



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Lawana Jo Woolsey 15 Filer ID (Ethics Commission Filers)

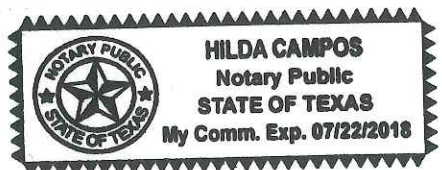
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,287.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,126.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lawana Jo Woolsey  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lawana Jo Woolsey, this the 16<sup>th</sup> day of May, 20 16, to certify which, witness my hand and seal of office.

Hilda Campos Signature of officer administering oath  
Hilda Campos Printed name of officer administering oath  
Notary Public Title of officer administering oath



**SUBTOTALS - C/OH**

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

19 FILER NAME

*Lawana Jo Woolsey*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>3,350.00</b>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>2287.79</b>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME  
**LaWana Jo Woolsey**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3-10-16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John W. Powers**

7 Amount of contribution (\$)  
**\$ 50.00**

6 Contributor address; City; State; Zip Code  
**340 Cape May, Corpus Christi, TX 78412**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**3-10-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ben A. Donnell**

Amount of contribution (\$)  
**\$ 50.00**

Contributor address; City; State; Zip Code  
**P.O. Box 2624, Corpus Christi, TX 78403**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3-10-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Fred Braselton**

Amount of contribution (\$)  
**\$ 250.00**

Contributor address; City; State; Zip Code  
**6910 Sir Palleas St., Corpus Christi, TX 78413**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3-10-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bob Frisch**

Amount of contribution (\$)  
**\$ 200.00**

Contributor address; City; State; Zip Code  
**3402 Charlotte Dr., Corpus Christi, TX 78414**

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**

2 FILER NAME  
**Lawana Jo Woolsey**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3-22-16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Joe Fulton**

7 Amount of contribution (\$)  
**\$ 100.00**

6 Contributor address; City; State; Zip Code  
**48 Lake Shore Dr., Corpus Christi, TX 78413**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**3-22-16**

**Richard Durham**

**\$ 500.00**

Contributor address; City; State; Zip Code

**2818 Archmont Dr., Corpus Christi, TX 78414**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**3-22-16**

**John L. Johnson**

**\$ 500.00**

Contributor address; City; State; Zip Code

**6030 Ennis Jaslin, Corpus Christi, TX 78412**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**3-22-16**

**Alan J. Stoner**

**\$ 50.00**

Contributor address; City; State; Zip Code

**242 Cape May Dr., Corpus Christi, TX 78412**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME  
**Lawana Jo Woolsey**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3-22-16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Nelwyn Anderson**

7 Amount of contribution (\$)  
**\$50.00**

6 Contributor address; City; State; Zip Code  
**125 Lakeshore Dr., Corpus Christi, TX  
78413**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**3-22-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mrs. Garnett Brooks**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**118 Lake Shore Dr., Corpus Christi, TX  
78413**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3-31-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**William Richmond**

Amount of contribution (\$)  
**\$250.00**

Contributor address; City; State; Zip Code  
**5109 Ocean Dr., Corpus Christi, TX  
78412**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3-31-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**James McKibben**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**555 N. Carancahua, Ste 1100; Corpus Christi,  
TX 78401**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME  
**LaWana Jo Woolsey**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3-31-16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Henry Nuss**

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
**225 Bayridge, Corpus Christi, TX 78411**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**4-7-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Eddie Savoy**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**P.O. Box 181225, Corpus Christi, TX 78480**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4-11-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Gladys Lippincott**

Amount of contribution (\$)  
**\$100.00**

Contributor address; City; State; Zip Code  
**6013 Lost Creek, Corpus Christi, TX 78413**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4-25-16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Texas Assn. of Realtors PAC**

Amount of contribution (\$)  
**\$500.00**

Contributor address; City; State; Zip Code  
**P.O. Box 2246, Austin, TX 78768**

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**

2 FILER NAME

**LaWana Jo Woolsey**

3 Filer ID (Ethics Commission Filers)

4 Date

**4-28-16**

5 Full name of contributor

**Hal George**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$150.00**

6 Contributor address;

City; State; Zip Code

**4505 Lake Charles, Corpus Christi, TX 78413**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4-28-16**

Full name of contributor

**Frank F. Schlegel, Jr.**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address;

City; State; Zip Code

**10809 Stonewall Blvd., Corpus Christi, TX 78410**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5-9-16**

Full name of contributor

**Kathleen Horne**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address;

City; State; Zip Code

**P.O. Box 6065, Corpus Christi, TX 78466**

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.



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>Lalwana Jo Woolsey</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-10-16</b>		5 Payee name <b>Jodi Steen</b>			
6 Amount (\$) <b>\$304.23</b>		7 Payee address; City; State; Zip Code <b>14965 Canadian Mist Dr., Corpus Christi, TX 78418</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Home Depot + Lowe's Large Sign Erection Materials from</b>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>3-12-16</b>		Payee name <b>Jo Woolsey</b>			
Amount (\$) <b>\$30.00</b>		Payee address; City; State; Zip Code <b>5906 Raven Hill Rd., Corpus Christi, TX 78414</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Purchase of List of Voters from Kevin Krieschnick, Nueces Cty Tax Assessor</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>4-3-16</b>		Payee name <b>Jo Woolsey</b>			
Amount (\$) <b>\$74.05</b>		Payee address; City; State; Zip Code <b>5906 Raven Hill Rd., Corpus Christi, TX 78414</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Postage stamps and envelopes from Office Depot</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>		2 FILER NAME <b>LAWANA JO WOOLSEY</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-8-16</b>		5 Payee name <b>Jodi Steen</b>			
6 Amount (\$) <b>\$689.00</b>		7 Payee address; City; State; Zip Code <b>14965 Canadian Mist Dr., Corpus Christi, TX 78418</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Reimbursement for SS Graphics Invoice # 155922 for yard signs-large</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <b>Office held</b>	
Date <b>5-9-16</b>		Payee name <b>Jo Woolsey</b>			
Amount (\$) <b>\$1,000.00</b>		Payee address; City; State; Zip Code <b>5906 Raven Hill Rd., Corpus Christi, TX 78414</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Reimbursement of Republican Party filing fee.</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <b>Office held</b>	
Date <b>5-9-16</b>		Payee name <b>Jo Woolsey</b>			
Amount (\$) <b>\$62.79</b>		Payee address; City; State; Zip Code <b>5906 Raven Hill Rd., Corpus Christi, TX 78414</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Reimbursement for 12-4-15 Birds Rubber Stamps for 4 magnetic name tags.</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <b>Office held</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Lalanza Jo Woolsey</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5-9-14</b>	<b>5</b> Payee name <b>Mary Goldston</b>	
<b>6</b> Amount (\$) <b># 127.72</b>	<b>7</b> Payee address; City; State; Zip Code <b>502 Barracuda, Corpus Christi, TX 78411</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Loan Repayment/ Reimbursement</b>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Reimbursement of 11-29-15 Office Depot receipt for printer ink 940.</b>
	<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought                      Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought                      Office held	

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