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 NAME	MS/MRS/MR MS. Lawana NICKNAME LAST	Jo SUFFIX	OFFICE USE ONLY Date Received
	Woolsey		FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	S906 Raven Will Rd.,	Corpus Christi, TX	MAY 1 6 2016 KARA SANDS CLERK DUMAY TO 3 1 125ES COUNTY TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 877-1238	EXTENSION	Date Hand delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Ms/Mrs/Mr First Mary	Ø.	Receipt # Amount \$ Date Processed
IVAIVIL.	NICKNAME LAST GOLDSton	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	SO2 Barracuda, Corp		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) \$48-4899	EXTENSION	
9 REPORT TYPE	July 15 30th day before electrical and a second sec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02/21/16	THROUGH 05	Day Year / 16 / 16
11 ELECTION	Month Day Year Primary 05/24/16 General	Runofl Cher Description Special	
12 OFFICE	OFFICE HELD (If any)	Nucces Courthe Peace, F	nty Justice of Precinct 2, Place 1
	GO ТО	F	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5.6 2.622.2 2.000.000.000				
Lawan	a Joh	200/Sev	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			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ -O-	
	I	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,350.00	
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		•		
	4. TOTAL POLITICAL EXPENDITURES \$ 2,287.79			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 2,287.79 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,126.16 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0-			
18 AFFIDAVIT			, i	
	HILDA CA Notary F STATE OF My Comm. Exp	true and correct and includes all infor under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me	
AFFIX NOTARY STAM	IP/SEALABOVE			
Sworn to and subsc		by the said <u>LaWana</u> <u>To Wookey</u> to certify which, witness my hand and seal of office.	, this the _/674	
Hildalan	yas	Hilda Campos	Notary Roblic	
Signature of officer a	allministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Lawana Jo Woolsey	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,350.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	TIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITI	ICAL CONTRIBUTIONS	\$ 2287.79
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	LITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	NAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIO	NS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	FICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND COI RETURNED TO FILER	NTRIBUTIONS	\$
1			

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Wana Jo Woolsey	3 Filer ID (Ethics Commission Filers)
3-10-14	5 Full name of contributor out-of-state PAC (ID#:) 5 Tohn W. Powers 6 Contributor address; City; State; Zip Code 340 Cape May, Corpus Christi, TX 78412 spation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) # \$0.00
3-10-16	Full name of contributor out-of-state PAC (ID#:) Ben A. Donne!! Contributor address; City; State; Zip Code P.O. Box 2624, Corpus Christi, Tx 18403	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 3-10-14	Full name of contributor out-of-state PAC (ID#:) Fred Braselton Contributor address; City; State; Zip Code 6910 Sir Palleas St., Corpus Christi, TX 78413	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 3-10-16	Full name of contributor out-of-state PAG (ID#:) Bob Frisch Contributor address; City; State; Zip Code 3402 Charlotte Dr., Corpus Christi, Txx414	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

MONET	TARY 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)
	5 Full name of contributor out-of-state PAC (ID#:) Toe Ful ton 6 Contributor address; City; State; Zip Code 48 Lake Shore Or., Corpus Christi, TX 284/3 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) # 100.00
3-22-16	Full name of contributor out-of-state PAC (ID#:) Richard Ourham Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3-22-16	John L. Johnson Contributor address; City; State; Zip Code 6030 Ennt's Josli'n, Corpus Christi, TX 78412	\$ 500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lions)
Date 3-22-16	Full name of contributor out-of-state PAC (ID#:) Alan J. Stoner Contributor address; City; State; Zip Code 242 Cape May Dr., Corpus Christi, 7X 78412	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

MONE	TARY 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)		
3-22-16	5 Full name of contributor	7 Amount of contribution (\$) \$\frac{1}{3} \int 0.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date 3-22-/4	Full name of contributor out-of-state PAC (ID#:) Mrs. Garnett Brooks Contributor address; City; State; Zip Code 118 Lake Shore Dr., Corpus Christi, The Contributor Shore Dr.	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	rions)		
Date	Full name of contributor out-of-state PAC (ID#:) William Richmond	Amount of contribution (\$)		
3-31-14	Since Contributor address; City; State; Zip Code Since Christi, 7X 78412	\$250.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
3-31-16	Full name of contributor	Amount of contribution (\$)		
555 N. Carancahua, Ste 1100; Corpus Christi,				
Principal occup	pation / 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			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Lawana Jo Woolsey 4 Date 7 Amount of contribution (\$) Henry Nuss 6 Contributor address; City; State; Zip Code 225 Bayridge, Corpus Christi, 7% 78411 \$ 100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Eddic Savoy Contributor address; City; State; Zip Code P.O. Box 181225, Corpus Christi, TX 78480 \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date ut-of-state PAC (ID#: Amount of contribution (\$) Gladys Lippincott Contributor address: City; State; Zip Code 4013 Lost Creek, Corpus Christi, TX 78413 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Texas Assn. of Realtors PAC Contributor address; City; State; Zip Code P. O. Box 2246, Austin, 7X 78768 #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: 5
Lawana Jo Woolsey	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$) 9 / SO.00
Date Full name of contributor Frank F. Schlegel, Jr. Contributor address; City; State; Zip Code 10809 Stone wall Blvd., Corpus Christi, 7X 1840 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\frac{4}{100.00}\$ ons)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructi	ons)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Loan Repaymeni/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 explai	ns how to complete this form.	
1 Total pages Schedule F1: :	Lawana Jo Wo	olsev	3 Filer ID (Ethics Commission Filers)
4 Date :	Jodi Steen	/	
6 Amount (\$) *304.23	7 Payee address; City; State; 2	*	4, TX 78418
8 ((a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Loan Repayment/ Reimbursement	Check if Austin	utside of Texas. Complete Schedule T. n., TX, officeholder living expense Home Depot + Lowes Erection Materials from
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
3-12-16	Jo Woolsey		(
Amount (\$)	Payee address; City; State; 2	Zip Code	
\$ 30.00	5906 Raven Hill Rd.	Corpus Christi, T	TX 78414
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Loan Reportment Reimbo	Check if travel ou Check if Austin	tside of Texas. Complete Schedule T. , TX. officeholder living expense List of Voters from chnick, Nucres by Tax Asses
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-3-16	Jo Woolsey		5
Amount (\$)	Payee address; City; State; Z	Zip Code	
*74.0s	5906 Raven Hill A	ed., Corpus Chris	ti, Tx 18414
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this Loan Repayment / Relimb	Check if Austin	tside of Texas. Complete Schedule T. TX, officeholder living expense Tamps and envelopes
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	30HIES FUR BUX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Gredit Card Payment	, and the state of	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 explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	nkov	3 Filer ID (Ethics Commission Filers)
4 Date 4-8-16	5 Payee name	, opery	
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
\$ 689.00	14965 Canadian Mis		isti, Tx 78418
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF	Loan Repayment/ Reimbursement	[<u> </u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	Relm bursement	Reim bursen	ent for SS Graphies 55922 for yard signs-la
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-9-16	Jo Woolsey		
Amount (\$)		0.1	
\$ 1,000.00	Sque address; City; State; Zi		, Tx 28414
	Category (See Categories listed at the top of this so		
PURPOSE OF	Loan Kepayment/ Reimbursement		itside of Texas. Complete Schedule T.
EXPENDITURE	Reimbursement		1, TX, officeholder living expense
	700000000000000000000000000000000000000	Party fili	nent of Republican
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-9-16	Jo Woolsey		
Amount (\$)	Payee address; City; State; Zi	p Code	
#62.79	5906 Raven Hill Rd., Corp	ous Christy TX 78	414
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE	Laza Rassument	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Loan Repayment/	Check if Austin	n, TX, officeholder living expense
	Reimbursement		nt for 12-4-15 Bird's os for 4 magnetic name tags.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4 *		is now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	la	3 Filer ID (Ethics Commission Filers)
4 Date 5-9-16	Lawana Jo Wood 5 Payee name Mary Goldston	sey	
6 Amount (\$)	7 Payee address; City: State: 1	Zip Code	
#127.72	Soa Barracuda, Cor	13	78411
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	Loan Repayment/	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Loan Repayment/ Reimbursement	Reimburseme	n, TX, officeholder living expense and of 11-29-15 Office of 50 printer ink 940.
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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel ou	itside of Texas. Complete Schedule T. , 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; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this	Check if travel our	tside of Texas. Complete Schedule T. , 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 NEE	EDED
- 1974 PH PART THE	41 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		