribution (\$)
		Contributor address; City; State; Z 970 Isom, SA TX 78216	ip Code	2500.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
		ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEI	EDED
		ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see instruction		

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

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ 8/24/17 Mike Hoover 6 Contributor address; City; State; Zip Code 27695 N 70th St., Scottsdale, AZ 85266 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/24/17 Jeff J or Karen E Williamson Contributor address; City; State; Zip Code 27 W Sierra Vista Dr., Phoenix, AZ 85013 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 8/24/17 Teri Jones Contributor address; City; State; Zip Code 108 Zachary Ct., Roseville, CA 95747 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 8/24/17 Thomas S or Lisa Case Contributor address; City; State; Zip Code 7794 Pinebrook Rd., Park City, UT 84098 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 49
Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#: Eric H or Julie J Hedlund	7 Amount of contribution (\$)
pation / Job title (See Instructions)  9 Er	nployer (See Instructions)
Jack E or Marlene R Spirt	Amount of contribution (\$)
ation / Job title (See Instructions)	ployer (See Instructions)
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip 70 Bristol Grn., SA TX 78209	Code 500.00
ation / Job title (See Instructions)	nployer (See Instructions)
Full name of contributor out-of-state PAC (ID#: Patrick H Swearinggen, Jr.	Amount of contribution (\$)
Contributor address; City; State; Zip 310 Argyle, SA TX 78209	100.00
ation / Job title (See Instructions)	nployer (See Instructions)
	5 Full name of contributor

MONE	TARY 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	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 4 Lazy Lane, SA TX 78209	500.00
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date 8/30/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 29626 Fairview Pl., Fair Oaks Ranch, TX 78015	500.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	uctions)
Date 8/30/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 6411 Stonykirk, SA TX 78240	500.00
Principal occup	actions)	
Date 8/31/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 10206 Willowick Lane, SA TX 78217	1000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 8/22/17 Ronald Herrmann 6 Contributor address; City; State; Zip Code 5005 West Ave., Ste 100, SA TX 78213 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID#:\_ Amount of contribution (\$) 8/22/17 Lew Moorman Contributor address; City; State; Zip Code 121 E Mariposa, SA TX 78212 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 8/23/17 Jim & Katie Reed Contributor address; City; State; Zip Code 7317 Ashton Place, SA TX 78229 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/7/17 Phillip D or Sandy Green Contributor address; City; State; Zip Code 157 Cibolo Ridge Trail, Boerne, TX 78015 2250.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_ 9/7/17 T C Frost Contributor address; City; State; Zip Code 6 Contributor address; PO Box 1600, SA TX 78296 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 9/7/17 Pat or Kelley L Frost Contributor address; City; State; Zip Code 604 Garraty Road, SA Tx 78209 2250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/8/17 Kevin J or Sherri B Downey Contributor address; City; State; Zip Code 13622 Inwood Park, SA TX 78216 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 9/8/17 David A or Dona B Berchelmann Jr. Contributor address; City; State; Zip Code 406 Woodway Forest Dr., SA TX 78216 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

N	MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
-	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 49
2 F	ILER NAME	Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
<b>4</b> D	Pate 9/15/17	5 Full name of contributor	7 Amount of contribution (\$)
		6 Contributor address; City; State; Zip Code 19003 IH 10 West, SA TX 78257	10000.00
<b>8</b> P	rincipal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
	ate )/15/17	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code 715 Kirk Dr., Kansas City, MO 64105	3000.00
Pr	incipal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)
	ate 0/15/17	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code PO Box 696000, SA TX 78269	2500.00
Pr	rincipal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)
	ate /15/17	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code 711 Louisiana St., Houston, TX 77002	2500.00
Pr	incipal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ 9/15/17 IBC State PAC Contributor address: City; State; Zip Code 6 Contributor address; 130 E Travis, SA TX 78205 2500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (iD#:\_ Amount of contribution (\$) 9/15/17 Debbie Montford Contributor address; City; State; Zip Code 1 Buckingham Court, SA TX 78257 2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 9/15/17 John T Montford contributor address; City; State; Zip Code Contributor address; 1 Buckingham Court, SA TX 78257 2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/15/17 Brown and Ortiz PC Contributor address; City; State; Zip Code 112 E Pecan Ste 1360, SA TX 78205 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ 9/15/17 John B Zachry Contributor address; City; State; Zip Code 6 Contributor address; PO Box 240130, SA TX 78224 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 9/15/17 Baltazar R Serna Jr. Contributor address; City; State; Zip Code 126 Villita, SA TX 78205 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 9/15/17 Daniel B Markson Contributor address; City; State; Zip Code Contributor address; 200 Concord Plaza Dr., Ste 900, SA TX 78216 625.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/15/17 Albert W Hartman III Contributor address; City; State; Zip Code 204 Ruelle Ln. Apt D, SA TX 78209 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 9/15/17 Halff Associates - State PAC 6 Contributor address; City; State; Zip Code 1201 N Bowser Road, Richardson, TX 75081 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/15/17 William E Greehey Contributor address; City; State; Zip Code PO Box 780489, SA TX 78278 10000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_\_ Amount of contribution (\$) 9/15/17 Gary L Joeris Contributor address; City; State; Zip Code PO Box 790086, SA TX 78279 5000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/15/17 Maria Antonietta Joeris Contributor address; City; State; Zip Code 118 Cherokee Lane, SA TX 78232 5000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#: 9/15/17 William T Kaufman 6 Contributor address; City; State; Zip Code 100 W Houston St., Ste 1250, SA TX 78205 2500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) 9/15/17 Melissa Gastro or Paul Robert Killen Contributor address; City; State; Zip Code 29 Winthrop Downs, SA TX 78257 2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 9/15/17 Mary Rose Brown Contributor address: City; State; Zip Code Contributor address; 48 Vineyard, SA TX 78257 2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/15/17 Cory or Phillip Bakke Contributor address; City; State; Zip Code 21 Lynn Batts Lane Ste 10, SA TX 78218 2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### 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 out-of-state PAC (ID#:) Penelope S Farthing		7 Amount of contribution (\$)	
	6 Contributor address; City; State 1503 35th St NW, Washington,		1000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date 9/15/17	Full name of contributor	1	Amount of contribution (\$)	
	Contributor address; City; State 2 Laurel Place, SA TX 78209		1000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 9/15/17	Full name of contributor	(ID#:) er	Amount of contribution (\$)	
	Contributor address; City; State 1603 Nacogdoches Rd., SA TX 7	; Zip Code 8209	1000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 9/15/17	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; State 1407 Viewridge Dr., SA TX 782	Zip Code	1000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) 9/15/17 David T or Barbara J Covarrubias 6 Contributor address; City; State; Zip Code 8507 Meaghan Mist, Helotes, TX 78023 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 9/15/17 Tony or Brenda Davila Contributor address; City; State; Zip Code 6727 Lazyridge Dr., SA TX 78229 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 9/15/17 Jane H Macon Contributor address; City; State; Zip Code 300 Convent St., Ste 1500, SA TX 78205 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/15/17 Kathryn Glass Harig Contributor address; City; State; Zip Code 108 Geneseo, SA TX 78209 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 9/15/17 Gregory R Garza City; State; Zip Code 6 Contributor address; 15527 Dawn Crst., SA TX 78248 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) 9/15/17 Rene E Gonzalez, CPA Contributor address; City; State; Zip Code 7500 Callaghan, SA TX 78229 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/15/17 Malcom T Hartman Contributor address; City; State; Zip Code 8520 Crown Hill Blvd., SA TX 78209 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/15/17 Ms Allison L Greer Contributor address; City; State; Zip Code 2043 Preakness Lane, SA TX 78248 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 9/15/17	5 Full name of contributor ☐ out-of-state PAC Gordon A Weidman or Joanna F W		7 Amount of contribution (\$)
	6 Contributor address; City; State; 1503 Lookout Oiunt, SA TX 7826		500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 9/15/17	Ronald A Nirenberg	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State 2515 Fairfield Bend, SA TX 782	· · · · · · · · · · · · · · · · · · ·	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 9/15/17	Full name of contributor □ out-of-state PAC  David M Adelman	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State; 146 Charles Rd., SA TX 78209	Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 9/15/17	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State 4 Walden Elms, SA TX 78257	; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 Date 9/15/17	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 8102 Robin Rest Dr., SA TX 78209	400.00
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	otions)
Date 9/15/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4103 Sylvanoaks, SA TX 78229	250.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instruc	tions)
Date 9/15/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 410 King William St., SA TX 78204	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 9/15/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 3905 Waterford Ct., Beachwood, OH 44122	50.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	itions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 9/15/17 Debra Ann Guerrero 6 Contributor address; City; State; Zip Code 3915 Skylark Ave., SA TX 78210 125.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 9/15/17 L Tucker or Dorothy S Gibson, Jr. City; State; Zip Code Contributor address; 3802 Deerfield Dr., SA TX 78218 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 9/15/17 Beverly Watts Davis Contributor address; City; State; Zip Code 230 Balboa Dr., Universal City, TX 78148 2500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/8/17 Maryann and Tom Guido Contributor address; City; State; Zip Code 10115 N Manton Lane, SA TX 78213 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 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 9/8/17 Daniel Zunker City; State; Zip Code 6 Contributor address; 400 Ridgemont, SA TX 78209 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/11/17 Dirk Elmendorf Contributor address; City; State; Zip Code 422 King William, SA TX 78204 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 9/12/17 Daniel Hull City; State; Zip Code Contributor address; 100 Sage Cyn, Boerne, TX 78006 125.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/12/17 J David Heller Contributor address; City; State; Zip Code 60 Rydalwood Lane, Moreland Hills, OH 44022 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 9/12/17 Taylor Brown 6 Contributor address; City; State; Zip Code 2237 Delamere Dr., Cleveland Hts., OH 44106 200,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) 9/12/17 Ken Outcalt Contributor address; City; State; Zip Code 2881 Plymouth Dr., Pepper Pike, OH 44124 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 9/12/17 Andrew Tanner address: City; State; Zip Code Contributor address; 33487 Vineyard Park, Avon, OH 44011 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 9/12/17 George Currall Contributor address; City; State; Zip Code 6983 Ridgemont Court, Hudson, OH 44236 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#: 9/12/17 Daniel Hull City; State; Zip Code 6 Contributor address; 100 Sage Cyn, Boerne, TX 78006 125.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 9/13/17 Frates Seeligson Contributor address; City; State; Zip Code 311 W Holloywood, SA TX 78212 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 9/13/17 Erick Waller City; State; Zip Code Contributor address; 5309 Transportation Blvd., Cleveland, OH 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/13/17 Tom Stephenson . . . . . . . . . . . . . . Contributor address; City; State; Zip Code 8622 Napa Landing, Boerne, TX 78015 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 fo	rm. 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	#:
	6 Contributor address; City; State; 230 Dwyer Ave. #1101, SA TX 782	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date 9/25/17	Full name of contributor	#: Amount of contribution (\$)
	Contributor address; City; State; 16402 Strong Box, SA TX 78247	Zip Code 10000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date 9/28/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; 12940 Country Pkwy, SA TX 78216	Zip Code 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date 9/28/17	Full name of contributor Out-of-state PAC (ID:	:) Amount of contribution (\$)
	Contributor address; City; State; 104 Summer Gln., Boerne, TX 7800	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)

MONE.	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e 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	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 411 Fantasia, SA TX 78216	500.00
8 Principal occu	supation / Job title (See Instructions)  9 Employer (See	Instructions)
Date 9/28/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 34 Haverhill Way, SA Tx 78209	200.00
Principal occuj	upation / Job title (See Instructions)  Employer (See	Instructions)
Date 9/28/17	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 9800 Fredericksburg Rd, SA TX 78288	2500.00
Principal occu	upation / Job title (See Instructions)  Employer (See	Instructions)
Date 9/28/17	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 317 Limestone Creek Rd., SA TX 78232	1000.00
Principal occup	upation / Job title (See Instructions)  Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for add	E AS NEEDED ditional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 9/28/17 J Bruce Bugg, Jr. tributor address; City; State; Zip Code 6 Contributor address; 410 Elizabeth Rd., SA TX 78209 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 9/28/17 Robert G or Janette M Marbut Contributor address; City; State; Zip Code PO Box 90417, SA TX 78209 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 9/28/17 Kopser for Congress putor address; City; State; Zip Code Contributor address: PO Box 701711, SA TX 78270 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 10/5/17 Ken Lowe Contributor address; City; State; Zip Code 311 Fargo Ave, SA TX 78220 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 10/13/17 Graham M Weston 6 Contributor address; City; State; Zip Code 112 E Pecan St., Ste. 6, SA TX 78205 5000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 10/13/17 Sam or Laura Dawson Contributor address; City; State; Zip Code 129 Turnberry Way, SA TX 78230 5000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) 10/13/17 Richard and Holly Turner Contributor address; City; State; Zip Code 106 Tuttle Road, SA TX 78209 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 10/13/17 Mr. or Mrs. Richard W. Evans Jr. Contributor address; City; State; Zip Code 315 Terrell Rd., SA TX 78209 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) 10/13/17 Martin Phipps, PLLC 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) Full name of contributor Date out-of-state PAC (ID#:\_\_ Amount of contribution (\$) 10/16/17 Elizabeth A Gonzalez Barratachea 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 Full name of contributor ut-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 10/19/17 Sue A or Richard A Bolner 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 Full name of contributor Out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 10/26/17 James or Shirley Dannenbaum Contributor address; City; State; Zip Code 3908 Del Monte Dr., Houston, TX 77019 10000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 11/1/17 Lily L. or Johnny M. Guerra 6 Contributor address; City; State; Zip Code 5107 Queen Bess Ct., SA TX 78228 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date X out-of-state PAC (ID#: C00142711 Amount of contribution (\$) 11/9/17 The Boeing Company PAC Contributor address; City; State; Zip Code 929 Long Bridge Dr., Arlington, VA 22202 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 12/8/17 Henry R. Munoz III Contributor address; City; State; Zip Code 235 W. Kings Hwy., SA TX 78212 10000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 12/15/17 Allen Castro Contributor address; City; State; Zip Code 2342 W Huisache Ave., SA TX 78201 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 49 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) 12/21/17 Ronald D Urbanczyk 6 Contributor address; City; State; Zip Code 26226 Hwy 46 West, Spring Branch, TX 78070 15000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

### SCHEDULE F1

	EXPENDITURE CATEGOR	IIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Çard Payment	Event Expense Loar Fees Offic Food/Beverage Expense Polli By Gift/Awards/Memorials Expense Print	an Repayment/Reimbursement ice Overhead/Rental Expense iling Expense nting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	T		3 Filer ID (Ethics Commission Filers)
4 Date 7/5/17	5 Payee name Thompson Print & Mailine		
//3/1/ 6 Amount (\$)	Thompson Print & Mailing  7 Payee address; City; State; Zip Co		
510.31	5818 Rocky Point, Dr., SA T		
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Postage		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	, '	
7/6/17	TRL Productions		
Amount (\$)	Payee address; City; State; Zip Co	ode	·
500.00	13802 Sienna Ct., SA TX 7824	49	
PURPOSE	Category (See Categories listed at the top of this schedule		utside of Texas. Complete Schedule T.
OF EXPENDITURE	2018 Festival Contribution	Check if Austin,	ı, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/12/17	San Antonio Association of I	Hispanic Journal	ists
Amount (\$)	Payee address; City; State; Zip Cod	ode	
500.00	PO Box 120334, SA TX 78212		
	Category (See Categories listed at the top of this schedule	le) Description	
PURPOSE OF EXPENDITURE	Contribution		utside of Texas. Complete Schedule T.  1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

### SCHEDULE F1

# Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Çard Payment Total pages Schedule F1: 2 FILER N

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Çard Payment	The Instruction Guide explains how to o	omplete this form.	• • • • • • • • • • • • • • • • • • • •		
1 Total pages Schedule F1:	al pages Schedule F1: 2 FILER NAME Nelson W. Wolff Nelson W. Wolff				
Date	5 Payee name				
7/12/17	Woodlawn Lake Community Associ	ation			
Amount (\$)	7 Payee address; City; State; Zip Code	401011			
100.00	PO Box 28374, SA TX 78228				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contribution		de of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
7/14/17	Cardmember Services				
Amount (\$)	Payee address; City; State; Zip Code				
579.66	PO Box 790408, St. Louis, MO 6	3179			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Credit Card Payment	· - '	e of Texas. Complete Schedule T.		
OF EXPENDITURE	oronio onto raymene	Check if Austin, TX	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
7/18/17	Veronica Vasquez Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
750.00	112 E. Pecan St., Ste. 1450, SA	A TX 78205			
,	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contribution	Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEED	FD		

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Payee name 7/21/17 Rick Morones, Jr. 6 Amount (\$) 7 Payee address; City; State; Zip Code 750.00 2119 Nogalitos, SA TX 78225 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Boxing Event Contribution OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 7/24/17 Thompson Print & Mailing Amount (\$) Payee address; City; State; Zip Code 719.70 5818 Rocky Point Dr., SA TX 78249 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Print Services OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 7/28/17 Ana Sandoval Campaign Amount (\$) Payee address; City; State; Zip Code 500.00 1222 Donaldson Ave., SA TX 78228 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Contribution OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Gilt/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

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Payee name 7/23/17 San Antonio Business Journal 6 Amount (\$) 7 Payee address; City; State; Zip Code 115.00 PO Box 36919, Charlott, NC 28236 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Subscription Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 8/10/17 Thompson Print & Mailing Amount (\$) Payee address; City; State; Zip Code 134.24 5818 Rocky Point, SA TX 78249 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Print Services Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 8/18/17 Cardmember Services Amount (\$) Payee address; City; State; Zip Code 1306.66 PO Box 790408, St. Louis, MO 63179 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Credit Card Payment Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

# 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Çard Payment	al Committee Legal Services Salaries/	Vages/Contract Labor Other (enter a category not listed above)
Cledit Çald Fayınları	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
8/21/17	Thompson Print & Mailing	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
520.51	5818 Rocky Point, SA TX 78249	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Postage	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/7/17	Marcie Treveno Ripper	
Amount (\$)	Payee address; City; State; Zip Code	
1500.00	13423 Blanco Rd., SA TX 78216	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Consulting	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/11/17	Bexar County Democratic Party	
Amount (\$)	Payee address; City; State; Zip Code	
600.00	3000 IH-10 West SA TX 78201	
	Category (See Categories listed at the top of this schedule)	
PURPOSE	(Care accession isled at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.
OF	Contribution	Check if Austin, TX, officeholder living expense
EXPENDITURE		oncome nyme axpanse
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		Cince neid
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Çard Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 9/12/17	5 Payee name The RK Group		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
4504.74	PO Box 1361 SA TX 78295		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Catering - Event Expense		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/12/17	River City Valet		
Amount (\$)	Payee address; City; State; Zip Code		
440.00	3031 Whisper Fern SA TX 78230		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Valet Parking - Event Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/13/17	Payeename Seazar's Wine & Spirit		
Amount (\$)	Payee address; City; State; Zip Code		
241.18	6422 N New Braunfels Ave., SA	TX 78209	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Beverage - Event Expense		utside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

### SCHEDULE F1

# Advertising Expense Event Expense Consulting Expense Food/Bev Contributions/Donations Made By Gift/Awar

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 19 Nelson W. Wolff 4 Date 5 Payee name 9/13/17 Monique Diaz for Judge 6 Amount (\$) 7 Payee address; City; State; Zip Code 250.00 PO Box 90883, SA TX 78209 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contribution OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 9/13/17 Avenida Guadalupe Association Amount (\$) Payee address; City; State; Zip Code 500.00 1313 Guadalupe St., Ste. 100, SA TX 78207 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Contribution **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/14/17 Marcie Trevino Ripper Amount (\$) Payee address; City; State; Zip Code 1000.00 13423 Blanco Rd., #436, SA TX 78216 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Consulting Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Çard Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)	
4 Date 9/18/17	5 Payee name Cardmember Services			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
5729.54	PO Box 790408 St. Louis, MO 63	179		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/18/17	Bruce E. Parker			
Amount (\$)	Payee address; City; State; Zip Code	WI 2010		
1600.00	2220 CR 203, Burnet TX 78611			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  July through September  Accounting		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 9/19/17	Payee name Annie's List			
Amount (\$)	Payee address; City; State; Zip Code			
500.00	630 W. 34th St. Ste 320, Austi	n, TX 78705		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Payee name 9/20/17 Calvert for Commissioner Campaign 6 Amount (\$) City; State; Zip Code 7 Payee address; 500.00 PO Box 15571 SA TX 78212 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contribution OF \_\_ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 9/25/17 Ron Nirenberg for Mayor Campaign Amount (\$) Payee address; City; State; Zip Code 1000.00 1001 Broadway SA TX 78215 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contribution Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/9/17 AV Technical Support Amount (\$) Payee address; City; State; Zip Code 1840.26 4311 Director Dr., SA TX 78219 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Kickoff - Event Expense Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

### Advertising Expense Event Expense Loan Re Accounting/Banking Fees Office O Consulting Expense Food/Beverage Expense Polling F

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

The Instruction Guide explains how to complete this form.

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

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

Event Expense.

Candidate / Officeholder name

**PURPOSE** 

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Contract Section 2015

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Payee name 10/2/17 San Antonio AFL - CIO 6 Amount (\$) 7 Payee address; City; State; Zip Code 350.00 231 W. Cypress, Ste 115, SA TX 78212 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Contribution Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 10/4/17 Nicholas "Nico" LaHood for D.A. Campaign Amount (\$) Payee address; City; State; Zip Code 500.00 PO Box 12616, SA TX 78212 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Contribution Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/17/17 HEB Amount (\$) Payee address; City; State; Zip Code 114.26 9900 Wurzbach, SA TX 78230 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Food Expense - Staff Luncheon Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Payee name 10/21/17 Verizon 6 Amount (\$) 7 Payee address; City; State; Zip Code PO Box 4001, Acworth, GA 30101 126.85 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF \_ Check if Austin, TX, officeholder living expense Office Expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 10/18/17 Briscoe Western Art Museum Amount (\$) Payee address: City; State; Zip Code 3000.00 210 W. Market St., SA TX 78205 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Contribution OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/27/17 Thompson Print & Mailing Solutions Amount (\$) Payee address; City; State; Zip Code 1448.14 5818 Rocky Point Dr., SA TX 78249 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Printing Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 19 Nelson W. Wolff 4 Date 5 Payee name 10/25/17 Cynthia Chapa for District Judge Campaign 6 Amount (\$) 7 Payee address; City; State; Zip Code 250.00 4710 Adkins Trail, SA TX 78238 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Contribution EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 10/31/17 Bell Ripper PLLC Amount (\$) Payee address; City; State; Zip Code 1191.07 13423 Blanco Rd., #436, SA TX 78216 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Campaign Consulting Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/31/17 Nicole Erfurth Amount (\$) Payee address; City; State; Zip Code 217.50 3902 Skylark Ave., SA TX 78210 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Campaign Social Media Check if Austin, TX, officeholder living expense EXPENDITURE Services Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Çard Payment		egal Services The Instruction Guide expla		es/Contract Labor	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:	T	<del></del>	· · · · · · · · · · · · · · · · · · ·	piete tins torin.	3 Filer ID (Ethic	cs Commission Filers)
4 Date 10/31/17	5 Payee name Owl Mari					
6 Amount (\$)	7 Payee addr	ess; City; State;	Zip Code			
200.00	16719 H	uebner Rd. Bldg i	#1, SA TX	78230		
8	(a) Category (S	See Categories listed at the top of this	s schedule) (	b) Description		
PURPOSE				Check if travel ou	utside of Texas. Complete	Schedule T.
OF EXPENDITURE	Media Co	onsulting		Check if Austin	n, TX, officeholder living	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officeholder name .		Office sought		Office held
Date	Payee name	<del></del>				
10/2/17	Luz Ele	na Chapa				
Amount (\$)	Payee addr	ess; City; State;	Zip Code			
250.00	300 Dol	orosa Ste 3200,	SA TX 782	05		
PURPOSE OF EXPENDITURE	Category (S	See Categories listed at the top of this	s schedule)		tside of Texas. Complete \$ , TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office held
Date	Payee nam	e				
11/3/17	Sign Bu	sters				
Amount (\$)	Payee addr	ess; City; State;	Zip Code			
100.00	330 W.	Baetz Blvd., SA	TX 78221			
	Category (S	See Categories listed at the top of this	s schedule)	Description		
PURPOSE				Check if travel out	tside of Texas. Complete S	Schedule T.
OF EXPENDITURE	Campaig	n Sign Storage		Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIE	S OF THIS SC	HEDULE AS NEE	DED	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Çard Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
19	Nelson W. Wolff	
4 Date	5 Payee name	
11/13/17	Cardmember Services	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
3780.18	PO Box 790408 St. Louis, MO 631	79
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Cedit Card Payment	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/20/17	Verizon	
Amount (\$)	Payee address; City; State; Zip Code	
115.72	DO Do- 4001 As and GA 20101	
113.72	PO Box 4001, Acworth, GA 30101	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	<b>1</b>	
Date	Payee name	
11/14/17	Bexar County Democratic Party	
Amount (\$)	Payee address; City; State; Zip Code	
1250.00	PO Box 12534, SA TX 78212	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Filing Fee for	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	County Judge .	Check if Austin, TX, officeholder living expense
	Journey Budge	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson W. Wolff 4 Date 5 Payee name 12/7/17 Nicole Erfurth 6 Amount (\$) 7 Payee address: City; State; Zip Code 165.00 3902 Skylark Ave., SA TX 78210 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Campaign Services Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/7/17 Marcie Ripper Amount (\$) Payee address; City; State; Zip Code 275.00 13423 Blanco Rd #436, SA TX 78216 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Campaign Services Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/7/17 Associated General Contractors of America, Inc. Amount (\$) Payee address; City; State; Zip Code 500.00 10806 Gulfdale, SA TX 78216 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution . EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held

expenditure to benefit C/OH

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Çard Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
	Nelson W. Wolff						
4 Date	5 Payee name						
12/7/17	Veronica Escobar for Congress						
6 Amount (\$)	7 Payee address; City; State; Zip Code	·					
500.00	PO Box 3961, El Paso, TX 79923	23					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Contribution	Check if Austin, TX, officeholder living expense					
	·						
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held					
expenditure to benefit C/O		Office sought Office field					
Date	Payee name						
12/12/17	•						
12/12/17	Cardmember Services						
Amount (\$)	Payee address; City; State; Zip Code						
1260 35	1260.35 PO Box 790408, St. Louis, MO 63179						
1200.33							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense					
EXPERDITORE							
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held					
•							
Date	Payee name						
12/24/17	Brenda Vega						
Amount (\$)	Payee address; City; State; Zip Code						
500.00	425 CR 3821, SA TX 78253						
· · · · · · · · · · · · · · · · · · ·							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Campaign Services	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held					
expenditure to benefit C/OI		Cindo Heid					
ATTACH ADDITIONAL CODIES CT							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Çard Payment	The Instruction Guide explains how to c	omplete this form.  Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)				
<b>4</b> Date 12/20/17	5 Payee name Star Catering of SA					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
196.61	14415 Blanco Rd., SA TX 78216					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Food Expense	Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Staff Luncheon	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/26/17	Bruce E. Parker					
Amount (\$)	Payee address; City; State; Zip Code					
1800.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/26/17	Verizon					
Amount (\$)	Payee address; City; State; Zip Code					
113.45	PO Box 4001, Acworth, GA 30101					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	0.554	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Office Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A  The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)  complete this form.			
Total pages Schedule F1:	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)			
Date 12/31/17	5 Payee name Piryx				
Amount (\$)	7 Payee address; City; State; Zip Code	-			
1664.63	580 Howard St., #402, San Fran	cisco, CA 94104			
}	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Service Fees for On-Line	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Credit Card Contributions July thru December 2017	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
	Category /See Categories lived with the control of the category				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel cutoide of Toyon Complete Sebart to T			
OF EXPENDITURE	•	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Gandidate/Officeholder/Politica		Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/	Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explain	s how to comple	ete this form.			
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME 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 (\$)	8 Payee address; City; State;	Zip Code				
100.00	311 Probant, SA TX 78204					
9 TYPE OF EXPENDITURE	X Political Non-Political					
10	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Description	on		
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.		
OF	Contribution					
EXPENDITURE			LCheck	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date 7/28/17	Payee name Northwest Democrats					
Amount (\$)	Payee address: City: State:	Zin Code				
600.00	Payee address; City; State; Zip Code PO Box 681911 SA TX 78268					
TYPE OF EXPENDITURE	X Political	Non-Politica	·			
	Category (See Categories listed at the top of thi	s schedule)	Description	on		
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.		
OF Expenditure	Contribution		Check	if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office	sought	Office held		
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Gandidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reir Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	mbursement tal Expense tract 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 explain	s how to complete	this form.			
1 Total pages Schedule F4:	2 FILERNAME Nelson W. Wol	ff		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 8/4/17	6 Payee name San Antonio Area African	American Co	ommunity	Fund		
7 Amount (\$)	8 Payee address; City; State;	Zip Code				
2500.00	303 Pearl Pkwy., Ste. 114	•	.15			
9 TYPE OF EXPENDITURE	X Political	Non-Political				
10	(a) Category (See Categories listed at the top of this	s schedule) (b	) Description	on		
PURPOSE		, ,				
OF	Contribution			travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Contribution		Check	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct	0 111 / 00		-			
expenditure to benefit C/Oh	Candidate / Officeholder name	Office sou	ight	Office held		
Date 8/12/17	Payee name St Regis Houston					
Amount (\$)	Payee address; City; State;	Zip Code				
1098.51	1919 Briar Oaks Ln., Hous		27			
TYPE OF EXPENDITURE	X Political	Non-Political				
	Category (See Categories listed at the top of thi	s schedule)	Description	on		
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.		
OF	Travel		Check	if Austin, TX, officeholder living expense		
EXPENDITURE	114701			and the second s		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDL	JLE AS NE	EDED		

SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense  Contributions/Donations Made By  Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/		Travel In District Travel Out Of District Other (enter a category not listed above)	
,		The Instruction Guide explai			Outor (ornor a category not instead above)	
1 Total pages Schedule F4:	2 FILER	NAME Nelson W.	Wolff		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXF	PENDITURES CHARGED	TOACRED	TCARD	\$	
5 Date 8/11/17	6 Payee Alexi	name C G. Velasquez				
7 Amount (\$)	8 Payee address; City; State; Zip Code					
425.00	14318	Ben Brush, SA TX 7	8248			
9 TYPE OF EXPENDITURE	X	Political [	Non-Political			
10	(a) Categ	ory (See Categories listed at the top of t	his schedule)	(b) Description	on	
PURPOSE OF Expenditure	Graph	ic Design - Event E	Expense	[ <u>-</u>	travel outside of Texas. Complete Schedule T.	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date 8/18/17	Payee The Fi	name ınd				
Amount (\$)	Payee	address; City; State;	Zip Code			
500.00	1149	E. Commerce, Ste. 2	200, SA TX	78205		
TYPE OF EXPENDITURE	X	Political [	Non-Politica	I		
PURPOSE OF Expenditure		ory (See Categories listed at the top of t	his schedule)		on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
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	ALIA	CH ADDITIONAL COPIES	UF THIS SCHE	DULE AS NE	בטבט	

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Gandidate/Officeholder/Politica	l Committee 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)		
	I	ns how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME Nelson W. Wo	1ff	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
<b>5</b> Date 8/30/17	6 Payee name The Wall Steet Journal				
7 Amount (\$)	8 Payee address; City, State;	Zin Code			
443.88	1211 Ave of the Americas	•			
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the top of the	nis schedule) (b) Descripti	on		
PURPOSE OF EXPENDITURE	Subscription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 8/31/17	Payee name DS Services				
Amount (\$)	Payee address; City; State;	Zip Code			
144.26	r ayee address, City, State, Zip Code				
TYPE OF EXPENDITURE	X Political	Non-Political			
PURPOSE OF Expenditure	Category (See Categories listed at the top of the Office Expense	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL CODIEC				
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### 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 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)

Candidate/Officeholder/Politica						
•	The Instruction Guide explains how to comp	,				
1 Total pages Schedule F4:	2 FILER NAME Nelson W. Wolff	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	ST CARD \$				
<b>5</b> Date 9/14/17	6 Payee name Society of Professional Journali	sts - San Antonio Chapter				
7 Amount (\$)	8 Payee address; City; State; Zip Code					
350.00	3503 River Way, SA TX 78230					
9 TYPE OF EXPENDITURE	X Political Non-Politica	al				
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF Expenditure	Contribution	Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
9/22/17	Bliss Restaurant					
Amount (\$)	Payee address; City; State; Zip Code					
565.96						
TYPE OF EXPENDITURE	X Political Non-Politic	al				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Food Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
		_				
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED				

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide expla	ins how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME Nelson W.	Wolff	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$		
<b>5</b> Date 9/27/17	6 Payee name Harlandale Education Fo	oundation			
7 Amount (\$)	8 Payee address; City; State;	; Zip Code			
100.00	102 Genevieve, SA TX 78	8214			
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the top of	this schedule) (b) Descrip	otion		
PURPOSE		Che	ck if travel outside of Texas. Complete Schedule T.		
OF Expenditure	Contribution	Che	ck if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH  Date Payee name					
9/11/17	The Rose Boutique				
Amount (\$)	Payee address; City; State	; Zip Code			
229.49	955 Cincinatti Ave., S	A TX 78201			
TYPE OF EXPENDITURE	X Political	Non-Political			
PURPOSE	Category (See Categories listed at the top of		ption ck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Flowers - Event Expens	che Che	eck if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cardidate/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)

Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/ The Instruction Guide explains how to compl		Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CRED	ITCARD	\$		
5 Date	6 Payee name				
10/4/17	Key Ideas Incorporated				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
1700.00	1002 North Flores, SA TX 78212				
9 TYPE OF EXPENDITURE	X Political Non-Politica	ıl			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on		
PURPOSE	Media Advisory and	Checki	f travel outside of Texas. Complete Schedule T.		
OF Expenditure	Event Photography	Check	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 10/5/17	Payee name National MS Society				
Amount (\$) Payee address; City; State; Zip Code 200.00 525 West Monroe St., Ste. 900, Chicago, IL 60661					
TYPE OF EXPENDITURE	X Political Non-Politic	al			
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule)  Contribution		ion .if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Çandidate/Officeholder/Political	Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Print I Committee Legal Services Salar	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	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:	2 FILERNAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A	ACREDIT CARD	\$		
5 Date	6 Payee name				
10/9/17	Illusions Rentals				
7 Amount (\$)	8 Payee address; City; State; Zip C	ode			
351.81	1107 AT&T Centery Pkwy #111,	SA TX 78219			
9 TYPE OF EXPENDITURE	X Political No	on-Political			
10	(a) Category (See Categories listed at the top of this sched	dule) (b) Descrip	otion		
PURPOSE OF Expenditure	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date 10/12/17	Payee name Jason's Deli				
Amount (\$)	Payee address; City; State; Zip C	Code			
470.31	25 NE Loop 410 SA TX 78216				
TYPE OF EXPENDITURE	X Political N	lon-Political			
PURPOSE OF Expenditure	Category (See Categories listed at the top of this sched	Che	ption ock if travel outside of Texas. Complete Schedule T. ock if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL CODIES OF TH	NO 00UEDU F 40	NEEDED		

EXPENDITU	RES MADE BY CRE	EDIT CARD	SCHEDULE F4			
	EXPENDITURE CATE	GORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Çandidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME Nelson W. Wolff Stiler ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	O TO A CREDIT CARD	\$			
5 Date 10/17/17	6 Payee name Midtown Social House					
7 Amount (\$) 452.49	8 Payee address; City; State; 1719 Blanco Rd., SA TX 78	•	-			
9 TYPE OF EXPENDITURE	X Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date 11/4/17	Payee name Nello Resturante					
Amount (\$) 148.03	Payee address; City; State; 696 Madison Ave., NY NY	•				
TYPE OF EXPENDITURE	X Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Food Expense	X Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	FEDED			

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Çandidate/Officeholder/Political	Fees Office Overhead Polling Expense Cift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages	e /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 comp	lete this form.			
1 Total pages Schedule F4:	2 FILER NAME Nelson W. Wolff		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CRED	IT CARD	\$		
5 Date	6 Payee name				
11/8/17	Rey A. Saldana Campaign Fund				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
250.00	1730 W. Mally, SA TX 78224				
9 TYPE OF EXPENDITURE	X Political Non-Politica	al .			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on ·		
PURPOSE		Check if	f travel outside of Texas. Complete Schedule T.		
OF Expenditure	Contribution	Check	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office	sought	Office held		
Date 11/9/17	Payee name Alzheimer's Association				
Amount (\$)	Payee address; City; State; Zip Code				
100.00	10223 McAllister Frwy., Ste. 100,	SA TX 78	216		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
TYPE OF EXPENDITURE	X Political Non-Politica	al			
PURPOSE	Category (See Categories listed at the top of this schedule)	Descripti	f travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Contribution	l —	if Austin, TX, officeholder living expense		
EXPENDITURE					
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh		e sought	Office held		
	ATTACH ADDITIONAL CODIES OF THIS SCH	EDITIE AC ME	EDED		

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Çandidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/0	•	Transportation Equipment & Helated Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explain	ns how to comple	ete this form.			
1 Total pages Schedule F4:	2 FILER NAME Nelson	W. Wolff		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACREDI	TCARD	\$		
5 Date	6 Payee name					
11/10/17	Alexis G. Valasquez					
7 Amount (\$)	8 Payee address; City; State;	Zip Code				
119.40	14318 Ben Brush St., SA	TX 78248				
9 TYPE OF EXPENDITURE	X Political	Non-Political				
10	(a) Category (See Categories listed at the top of the	is schedule)	(b) Description	on		
PURPOSE			Check it	travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Email Hosting			if Austin, TX, officeholder living expense		
				• • • • • • • • • • • • • • • • • • • •		
11 Complete ONLY if direct expenditure to benefit C/O	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name					
11/17/17	Dropbox					
Amount (\$)	Payee address; City; State; Zip Code					
105.53	105.53 185 Berry St., Ste 400, San Francisco, CA 94107					
TYPE OF EXPENDITURE	X Political	Non-Political	I			
	Category (See Categories listed at the top of the	is schedule)	Descripti	•		
PURPOSE OF EXPENDITURE	File Storage/Sharing			f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
		·				
1	ATTACH ADDITIONAL COPIES (	OF THIS SCHE	DULE AS NE	EDED		

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Çandidate/Officeholder/Politica		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 exp	lains how to complete this form.	,		
1 Total pages Schedule F4:	2 FILER NAME Nelson W.	Wolff	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$		
5 Date	6 Payee name				
11/28/17	Daily Bread Ministries		•		
7 Amount (\$)	8 Payee address; City; Stat	e; Zip Code			
100.00	6351 Rittiman Rd., SA	TX 78218			
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the top	of this schedule) (b) Description	on		
PURPOSE		Checki	travel outside of Texas. Complete Schedule T.		
OF Expenditure	Contribution Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct					
Date	Payee name				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF Expenditure	Category (See Categories listed at the top	Checki	on fravel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED		

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

### SCHEDULE T

	uction Guide	explains	how to complete th	nis form.	1 Total pages Schedule T:
2 FILER NAME	Nel	son W.	Wolff		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor		or Labor C	Organization / Pledgor /	Payee	
Nello Restura	nte				
5 Contribution / Expend	diture reported	d on:	,		
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	X Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel 11/01/17	7 Name o	of person(s			
thru	8 Departu	re city or n	ame of departure local	tion	
11/05/17	San A	ntonio	I		
	9 Destinat New Y		name of destination lo	cation	
10 Means of transportat	ion	11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)
Commercial Ai	r	3	& Economic De		
Name of Contributor	/ Corporation		Organization / Pledgor /		
Contribution / Expend	titure reported	d on:			
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	f person(s	) traveling		
	Departu	re city or n	ame of departure local	ion	
	Destinat	ion city or	name of destination lo	cation	
Means of transportat	ion	Purpo	ose of travel (including	name of conference, s	seminar, or other event)
Name of Contributor	/ Corporation	or Labor C	Prganization / Pledgor /	Payee	
Contribution / Expend	liture reported	d on:			
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule 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				
	Destinat	ion city or	name of destination lo	cation	
Means of transportat	ion	D	oo of travel (in the		
ivicaris of transportat		Purpo	ose of travel (including	name of conference, s	eminar, or other event)
	Αī	TTACH AL	DDITIONAL COPIES	OF THIS SCHEDULI	E AS NEEDED

# STATEMENT OF

PAGE 1/5 =

FEC FORM 1	ORGANIZA			Office Use Only	
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
TSVC, Inc. Politic	cal Action Comm	nittee (Terracon l	PAC)		
ADDRESS (number and street)	18001 West 106th Street				
(Check if address	Suite 300				
is changed)	Olathe		KS STATE ▲	66061 ZIP C	ODE A
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	slruhl@comerica.com				
	Optional Second E-Mail Ad	dress			
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address is changed)		<u> </u>			1 1 1 1
			<u>                                     </u>		
2. DATE 01 0					
3. FEC IDENTIFICATION N	UMBER ▶ C c	00457853			
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)			
I certify that I have examined t	his Statement and to the best	of my knowledge and belief	it is true, correct	and complete.	
Type or Print Name of Treasure	Donald Vrana				
Signature of Treasurer Dona	ald Vrana	[Electronically Filed]	Date 01	03	2014
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED		the penalties of 2	U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FOF (Revised 06/	

FEC Fo	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	E 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. (Compinformation below.)	lete the candidate
Name of Candidate		
Candidate Party Affiliati	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 Con	mmittee:	
(d)		Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	[                               FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page 3
write or type Committee maine	
TSVC, Inc. Political Action Committee (Terracon PAC)	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership P	AC Sponsor
TSVC, Inc.	
	***************************************
	A A STATE PROPERTY OF THE PROP
18001 West 106th Street  Mailing Address	
Suite 300	
Olathe KS 66061	*** **** **** ***** ***** ***** ***** ****
CITY STATE ZIP	CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	hip PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possess books and records.</li> </ol>	ion of committee
Comerica Bank Full Name	
PAC Services  Mailing Address	
PO Box 75000, MC 2250	
Detroit MI 48275-2250	<b> - </b>
Title or Position CITY STATE ZIP	CODE
Bookeeper 248 371  Telephone number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7269
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name a any designated agent (e.g., assistant treasurer).</li> </ol>	ind address of
Full Name Donald Vrana of Treasurer	
Mailing Address 18001 W. 106th Street	
Suite 300	
Olathe KS   66061	-
CITY STATE ZIP	CODE
EVP, CFO 1 248 1 371	7269

1201011111111	evised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY	TE ZIP CODE
Title or Position	Telephone number	
safety deposit boxes of		
Name of Bank, Deposi	tory, etc.  merica Bank	
Co	merica Bank	
Co	merica Bank P.O. Box 75000	MI 48275
Co	merica Bank P.O. Box 75000  Detroit	MI 48275 ATE ZIP CODE
Co	merica Bank P.O. Box 75000  Detroit  CITY  STA	
Mailing Address	merica Bank P.O. Box 75000  Detroit  CITY  STA	
Mailing Address	merica Bank P.O. Box 75000  Detroit  CITY  STA	
Mailing Address  Name of Bank, Deposit	merica Bank P.O. Box 75000  Detroit  CITY  STA	
Mailing Address  Name of Bank, Deposit	merica Bank P.O. Box 75000  Detroit  CITY  STA	

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID:

Change of Treasurer

Form/Schedule: Transaction ID:

**FEC** 

# STATEMENT OF **ORGANIZATION**

PAGE 1/5

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. HNTB Holdings Ltd. PAC 715 Kirk Drive ADDRESS (number and street) (Check if address is changed) Kansas City 64105 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ,makelley@hntb.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 10 2015 2. C00386029 FEC IDENTIFICATION NUMBER ▶ 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. Douglas Mann Type or Print Name of Treasurer Douglas Mann 03 2015 [Electronically Filed] 10 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/20	009)	Page 2
TYPE OF COMMITTEE		
Candidate Committee:		
(a) This committee is	a principal campaign committee. (Complete the candidate information below.)	
information below.	an authorized committee, and is NOT a principal campaign committee. (Comple)	ete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State District
(c) This committee su	upports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This committee is		emocratic, epublican, etc.) Party.
Political Action Committee	e (PAC):	
(e) X This committee is	a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation	on Corporation w/o Capital Stock	Labor Organization
Membersl	hip Organization Trade Association	Cooperative
X In	addition, this committee is a Lobbyist/Registrant PAC.	
	upports/opposes more than one Federal candidate, and is NOT a separate segronconnected committee)	regated fund or party
In addition	, this committee is a Lobbyist/Registrant PAC.	
In addition	n, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Represe	entative:	
(g) This committee col committees/organi	llects contributions, pays fundraising expenses and disburses net proceeds for two izations, at least one of which is an authorized committee of a federal candidate.	or more political
(h) This committee col committees/organiz	llects contributions, pays fundraising expenses and disburses net proceeds for two zations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participat	ting in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	and a second and a second second second

FEC <b>Form 1</b> (Revised	1 02/2009)					Domo 1	
Write or Type Committee Nar					,	Page 3	)
HNTB Holding							
6. Name of Any Connected			Fundraising Rep	resentative	or Leaders	hip PAC Spe	onsor
HNTB Holdings Ltd.							-
Mailing Address	715 Kirk Drive						
		4					
	Kansas City		10 m	MO	64105		1 1
		CITY		STATE		ZIP CODE	
Relationship: Connect	ed Organization	Affiliated Committee	Joint Fundraising	Representa	ative Lea	adership PAC	C Sponso
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, addr	ess (phone number	optional) and posit	ion of the p	erson in pos	ssession of c	committee
Matt Kel	ley						
Full Name	715 Kirk Drive	<u> </u>					1_1_1_
Mailing Address							1_1_1
	Kansas City	de la constant de la		MO	64105		
Title or Position		CITY		STATE		ZIP CODE	
Custodian of Records			Telephone nur		816	527	<b>2346</b>
Treasurer: List the name a any designated agent (e.g.	and address (phone r , assistant treasurer)	number optional) of t	he treasurer of the	committee	; and the na	me and add	ress of
Full Name Douglas of Treasurer	Mann	<u> </u>					
Mailing Address	715 Kirk Drive						1 1 1
				1 100			
	Kansas City			MO	64105		
Title or Position		CITY	- And the state of	STATE		ZIP CODE	
Treasurer			Telephone nun	nber	316	527	2346

FEC Forn	1 1 (Revised	0 2 /2009)			Page <b>4</b>
Full Name of Designated	Matt Kelley		geographic - to calculate the both of the annual field of the first and the field annual representation of the		
Agent					
Mailing Address		715 Kirk Drive			
					1 1 1 1 1
		Kansas City	MO	64105	
		CITY	STATE		ZIP CODE
Title or Position Assistant Treas	urer	Teleph	none number	816  -	527 - 2346
safety deposit be	oxes or main		committee depo	Sits Turius, Hoi	us accounts, rents
Banks or Other safety deposit be Name of Bank,	oxes or main Depository, e	etc.  Proce Bank	committee depo	sits fullos, fiol	LI L
safety deposit be	Depository, e	tains funds.	committee depo	Sits fullus, fiol	
safety deposit be Name of Bank,	Depository, e	etc.  Proce Bank	committee depo	Sits fullus, fiol	
safety deposit be Name of Bank,	Depository, e	etc.  Proce Bank	committee depo		
safety deposit be Name of Bank,	Depository, e	etc.  erce Bank  1000 Walnut Street		64106	
safety deposit be Name of Bank,	Comme	etc.  Perce Bank  1000 Walnut Street  Kansas City  CITY	MO	64106	
safety deposit be Name of Bank, Mailing Address	Comme	etc.  Perce Bank  1000 Walnut Street  Kansas City  CITY	MO	64106	
safety deposit be Name of Bank, Mailing Address	Comme	etc.  Perce Bank  1000 Walnut Street  Kansas City  CITY	MO	64106	
safety deposit be Name of Bank, Mailing Address	Depository, of Deposi	etc.  Perce Bank  1000 Walnut Street  Kansas City  CITY	MO	64106	
safety deposit be Name of Bank, Mailing Address	Depository, of Deposi	etc.  erce Bank  1000 Walnut Street  Kansas City  CITY	MO	64106	
safety deposit be Name of Bank, Mailing Address	Depository, of Deposi	etc.  erce Bank  1000 Walnut Street  Kansas City  CITY	MO	64106	

## 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	1

# STATEMENT OF

PAGE 1 / 5 =

**ORGANIZATION** Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. The Boeing Company Political Action Committee 929 Long Bridge Drive ADDRESS (number and street) (Check if address is changed) Arlington 22202 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS elizabeth.e.steil@boeing.com (Check if address is changed) Optional Second E-Mail Address pleeman@ddcpublicaffairs.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 17 2017 FEC IDENTIFICATION NUMBER C00142711 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 Date 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 For further information contact: FEC FORM 1 Use Federal Election Commission (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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FEC Form 1 (Rev	ised 02/2009
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		n 1 (Revised 02/2009)		Page 2
		MMITTEE		
Cand	lidate	Committee:		
(a)	Record	This committee is a principal campaign committee. (	Complete the candidate information	below.)
(b)		This committee is an authorized committee, and is N information below.)	NOT a principal campaign committe	e. (Complete the candidate
Name Candid				
Candid Party	date Affiliatio	n Office Sought: House	Senate Pre:	State State District
(c)	2007	This committee supports/opposes only one candidate	e, and is NOT an authorized comm	nittee.
Name Candid				
Party	y Com	mittee:	The second secon	COMPANIES.
(d)		This committee is a (National, S or subordin	State ate) committee of the	(Democratic, Republican, etc.) Pa
Polit	ical A	ction Committee (PAC):	and the entropy of the second	The section of the second section of the section of the second section of the section o
(e)	×	This committee is a separate segregated fund. (Ider	ntify connected organization on line	6.) Its connected organization
		× Corporation	Corporation w/o Capital Stock	Labor Organization
		Membership Organization	Frade Association	Cooperative
		British Strate (		2000 PO/L
		Y In addition, this committee is a Lobbu	iet/Registrant PAC	
M)		In addition, this committee is a Lobbyi		parate segregated fund or pa
(f)		In addition, this committee is a Lobbyi  This committee supports/opposes more than one Forcemittee. (i.e., nonconnected committee)		parate segregated fund or pa
(f)		This committee supports/opposes more than one F	ederal candidate, and is NOT a se	parate segregated fund or pa
(f)		This committee supports/opposes more than one F-committee. (i.e., nonconnected committee)	ederal candidate, and is NOT a se	parate segregated fund or pa
	Fund	This committee supports/opposes more than one Ficommittee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Regis In addition, this committee is a Leadership PA	ederal candidate, and is NOT a se	parate segregated fund or pa
Joint	t Func	This committee supports/opposes more than one Foodmattee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Regis In addition, this committee is a Leadership PA  raising Representative:	ederal candidate, and is NOT a sestrant PAC.  AC. (Identify sponsor on line 6.)	
	t Func	This committee supports/opposes more than one Ficommittee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Regis In addition, this committee is a Leadership PA	ederal candidate, and is NOT a sestrant PAC.  AC. (Identify sponsor on line 6.)	eds for two or more political
Joint	t Func	This committee supports/opposes more than one Foodmittee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Regis In addition, this committee is a Leadership PA  raising Representative:  This committee collects contributions, pays fundraisin	ederal candidate, and is NOT a sestrant PAC.  AC. (Identify sponsor on line 6.)  ag expenses and disburses net proce authorized committee of a federal c	eds for two or more political andidate. eds for two or more political
Joint		This committee supports/opposes more than one F-committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Regis In addition, this committee is a Leadership PA  raising Representative:  This committee collects contributions, pays fundraisin committees/organizations, at least one of which is an  This committee collects contributions, pays fundraisin.	ederal candidate, and is NOT a sestrant PAC.  AC. (Identify sponsor on line 6.)  ag expenses and disburses net proce authorized committee of a federal cog expenses and disburses net proces	eds for two or more political andidate. eds for two or more political
Joint		This committee supports/opposes more than one Frommittee. (i.e., nonconnected committee)  In addition, this committee is a Leadership PA  raising Representative:  This committee collects contributions, pays fundraisin committees/organizations, at least one of which is an This committee collects contributions, pays fundraisin committees/organizations, none of which is an author	ederal candidate, and is NOT a sestrant PAC.  AC. (Identify sponsor on line 6.)  ag expenses and disburses net proce authorized committee of a federal cog expenses and disburses net proces	eeds for two or more political andidate. eds for two or more political e.
Joint	Com	This committee supports/opposes more than one Frommittee. (i.e., nonconnected committee)  In addition, this committee is a Leadership PA  raising Representative:  This committee collects contributions, pays fundraisin committees/organizations, at least one of which is an This committee collects contributions, pays fundraisin committees/organizations, none of which is an author	ederal candidate, and is NOT a sestrant PAC.  AC. (Identify sponsor on line 6.)  In great expenses and disburses net proceduthorized committee of a federal committee of a federal candidate.	eeds for two or more political andidate. eds for two or more political e.
Joint	Com	This committee supports/opposes more than one Frommittee. (i.e., nonconnected committee)  In addition, this committee is a Leadership PA  raising Representative:  This committee collects contributions, pays fundraisin committees/organizations, at least one of which is an This committee collects contributions, pays fundraisin committees/organizations, none of which is an author	ederal candidate, and is NOT a sestrant PAC.  AC. (Identify sponsor on line 6.)  In gexpenses and disburses net proceduthorized committee of a federal committee of a federal candidate.  In gexpenses and disburses net proceduced committee of a federal candidate.	eeds for two or more political andidate. eds for two or more political e.

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Mellody, Meredith, , ,	
Mailing Address	929 Long Bridge Drive	
	Arlington VA 22202	
Title or Position Assistant Treasi		CODE 3666
Banks or Other safety deposit bo Name of Bank, I	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds acoxes or maintains funds.  Depository, etc.	ccounts, rents
	Boeing Employees Credit Union	1 1 1 1 1
Mailing Address	PO Box 97050	1 1 1 1 1
	Seattle WA 98124-9750	
	CITY STATE ZI	P CODE
Name of Bank,	Depository, etc.	
Mailing Address		

CITY

ZIP CODE

STATE

9.

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised	06/2011)		Page 5
Banks or Other Depositorie safety deposit boxes or maint Name of Bank, Depository, et	ains funds.	ee deposits fund	ds, holds accounts, rents
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mailing Address	<u> </u>		
		<u> </u>	
-	CITY 🙇	STATE _	ZIP CODE 🛕
Name of Any Connected Org	Janization, Affiliated Committee, Joint Fundraising Repre- colitical Action Committee (Liquid Robotics Liquid Robotics 1329 Moffett Park Dr Sunnyvale	Sentative, or Less PAC)	[ ADDITIONAL ] eadership PAC Sponsor
Relationship:	CITY	STATE	ZIP CODE
Connected Organization	x Affiliated Committee Joint Fundraising Repres	entative L	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name LILL  Mailing Address		<del>                                     </del>	
		-	
Title or Position	CITY &	STATE	ZIP CODE
	Telephone r	number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC ID	number C	