

OFFICIAL RECORD HOLDER
CANDIDATE FINANCE REPORT
CITY SECRETARY
FORT WORTH, TEX

FORM C/OH
COVER SHEET PG 1

The C/OH Instructions Guide explains how to complete this form.

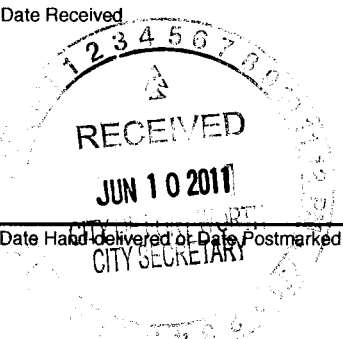
1 ACCOUNT #
 (Ethics Commission filers)
 05142011

2 PAGE #
 1 of 40

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mr. FIRST James MI
 NICKNAME LAST SUFFIX
 Jim Lane

OFFICE USE ONLY

Date Received

 Date Hand Delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 1725 Grand Ave.
 Fort Worth, TX 76164

5 CAMPAIGN TREASURER NAME

MS / MRS / MR Mr. FIRST Ken MI
 NICKNAME LAST SUFFIX
 Barr

6 CAMPAIGN TREASURER ADDRESS
 (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 3101 Avondale St.
 Fort Worth, TX 76109

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 994-3937

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 05/05/2011 06/08/2011

10 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 06/18/2011

11 OFFICE

OFFICE HELD (if any)
 Tarrant Regional Water Dist.

12 OFFICE SOUGHT (if known)
 Fort Worth Mayor District 1

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..
 Name
 Address/PO Box, Apt. / Suite #, City, State, Zip Code

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Lane, James (Mr.)

15 ACCOUNT # (Ethics Commission filers)
05142011

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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
Ft. Worth Firefighters Committee for Responsible Government

GENERAL

COMMITTEE ADDRESS
3855 Tulsa Way
Fort Worth, TX 76107-3345

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME
Glynn, J. Michael Jr. (Mr.)

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS
3855 Tulsa Way
Fort Worth, TX 76107

17 CONTRIBUTION TOTALS

| | | |
|---|----|------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00 |
|---|----|------|

| | | |
|---|----|------------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 157,380.63 |
|---|----|------------|

EXPENDITURE TOTALS

| | | |
|--|----|------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ | 0.00 |
|--|----|------|

| | | |
|--|----|------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ | 135,587.04 |
|--|----|------------|

CONTRIBUTION BALANCE

| | | |
|--|----|-----------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 14,112.21 |
|--|----|-----------|

OUTSTANDING LOAN TOTALS

| | | |
|---|----|------|
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |
|---|----|------|

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Lane, this the 10th day of June, 2011, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Martha Reyes-Hewitt
Print name of officer administering oath

Notary
Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

Page 3 of 40

| | |
|-----------------------------|--|
| C/OH NAME Lane, James (Mr.) | ACCOUNT # (Ethics Commission filers) 05142011 |
|-----------------------------|--|

| | | |
|--|--|--|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | .. This box is for notice of political expenditures 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 Ft. Worth Police Officers Association Comm. for Public Safety |
| | <input checked="" type="checkbox"/> GENERAL | COMMITTEE ADDRESS 904 Collier St. Fort Worth, TX 76102 |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME Kerr, John (Mr.) |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | 904 Collier St. Fort Worth, TX 76102 |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/24 Report: 4/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 06/07/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, D.J.G. 6 Contributor address; City; State; Zip Code P.O. Box 624 Rising Star, TX 76471 | 7 Amount of contribution (\$) \$200.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bates, Gus III Contributor address; City; State; Zip Code 3404 Park Hollow Fort Worth, TX 76109 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becker, Carol Contributor address; City; State; Zip Code 170 Quail Ridge Rd. Aledo, TX 76008 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/24/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bewley, Jackie Contributor address; City; State; Zip Code 2200 S. Riverside Dr. Fort Worth, TX 76104 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bley, Laura and Milton Contributor address; City; State; Zip Code 5847 Merrymount Rd Fort Worth, TX 76107 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/24 Report: 5/40

2 FILER NAME Lane, James (Mr.)

3 ACCOUNT # (Ethics Commission filers)
05142011

4 Date
06/08/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Bodoin, Agnew, Greene & Maxwell, P.C.

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
801 Cherry St., Unit 31
Fort Worth, TX 76102

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
05/19/2011

Full name of contributor out-of-state PAC (ID# _____)
Bradshaw, James and Lovi Jr.

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2919 Alton Rd.
Fort Worth, TX 76109

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/02/2011

Full name of contributor out-of-state PAC (ID# _____)
Brender, Art and Lynda

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4121 Hampshire Blvd.
Fort Worth, TX 76103

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/10/2011

Full name of contributor out-of-state PAC (ID# _____)
Brinkley, Gary

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
130 E. Exchange Ave.
Fort Worth, TX 76106

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/03/2011

Full name of contributor out-of-state PAC (ID# _____)
Burgess and Ed Lanford, Marilyn

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6450 Woodstock Rd.
Fort Worth, TX 76116

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/24 Report: 6/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/31/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butcher, Allan and Sue 6 Contributor address; City; State; Zip Code 2705 6th Ave. Fort Worth, TX 76110 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 06/08/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butterfield, Colleen 6 Contributor address; City; State; Zip Code 1538 Country Forest Ct. Grapevine, TX 76051 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/10/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campos, Martha and Paul 6 Contributor address; City; State; Zip Code 5860 Trigg Dr. Westworth Village, TX 76114 | 7 Amount of contribution (\$) \$40.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 06/07/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Canas & Flores Attorneys at Law 6 Contributor address; City; State; Zip Code 1441 N. Main St. Fort Worth, TX 76106 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| 4 Date 05/10/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlisle, Bobbie 6 Contributor address; City; State; Zip Code 5516 Hightower St. Fort Worth, TX 76112 | 7 Amount of contribution (\$) \$25.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/24 Report: 7/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 06/06/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CH2M Hill Texas Political Action Committee | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 309 W. 7th St. Fort Worth, TX 76102 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 05/24/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cordell, Carol | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1217 Marlborough Dr. Fort Worth, TX 76134 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/19/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Courtney, Max and Jennifer | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2200 Warner Rd. Fort Worth, TX 76110 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craddock, Michael and Margareth | Amount of contribution (\$) \$75.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4904 Dexter Ave. Fort Worth, TX 76107 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/03/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delord, Ron and Brenda | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 30320 La Quinta Georgetown, TX 78628 | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form. **1** PAGE #
Schedule: 5/24 Report: 8/40

2 FILER NAME Lane, James (Mr.) **3** ACCOUNT # (Ethics Commission filers)
05142011

| | | | |
|--|---|--|---|
| 4 Date 05/06/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dobson, Earl and Michelle <hr/> 6 Contributor address; City; State; Zip Code 6319 Valley Creek Pilot Point, TX 76258 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |

9 Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

| | | | |
|--|--|---|--|
| Date 05/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donnelly, Margaret <hr/> Contributor address; City; State; Zip Code 2637 Valley View Ln. Farmers Branch, TX 75234 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|--|---|---|--|
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Douthitt, Corbin <hr/> Contributor address; City; State; Zip Code 412 Hillview Dr. Hurst, TX 76054 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|--|--|---|--|
| Date 05/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Driskell, Craig and Lesley <hr/> Contributor address; City; State; Zip Code 2903 Burlwood Dr. Arlington, TX 76016 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|--|---|---|--|
| Date 05/24/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dulle, Joseph and Mary <hr/> Contributor address; City; State; Zip Code 2127 Pembroke Fort Worth, TX 76110 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | | |
|--|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | 1 PAGE # Schedule: 6/24 Report: 9/40 | |
| 2 FILER NAME Lane, James (Mr.) | | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 06/07/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellis, Evalyn 6 Contributor address; City; State; Zip Code 3259 Binyon Fort Worth, TX 76133 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) | |
| 9 Principal occupation / Job title (See Instructions) | | | 10 Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | | |
| Date 05/19/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Espino, Manuel Contributor address; City; State; Zip Code 5825 Fursman Ave. Fort Worth, TX 76114 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | | |
| Date 06/03/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Roundtable, LLC Contributor address; City; State; Zip Code 101 Summit Ave., Ste. 208 Fort Worth, TX 76102 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | | |
| Date 05/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fowler, Larry and Gail Sr. Contributor address; City; State; Zip Code 2301 Greenwood Weatherford, TX 76088 | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | | |
| Date 05/13/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franklin, Wilson Contributor address; City; State; Zip Code 2455 N. Main Fort Worth, TX 76164 | Amount of contribution (\$) \$300.00 | In-kind contribution description (if applicable) | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 7/24 Report: 10/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/19/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Firefighters Committee for Responsible Government 6 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107-3345 | 7 Amount of contribution (\$) \$160.00 | 8 In-kind contribution description (if applicable) Meals Per Diem for 2 Members Working Exchange of Time for 2 Board Members for Camp. Admin. Act. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 05/20/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107-3345 | Amount of contribution (\$) \$7,692.30 | In-kind contribution description (if applicable) Campaign Signs from Novar Packaging Group (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/31/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107-3345 | Amount of contribution (\$) \$129.24 | In-kind contribution description (if applicable) Campaign Sign Distribution Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/31/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107-3345 | Amount of contribution (\$) \$227.33 | In-kind contribution description (if applicable) Campaign T-Shirts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/31/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107-3345 | Amount of contribution (\$) \$4,000.00 | In-kind contribution description (if applicable) Newspaper Ads in La Vida News (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/24 Report: 11/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 06/02/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Firefighters Committee for Responsible Government 6 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107-3345 | 7 Amount of contribution (\$) \$270.41 | 8 In-kind contribution description (if applicable) BBQ Lunches from Off the Bone BBQ for Black Ministers Luncheon <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/08/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107-3345 | Amount of contribution (\$) \$28,536.35 | In-kind contribution description (if applicable) Labor for Campaign Administrative Duties, Sign Distribution, Blockwalking, and Pollworking <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/15/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Police Officers Association Comm. for Public Safety Contributor address; City; State; Zip Code 904 Collier St. Fort Worth, TX 76102 | Amount of contribution (\$) \$12,000.00 | In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/20/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Police Officers Association Comm. for Public Safety Contributor address; City; State; Zip Code 904 Collier St. Fort Worth, TX 76102 | Amount of contribution (\$) \$25,000.00 | In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/24/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft. Worth Police Officers Association Comm. for Public Safety Contributor address; City; State; Zip Code 904 Collier St. Fort Worth, TX 76102 | Amount of contribution (\$) \$40,000.00 | In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 9/24 Report: 12/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/10/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuller, Gaye 6 Contributor address; City; State; Zip Code 1521 Azteca Dr. Fort Worth, TX 76112 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Girouard, Marvin and Felice Contributor address; City; State; Zip Code 2433 Medford Court East Fort Worth, TX 76109 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/10/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Govea, Joe and Teodora Contributor address; City; State; Zip Code 5316 Weddington Ct. Fort Worth, TX 76133 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/08/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greene, John Contributor address; City; State; Zip Code 608 Park Bend Dr. Richardson, TX 75081 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/10/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haff Associates State Political Action Committee Contributor address; City; State; Zip Code 1201 North Bowser Rd Richardson, TX 75081 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 10/24 Report: 13/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/13/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Richard 6 Contributor address; City; State; Zip Code 100 Throckmorton, Ste. 540 Fort Worth, TX 76102 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, John and Jeanette Contributor address; City; State; Zip Code 2009 N. Houston St. Fort Worth, TX 76164 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hicks, Maryellen Contributor address; City; State; Zip Code 1010 W. Belknap St. Fort Worth, TX 76102-1803 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/08/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Higgins, Leslie Contributor address; City; State; Zip Code 2411 Shirley Fort Worth, TX 76109 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Higgins, Leslie and Norman Contributor address; City; State; Zip Code 2411 Shirley Ave. Fort Worth, TX 76109 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 11/24 Report: 14/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/20/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hudgeons, Leon 6 Contributor address; City; State; Zip Code 2012 Clover Ln. Fort Worth, TX 76107 | 7 Amount of contribution (\$) \$20.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 05/24/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ironworkers State COPE Fund Contributor address; City; State; Zip Code 3003 Dawn Dr., Ste. 104 Georgetown, TX 78628 | Amount of contribution (\$) \$2,000.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/03/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Isbell, Eva and Neil Contributor address; City; State; Zip Code 2800 N.W. 30th St. Fort Worth, TX 76106 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/08/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. Warren St. John Attorney at Law Contributor address; City; State; Zip Code 801 Cherry St., Unit 5 Fort Worth, TX 76102 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J.R. Molina Attorney at Law Contributor address; City; State; Zip Code 1301 N. Houston St. Fort Worth, TX 76106 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 12/24 Report: 15/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 06/08/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Ernest 6 Contributor address; City; State; Zip Code 6117 Lenway Ave. Fort Worth, TX 76116 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/02/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnston, Maria and Gordon Contributor address; City; State; Zip Code 1500 Gould Ave. Fort Worth, TX 76164 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jury, Don Contributor address; City; State; Zip Code 436 Haltom Rd. Fort Worth, TX 76117 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/10/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Bill and Earline Contributor address; City; State; Zip Code 1600 Texas St., Apt. 2204 Fort Worth, TX 76102 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/10/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kern, Ellen Contributor address; City; State; Zip Code 6457 Rosemont Ave. Fort Worth, TX 76116 | Amount of contribution (\$) \$10.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 13/24 Report: 16/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/24/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Luther Jr. 6 Contributor address; City; State; Zip Code 4224 Versailles Ave. Dallas, TX 75205 | 7 Amount of contribution (\$) \$2,000.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/08/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Komatsu, Karl Contributor address; City; State; Zip Code 3905 Lenox Dr. Fort Worth, TX 76107 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/03/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kulhavy, Rachel Contributor address; City; State; Zip Code 6012 Altomonte Dr., #432 Fort Worth, TX 76132 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/19/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lampkin, Tony and Cynthia Contributor address; City; State; Zip Code 1504 Stafford Dr. Fort Worth, TX 76134 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/10/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langdon, John Contributor address; City; State; Zip Code 2501 Parkview Dr., Ste 500 Fort Worth, TX 76102 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 14/24 Report: 17/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 06/03/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langhammer, Jay 6 Contributor address; City; State; Zip Code 7209 Laurelhill Ct. S. Fort Worth, TX 76133 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/02/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Offices of Randall Moore Contributor address; City; State; Zip Code 1301 Ballinger St. Fort Worth, TX 76102 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/14/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lon Burnam Campaign Contributor address; City; State; Zip Code P.O. Box 1894 Fort Worth, TX 76101 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mack, Theodore and Ellen Contributor address; City; State; Zip Code 2817 Harlanwood Dr. Fort Worth, TX 76109 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/02/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maldonado, Pete Contributor address; City; State; Zip Code 4860 Waterford Dr Fort Worth, TX 76179 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 17/24 Report: 20/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 06/02/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patoski, Margaret (Dr.) 6 Contributor address; City; State; Zip Code 4325 Lovell Ave. Fort Worth, TX 76107 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 05/10/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pendergraf, Fred Contributor address; City; State; Zip Code One Summit Ave., Ste. 410 Fort Worth, TX 76102 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Elisa and Pete Contributor address; City; State; Zip Code 2536 Shirley Ave. Fort Worth, TX 76109 | Amount of contribution (\$) \$150.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/31/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pierce, A.W. and Sheila Contributor address; City; State; Zip Code 6174 Park Rd. Fort Worth, TX 76135 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/03/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pokiuda, Bill Contributor address; City; State; Zip Code 2410 Loving Ave. Fort Worth, TX 76164 | Amount of contribution (\$) \$25.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 20/24 Report: 23/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/10/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sao, Johnny 6 Contributor address; City; State; Zip Code 2217 Halladay Trl. Fort Worth, TX 76108 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 06/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schell, Jim and Judy Contributor address; City; State; Zip Code 901 Washington Terrace Fort Worth, TX 76107 | Amount of contribution (\$) \$250.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/11/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schieffer, J. Thomas Contributor address; City; State; Zip Code 777 Main St., Ste. 3250 Fort Worth, TX 76102 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/02/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sims, Jim and Beverly Contributor address; City; State; Zip Code 6935 Craig St. Fort Worth, TX 76112 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/10/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Jason C. N. Contributor address; City; State; Zip Code 2230 College Ave. Fort Worth, TX 76110 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 23/24 Report: 26/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/10/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waltrip, Ken and Carole 6 Contributor address; City; State; Zip Code 3500 Overton View Ct. Fort Worth, TX 76109 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Welborn, Ronald Contributor address; City; State; Zip Code 11701 South Fwy. Burleson, TX 76028 | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Date 05/06/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Windham, Maria Contributor address; City; State; Zip Code 404 Willow Ridge Ct. Fort Worth, TX 76103 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Date 06/07/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Windham, Maria Contributor address; City; State; Zip Code 404 Willow Ridge Ct. Fort Worth, TX 76103 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |
| Date 05/19/2011 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woodard, Don Contributor address; City; State; Zip Code 1300 S. University Dr. Fort Worth, TX 76107 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 24/24 Report: 27/40 | |
| 2 FILER NAME Lane, James (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 05142011 | |
| 4 Date 05/31/2011 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimmerman, Jo-Ann 6 Contributor address; City; State; Zip Code 1518 El Camino Real Euless, TX 76040 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

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|---|--|---|
| 1 PAGE # Schedule: 1/13 Report: 28/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|---|--|---|

| | |
|-----------------------------|-------------------------------------|
| 4 Date 06/03/2011 | 5 Payee name Baker, Henry |
|-----------------------------|-------------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$200.00 | 7 Payee address City; State; Zip Code 958 E. Terrell Ave. Fort Worth, TX 76104 |
|----------------------------------|---|

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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|---------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|-----------------------------|
| Date 05/25/2011 | Payee name Burns, Gwinda |
|--------------------|-----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$600.00 | Payee address City; State; Zip Code 6015 Meadowbrook Dr. Fort Worth, TX 76112 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Lease-Phone Bank |
|-------------------------------|--|---|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|------------------------------|
| Date 06/03/2011 | Payee name Carey, Dorothy |
|--------------------|------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$180.00 | Payee address City; State; Zip Code 433 Burke Rd. Fort Worth, TX 76119 |
|-------------------------|--|

| | | |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|-------------------------------|---|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|------------------------------|
| Date 06/08/2011 | Payee name Carey, Dorothy |
|--------------------|------------------------------|

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|-------------------------|--|
| Amount (\$) \$135.00 | Payee address City; State; Zip Code 433 Burke Rd. Fort Worth, TX 76119 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|-------------------------------|---|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

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|---|--|---|
| 1 PAGE # Schedule: 2/13 Report: 29/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|---|--|---|

| | |
|-----------------------------|------------------------------------|
| 4 Date 06/03/2011 | 5 Payee name Clark, John |
|-----------------------------|------------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$74.00 | 7 Payee address City; State; Zip Code 5616 Houghton Ave. Fort Worth, TX 76107 |
|---------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|---------------------------------|---|--|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|--------------------|------------------------------|
| Date 06/03/2011 | Payee name Davidson, Mary |
|--------------------|------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$315.00 | Payee address City; State; Zip Code 6901 Windward Way Fort Worth, TX 76140 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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|--------------------|------------------------------|
| Date 06/08/2011 | Payee name Davidson, Mary |
|--------------------|------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$217.00 | Payee address City; State; Zip Code 6901 Windward Way Fort Worth, TX 76140 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|-------------------------------|---|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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|--------------------|--|
| Date 06/06/2011 | Payee name Dolores Stewart & Associates, Inc. |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$347.00 | Payee address City; State; Zip Code 1701 Pennsylvania Ave. Fort Worth, TX 76104 |
|-------------------------|---|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Court Reporting Transcripts |
|-------------------------------|--|---|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|--|---|
| 1 PAGE # Schedule: 3/13 Report: 30/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
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|-----------------------------|--|
| 4 Date 06/07/2011 | 5 Payee name Elisher, Vernon |
|-----------------------------|--|

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|----------------------------------|---|
| 6 Amount (\$) \$500.00 | 7 Payee address City; State; Zip Code 1101 Schieffer Ave. Fort Worth, TX 76110 |
|----------------------------------|---|

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|---------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Community Event |
|---------------------------------|--|--|

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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|--------------------|----------------------------|
| Date 06/03/2011 | Payee name Ellman, Glen |
|--------------------|----------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$150.00 | Payee address City; State; Zip Code P.O. Box 126081 Benbrook, TX 76126 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Photography | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Material Photographs |
|-------------------------------|---|---|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 06/08/2011 | Payee name Greater Meadowbrook News |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$938.00 | Payee address City; State; Zip Code P.O. Box 24264 Fort Worth, TX 76124 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Newspaper Ad |
|-------------------------------|---|--|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|-----------------------------|
| Date 06/03/2011 | Payee name Green, Carrie |
|--------------------|-----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$216.00 | Payee address City; State; Zip Code 4208 Wilhelm St. Fort Worth, TX 76119 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|--|---|
| 1 PAGE # Schedule: 4/13 Report: 31/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|---|--|---|

| | |
|-----------------------------|--------------------------------------|
| 4 Date 06/08/2011 | 5 Payee name Green, Carrie |
|-----------------------------|--------------------------------------|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$135.00 | 7 Payee address City; State; Zip Code 4208 Wilhelm St. Fort Worth, TX 76119 |
|----------------------------------|--|

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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|---------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|---------------------------|
| Date 05/17/2011 | Payee name Henry, John |
|--------------------|---------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$3,000.00 | Payee address City; State; Zip Code 4705 Selkirk Fort Worth, TX 76109 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|-------------------------------|
| Date 05/31/2011 | Payee name Johnson, Bobbie |
|--------------------|-------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$166.00 | Payee address City; State; Zip Code 5808 Houghton Ave. Fort Worth, TX 76107 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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|--------------------|------------------------------|
| Date 05/31/2011 | Payee name Jolley, Robyne |
|--------------------|------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$166.00 | Payee address City; State; Zip Code 5836 Blackmore Ave. Fort Worth, TX 76107 |
|-------------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
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| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|--|---|
| 1 PAGE # Schedule: 5/13 Report: 32/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|---|--|---|

| | |
|-----------------------------|--|
| 4 Date 06/03/2011 | 5 Payee name Kellough, Kathryn |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$180.00 | 7 Payee address City; State; Zip Code 10277 E. Rancho Diego Ln. Crowley, TX 76036 |
|----------------------------------|--|

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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|---------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|---------------------------------|
| Date 06/08/2011 | Payee name Kellough, Kathryn |
|--------------------|---------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$126.00 | Payee address City; State; Zip Code 10277 E. Rancho Diego Ln. Crowley, TX 76036 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|-------------------------------|---|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|---------------------------|
| Date 06/03/2011 | Payee name KHVN 970 AM |
|--------------------|---------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$3,000.00 | Payee address City; State; Zip Code 5787 S. Hampton, Ste. 285 Dallas, TX 75232 |
|---------------------------|--|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Radio Ad |
|-------------------------------|---|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/10/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$2,958.47 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|--|---|
| 1 PAGE # Schedule: 6/13 Report: 33/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|---|--|---|

| | |
|-----------------------------|---|
| 4 Date 05/10/2011 | 5 Payee name Leslie Higgins Advertising |
|-----------------------------|---|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$1,770.00 | 7 Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|------------------------------------|--|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|---|---|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/10/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$7,850.00 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

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|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/12/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$5,923.01 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/13/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$4,060.46 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|--|---|
| 1 PAGE # Schedule: 7/13 Report: 34/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|---|--|---|

| | |
|-----------------------------|---|
| 4 Date 05/13/2011 | 5 Payee name Leslie Higgins Advertising |
|-----------------------------|---|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$2,698.67 | 7 Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|------------------------------------|--|

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|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|---|---|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/13/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|----------------------------|---|
| Amount (\$) \$16,562.25 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|----------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/13/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$97.43 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/13/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$146.03 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|--|---|
| 1 PAGE # Schedule: 8/13 Report: 35/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|---|--|---|

| | |
|-----------------------------|---|
| 4 Date 05/17/2011 | 5 Payee name Leslie Higgins Advertising |
|-----------------------------|---|

| | |
|-------------------------------------|--|
| 6 Amount (\$) \$11,000.00 | 7 Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|-------------------------------------|--|

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|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|---|---|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/17/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|----------------------------|---|
| Amount (\$) \$13,877.65 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|----------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 05/25/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$1,100.00 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 06/01/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$6,400.00 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|--|---|
| 1 PAGE # Schedule: 9/13 Report: 36/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|---|--|---|

| | |
|-----------------------------|---|
| 4 Date 06/02/2011 | 5 Payee name Leslie Higgins Advertising |
|-----------------------------|---|

| | |
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| 6 Amount (\$) \$2,200.00 | 7 Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|---|---|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 06/02/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$1,950.63 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

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|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 06/06/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

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|----------------------------|---|
| Amount (\$) \$12,100.00 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

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|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|--------------------|--|
| Date 06/07/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$1,900.00 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|--|---|
| 1 PAGE # Schedule: 10/13 Report: 37/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|--|--|---|

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|-----------------------------|---|
| 4 Date 06/07/2011 | 5 Payee name Leslie Higgins Advertising |
|-----------------------------|---|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$8,500.00 | 7 Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|---------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 06/07/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$1,900.00 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|------------------------|--|---|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 06/07/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

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|-------------------------|---|
| Amount (\$) \$913.63 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|------------------------|--|---|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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|--------------------|--|
| Date 06/07/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$913.63 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|-------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|------------------------|--|---|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|--|---|
| 1 PAGE # Schedule: 11/13 Report: 38/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|--|--|---|

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|-----------------------------|---|
| 4 Date 06/07/2011 | 5 Payee name Leslie Higgins Advertising |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$844.00 | 7 Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|---------------------------------|---|--|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

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|--------------------|--|
| Date 06/07/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|---------------------------|---|
| Amount (\$) \$1,689.78 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|---------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|------------------------|--|---|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

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|--------------------|--|
| Date 06/07/2011 | Payee name Leslie Higgins Advertising |
|--------------------|--|

| | |
|----------------------------|---|
| Amount (\$) \$16,075.12 | Payee address City; State; Zip Code 2465 Forest Park Blvd. Fort Worth, TX 76110 |
|----------------------------|---|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising |
|------------------------|--|---|

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|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|------------------------------|
| Date 05/31/2011 | Payee name Little, Ruthie |
|--------------------|------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$166.00 | Payee address City; State; Zip Code 5820 Levelland Dr. Fort Worth, TX 76107 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|------------------------|---|--|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|--|---|
| 1 PAGE # Schedule: 12/13 Report: 39/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|--|--|---|

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|-----------------------------|-------------------------------|
| 4 Date 06/08/2011 | 5 Payee name PayPal |
|-----------------------------|-------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$69.28 | 7 Payee address City; State; Zip Code 2211 N. First St. San Jose, CA 95131 |
|---------------------------------|---|

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|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-Line Contribution Service Fees |
|---------------------------------|---|--|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|---------------------------|---|
| Date 05/31/2011 | Payee name Prescott, Willie Mae |
|---------------------------|---|

| | |
|--------------------------------|--|
| Amount (\$) \$166.00 | Payee address City; State; Zip Code 5715 Libbey Ave. Fort Worth, TX 76107 |
|--------------------------------|--|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|-------------------------------|--|---|

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|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|---------------------------|-------------------------------------|
| Date 05/31/2011 | Payee name Scott, Loberta |
|---------------------------|-------------------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$166.00 | Payee address City; State; Zip Code 5008 Wilmington Ct. Fort Worth, TX 76107 |
|--------------------------------|---|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|-------------------------------|--|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|---------------------------|--------------------------------------|
| Date 06/03/2011 | Payee name Shannon, Janice |
|---------------------------|--------------------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$290.00 | Payee address City; State; Zip Code 6901 Windward Way Fort Worth, TX 76140 |
|--------------------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
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|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|--|---|
| 1 PAGE # Schedule: 13/13 Report: 40/40 | 2 FILER NAME Lane, James (Mr.) | 3 ACCOUNT # (TEC filers) 05142011 |
|--|--|---|

| | |
|----------------------------------|---|
| 4 Date 06/08/2011 | 5 Payee name Shannon, Janice |
| 6 Amount (\$) \$254.00 | 7 Payee address City; State; Zip Code 6901 Windward Way Fort Worth, TX 76140 |

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|---|--|---|

| | | | |
|---|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|-------------------------|---|
| Date 05/31/2011 | Payee name Stanley, Sandra |
| Amount (\$) \$400.00 | Payee address City; State; Zip Code 3700 Horne St. Fort Worth, TX 76107 |

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Bank |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|