CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms. Herst Lawana	Jo	OFFICE USE ONLY
NAME	NICKNAME LAST Woolsey	SUFFIX	Date Received FILED FOR REÇORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	S906 Raven Hill Rd., Corpus	s Christi, TX 78414	AT 4.0000 M JAN 29 2016 KARA SANDS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 877-1238	EXTENSION	Date Hant-deliveren of Pare Postmarked
6 CAMPAIGN TREASURER	Ms/MRS/MR FIRST	ø.	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Goldston		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	SO2 Barracuda, Corpus		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 548-4899	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 11 / 23 / 15	THROUGH 01/	Day Year 22 / 16
11 ELECTION	Month Day Year Primary 3 / 1 / 16 General	ELECTION TYPE Runoff Olher Description Special	
12 OFFICE	OFFICE HELD (if any)	Nueces Count the Peace, Pre	ety Justice of ecinet 2, Place 1
	go то	PAGE 2 201	16-051

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
Lawa	ina Jo	Woolsey	- James Commencer (mora)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	77.5799(1995
Additional Pages	1 13		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
·	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,150.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES \$ 5,646.87		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,382.89		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,449.00		
18 AFFIDAVIT			
			erjury, that the accompanying report is primation required to be reported by me
Signature of Candidate of Officeholder			
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subsci	ribed before me, b	by the said La Wana Jo Woolsey	, this the 29th
day of Januar		to certify which, witness my hand and seal of office.	# 5
adecito	adeite C. Carried & April + ADELITA CICARRIGATION CON NOTARY Public		
Signature of officer a	dministering oath	Motary Public Annual of offistate opinions oath My Comm. Exp. 02/27/2018	Title of officer administering oath

A CALLADINA A CALADANA A CALADANA

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Lawana Jo Woolsey 20 Filer ID (Ethics Commission Filers			mmission Filers)
		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.+	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,150.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	X	SCHEDULE E: LOANS		\$ 1,449.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,449.00 \$ 4,559.08
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	. CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$ 1,087.79
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	TIONS	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Th	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Wana Jo Woolsey	3 Filer ID (Ethics Commission Filers
Date 2-8-15	5 Full name of contributor out-of-state PAC (ID#: John L. Johnson 6 Contributor address; City; State; Zip Code 6030 Enni's Joslin, Corpus Christi, 71 78412	7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Bob L. Frisch	Amount of contribution (\$)
2-11-15	Contributor address; City; State; Zip Code 3402 Charlotte Dr., Corpus Christi, TX 78414	\$ 600.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Mary D. Goldston	Amount of contribution (\$)
2-14-15	Contributor address; City; State; Zip Code 502 Barra Cuda, Corpus Christi, TX 78411	\$ 100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
1-3-16	Contributor address; City: State; Zip Code 3402 Charlotte Dr., Corpus Christi, TX 78414	\$ 500.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)

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:
FILER NAME	Vana Jo Woolsey	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Hal George	7 Amount of contribution (\$)
1-5-16	6 Contributor address; City; State; Zip Code # 150.00 4505 Lake Charles, Corpus Christi, TX 78413	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
1-18-16	Contributor address; City; State; Zip Code	# 100.00
	242 Cape May, Corpus Christi, TX 78412	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
-20-16	Contributor address; City; State; Zip Code	\$ 100.00
	3402 Charlotte Dr., Corpus Christi, Tx 78414	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Stephanie Waterman	Amount of contribution (\$)
1-20-16	Contributor address; City; State; Zip Code	\$ 500.00
1-20-14	4533 Oso Brkway, Corpus Christi, TX 78413	

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) Lawana Jo Woolsey 5 Full name of contributor John Stamos 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) 1-21-16 \$ 100.00 536 Palmetto, Corpus Christi, TX 78412 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date 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 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 (\$) Contributor address; City; State; Zip Code 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.

	LOANS			SCHEDULE E	
The Instruction Guide explains how to complete this form.			ete this form.	1 Total pages Schedule E:	
2	La Wana	Jo Woolsey		3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS		\$ -0-	
5	Date of loan 1-6-16	7 Name of lender out-of-state PAC (ID#:) Jodi R. Steen		9 Loan Amount (\$) # 1,449.60	
6	Is lender a financial Institution?	8 Lender address; City; State; Zip Code 14965 Canadian Mist Dr., Corpus Christi, TX 78418		10 Interest rate - 0 - 11 Maturity date /-/-/7	
12 Principal occupation / Job title (See Instructions) 13 Emplo			13 Employer (See Instructions)		
		15 Check if personal funds were account (See Instructions)	deposited into political		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	🔀 not applicable	18 Guarantor address; City; S	State; Zip Code		
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
	Y N			Maturity date	
Principal occupation / Job title (See Instructions)		n / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral		ateral	Check if personal funds were account (See Instructions)	deposited into political	
none					
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	not applicable				
	Principal Occupation	on (See Instructions)	Employer (See Instructions)		
**************************************	If Id	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	Lawana Jo Woolsey		3 Filer ID (Ethics Commission Filers)
4 Date /2-/4-/5	5 Payee name SS Graphics		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
*1,317.97	4176 6th St., Wyandotte, Mi	chigan 481	92
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Advertising Expense - to		utside of Texas. Complete Schedule T.
EXPENDITURE	purchase 250 /2X18" Yard Signs	Check if Austir	n, TX, officeholder living expense
	purchase 250 12x18" yard signs + 15x10" 9 gaugewire, and 10 18x12 magnetic car signs		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	411	
1-8-14	Jodi Steen		
Amount (\$)	Payee address; City; State; Zip Code		
1,317.97	14965 Canadian Mist Dr., Co	rpus Christi,	TX 78418
	Category (See Calegories listed at the top of this schedule)	Description	
PURPOSE OF	Loan Repayment/Reimbursement-		Itside of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	Reimbursement for SS Graphics invoice	C Ollow II Austin	, I.A. Unicendides living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-6-16	SS Graphics		
Amount (\$)	Payee address; City; State; Zip Code		
# 1,449.00	4176 6th St., Wyandotte, Mic	higan 48192	?
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense - to purchase 25 72 x 48" fence signs.	[]	tiside of Texas. Complete Schedule T.
EXPENDITURE	25 72 x 48" tence signs.	L Gheck if Austin	i, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			333 Hota
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED

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 above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12-30-15	5 Payee name Gulf Coast Mailing + Printing	Services	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$474.14	P.O. Box 9312, Corpus Chris	ti, Texas 78	3469
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Printing Expense - 1000 Rack Cards, 500 Envelopes, + 1000 Business Cards		utside of Texas. Complete Schedule T.
EXPENDITURE	Cards, 500 Envelopes, +	Check if Austi	n, TX, officeholder living expense
	1000 Business Cards		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Calegories listed at the top of this schedule)	Description	<u> </u>
PURPOSE		I FT	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
LAT LIVE/II Office			
1			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	ų,	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX. officeholder living expense
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

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 Gitt/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/Politi Credit Card Payment	Cal Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME La Wana To Woolsey 3 Filer ID (Ethics Commission Filers)	
4 Date //-23-/5	Nueces County Clerk	
6 Amount (\$) #// 000.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 901 Leopard St., Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees - Landidate's Filing Fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/d	Candidate / Officeholder name Office sought Office held OH	
Date //-27-15	To Woolsey Campaign account at Frust Bank	
Amount (\$) 25.00 Reimbursement from political contributions intended Payee address; City; State; Zip Code Frost Bank, 3801 S. Alameda, Corpus Christi, 7X 78411		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking-to open bank account Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OH	
Date 12-4-15	Bird's Rubber Stamps	
Amount (\$) #62.79 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5230 Kostoryz, Ste. II, Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - 4 magnetic Nome togs (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name U Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	