### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	Ms LaWana	Jo	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Woolsey		FILED FOR RECORD AT 3:55 PM
4 CANDIDATE/ OFFICEHOLDER MAILING	ADDRESS / PO BOX: APT / SUITE #;	ITY; STATE: ZIP CODE	OCT 0 4 2016
ADDRESS  Change of Address	5906 Raven Hill Rd., Con	pus CAristi, 1X 18414	CLERY COUNTY COURT, NUCCES COUNTY TEXAS
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	SOURCE CICHARA DESOLV
PHONE	(361). 877-1238		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Ms/MRS/MR FIRST	Ď.	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Dale Processed
	Goldston		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	Selection of the Selection (Selection Selection Selectio	ZIP CODE 78411
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) \$48-4899	EXTENSION	
9 REPORT TYPE	July 15 Sth day before elected as the day be		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
		[]	Lance-J
10 PERIOD COVERED	Month Day Year 07 01 16	THROUGH 09	Day Year 29 16
11 ELECTION	ELECTION DATE	ELECTION TYPE	The second secon
	Month Day Year Primary  11 08 16 Seneral	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
		Nucces Cou the Peace, A	nty Justice of Place)

GO TO PAGE 2

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

a Jo L	Voolsey	5 Filer ID (Ethics Commission Filers)	
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL			
	COMMITTEE ADDRESS		
SPECIFIC			
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS	HARAMA A TOTAL CONTROL OF THE STATE OF THE S	
1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN S — 0—	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 4,200.00			
PENDITURE  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ 19.			
4. TOTAL POLITICAL EXPENDITURES \$ 3,491.25			
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3,233.52			
	THE \$ - 0-		
1		F	
commission Expires?	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is primation required to be reported by me because of the control of the	
P/SEALABOVE			
7278	1907 - 47 - 87 - 89 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907 - 1907	A Marine Control and Control a	
dministering oath	Bob L. Frisch  Printed name of officer administering oath	Notary Public  Title of officer administering path	
	THIS BOX IS FOR N SUPPORT THE CAND KNOWLEDGE OR CO OF SUCH EXPENDITI  COMMITTEE TYPE  GENERAL  SPECIFIC  1. TOTAL F PLEDGE  2. TOTAL (OTHER  3. TOTAL F UNLESS  4. TOTAL F OF REP  6. TOTAL F LAST D  OB L. FRISCH LAST D  OB L. FRISCH SINCH SI	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDING SUPPORT THE CANDIDATE / OFFICIENDLESS AND OFFICENDLERS ARE REQUIRED TO REPORT THE OF SUCH EXPENDITURES.  COMMITTEE TYPE   COMMITTEE NAME   COMMITTEE NAME   COMMITTEE NAME   COMMITTEE NAME   COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE	

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME LaWana Jo Woolsey					
21	SCHEDU	JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT	
1.	X	\$ 4	200.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.			\$			
4.	SCHEDULE E: LOANS					
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	41.21	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	BUSINESS OF C/OH	\$	_	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS .	\$	-	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	SNC	\$		

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jana Jo Woolsey  5 Full name of contributor   out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:  Nucces County Republican Party 6 Contributor address; City: State: Zip Code  4639 Corona Dr., Ste S, Corpus Christi, Tx,	7 Amount of contribution (\$)  # 1, 000.00
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7-29-14	James R. Harris  Contributor address; City; State; Zip Code  518 Grant Place, Corpus Christi, TX 78	# 100.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8-24-16	Contributor address; City; State; Zip Code P. O. Box 2206, Austin, TX 7846	\$ 1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See In	istructions)
Date	Full name of contributor out-of-state PAC (ID#:	
9-1-16	Contributor address; City; State; Zip Code  3816 S. Alameda St., Corpus Christi, TX 18	# 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	istructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

		and the second s
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Pana Jo Woolsey	3 Filer ID (Ethics Commission Filers)
9-9-16	5 Full name of contributor out-of-state PAC (ID#:  Chris + Bob Adler  6 Contributor address; City; State; Zip Code  106 Rain bow Lane, Corpus Christi, 7x 78411	7 Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  Nueces County Republican Women's PAC	Amount of contribution (\$)
9-13-16	Contributor address; City; State; Zip Code P.O. Box 270054, Corpus Christi, 77, 7842;	4 1,000.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ACTION AND THE RESIDENCE OF THE PROPERTY OF TH
Date 9-24-16	Full name of contributor   out-of-state PAC (ID#:)  Pruett Moore, TII  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occu	5918 Harvest Hill Rd., Corpus Christi, TX 78414 pation / Job title (See Instructions)  Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)  Nucres County Republican Party	Amount of contribution (\$)
1-24-14	Contributor address; City; State; Zip Code 4639 Corona Dr., Ste 5; Corpus Christi, 77, 78411	\$1,000.00
1 04 11	TOUT COPONS WE, TEST COPPUS CAPISTY, 1X 78411	
	pation / Job title (See Instructions)  Employer (See Instructions)	stions)
		etions)

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ana Jo Woolsey	3 Filer ID (Ethics Commission Filers)
4 Date  9-28-16	5 Full name of contributor out-of-state PAC (ID#:)  Republican Party of Texas Candidate Acct. 6 Contributor address; City; State; Zip Code  P.O. Box 2206, Austin, Tx 78468	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Dale	Full name of contributor out-of-state PAC (ID#:)  Texas Association of Realtors PAC	Amount of contribution (\$)
9-28-16	Contributor address; City; State; Zip Code P.O Box 2246, Austin, TX 78768	\$1,000.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
9-29-16	Contributor address; City; State; Zip Code  1733 Starnberg, Corpus Christi, TX 78413	4 250.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occur	pation / Job title (See Instructions)  Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) LaWana Jo Woolsey

5 Payee name
Flour Bluff Athletic Booster Club 4 Date 7 Payee address; \$ 400.00 P.O. Box 18002, Corpus Christi, TX 78480 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** 12 Page Color Ad in 2016 Football 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Bay Area Sports Publication 8-11-16 Amount (\$) Payee address; City; State; Zip Code 4701 Ayers St., Ste. 103; Corpus Christi, TX 78415 \$ 1,000.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living exper EXPENDITURE Advertising Expense 1/2 Page Color Ad in all 6 CCISD 2016 Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 9-9-16 S.S. Graphics, Inc.
Payee address; City; State; Zip Code 41,189.87 4176 6th St., Wyandotte, MI 48192 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE 250 Corrugated Plastic Vard Signs, Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

		EXPENDITURE				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credil Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid	Office Ove Polling Ex pense Printing E: Salaries/V	xpense Vages/Contract Labor	Transportation Travel In Dis Travel Out C	
Total pages Schedule F1:	∠a 5 Payee na	Wana Jo	Woolsey		3 Filer ID	(Ethics Commission Filers)
9-23-16 Amount (\$) \$699.24	7 Payee ac	Graphics, city; s	State; Zip Code	MI 48192		
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description	in, TX, officehold	omplete Schedule T. Ier living expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	9	Office sought	-	Office held
Date	Payee na	ame				
9-26-16	1		tary PTA	,		
9-24-14 Amount (\$)	Fann Payee ac	ddress; City; S	State; Zip Code		. 7841	15
Amount (\$)	Fann Payee ac 2730 Category	in Elemen	Corpus Co	Aristi, TX  Description  Check if travel o	utside of Texas. Go	mplete Schedule T. er living expense
Amount (\$)  #/00.00  PURPOSE OF	Fann Payee ac 2130 Category Adv	ddress; City; S Collikar, C	Corpus Co	Aristi, TX  Description  Check if travel o	utside of Texas. Go	mplete Schedule T.
Amount (\$)  #/00.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI	Fann Payee ac 2130 Category Advi	ddress; City; Son Gollikar, Collikar, Collikar	Corpus Co	Aristi, TX  Description Check if travel o Check if Austi  Name Print	utside of Texas. Go	mplete Schedule T. er living expense Shirts for Fall fo
Amount (\$)	Payee ac Candid	cin Elemen dedress; City; So Collihar, Collihar, Collihar, Colling Explanate / Officeholder name  Woolsey	Corpus Co	Description Check if travel on Check if Austi  Name Print Office sought	utside of Texas. Co n, TX. officeholde red on T-	emplete Schedule T. er living expense Shirts for fall for Office held
Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date  9-9-16  Amount (\$)	Payee ac Category  Payee ac Candid  Payee no Sign of Category  Category  Category  Category  Category	ddress; City; Soldress; City; City	Corpus Co	Description Check if travel o Check if Austi  Name Print Office sought  Description Check if travel o	utside of Texas. Con, TX. officeholds	Implete Schedule T.  ar living expense  Shirts for fall for fall fall for fall fall fall fall fall fall fall fal

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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 shows)

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/W  The Instruction Guide explains how to committee	ages/Contract Labor Other (er	nter a category not listed above)
1 Total pages Schedule F1:	Lawana Jo Woolsey	3 Filer	ID (Ethics Commission Filers)
9-30-16	5 Payee name Woolsey	d.	
6 Amount (\$) #26.67	7 Payee address; City; Istate; Zip Code  5904 Raven Hill Rd., Co	orpus Christii 7	X 78414
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbulsement	(b) Description  Check if travel outside of Texa  Check if Austin, TX, office  Mailing Exp., Cope	holder living expense
9 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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas Check if Austin, TX, officeh	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	. *	
Amount (\$)	Payee address; City; State; Zip Code		V-18-18-18-18-18-18-18-18-18-18-18-18-18-
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if Iravel outside of Texas Check if Austin, TX, officet	V
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	(and a sanger, method above,
1 Total pages Schedule G:	La Wana Jo Woolse	/	3 Filer ID (Ethics Commission Filers)
9-23-14	5 Payee name United States Postal S		
6 Amount (\$)  # 22.70  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4742 Weber Rd., Corpus C	hristi, TX 7	18413
PURPOSE OF EXPENDITURE  9 Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Office Overhead  mailing expense-postage  Candidate / Officeholder name		of Texas. Complete Schedule T. , officeholder living expense  Office held
expenditure to benefit C/	<b>′</b> ОН		
9-23-16	Payee name  1-STOP Mail Service		
Amount (\$) ./5 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	Corpus Christ	H, TX 78413
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead  Copies  Candidate / Officeholder name		of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
9-24-14	Payee name Walmart		
Amount (\$)  4 3.22  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  1250 Flour Bluff Dr., Cor	ous Christi, :	TX 78418
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office Overhead  Duck Tape		of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Pollina Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) LaWana Jo Woolsey 5 Payee name Office Depot Payee address; City; State; Zip Code 6 Amount (\$) 5425 So. Padre Island Dr., Corpus Christi, TX 78411 imbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Office Overhead Office Calendar Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. 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 Amount (\$) Payee address; City: State: Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** 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