



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 05142011	2 PAGE # 1 of 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI MI
	NICKNAME Jim	LAST Lane	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> 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 Louis	MI MI
	NICKNAME	LAST Zapata	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
2007 North Houston Fort Worth, TX 76164			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(817) 919-4075			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
01/15/2013		THROUGH	04/01/2013
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05/11/2013		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			Fort Worth City council District 2
<b>GO TO PAGE 2</b>			

**OFFICE USE ONLY**

Date Received

Date Hand Delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)  
05142011

15 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,699.60
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 9,540.73
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,158.87
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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17 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 11<sup>th</sup> day of April, 2013, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Martha Reyes-Hewitt Notary  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/4 Report: 3/8	
<b>2</b> FILER NAME Lane, James (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 05142011	
<b>4</b> Date  04/01/2013	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Nehemiah  <b>6</b> Contributor address; City; State; Zip Code 2300 Timberline Dr. Fort Worth, TX 76119	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  03/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeLeon, Steve  Contributor address; City; State; Zip Code 7212 Karen Dr. Fort Worth, TX 76180	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  04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Esparza, Martha  Contributor address; City; State; Zip Code 1801 Robin Ave. Fort Worth, TX 76164	Amount of contribution (\$)  \$15.00	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  03/25/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fish, Richard  Contributor address; City; State; Zip Code 8909 Crosswind Drive Fort Worth, TX 76179	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  03/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Trey (Mr.)  Contributor address; City; State; Zip Code 6517 Red Bud Rd. Fort Worth, TX 76135	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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 2/4 Report: 4/8	
<b>2 FILER NAME</b> Lane, James (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 05142011	
<b>4 Date</b>  04/01/2013	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Hansen, Don and Fay  <b>6 Contributor address; City; State; Zip Code</b> 4201 N. Main St., Ste. 119 Fort Worth, TX 76106	<b>7 Amount of contribution (\$)</b>  \$5,000.00	<b>8 In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  04/01/2013	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Paz  <b>Contributor address; City; State; Zip Code</b> 1302 North Calhoun Fort Worth, TX 76164	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  02/18/2013	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Lane TRWD Campaign Fund  <b>Contributor address; City; State; Zip Code</b> 204 West Central Fort Worth, TX 76164	<b>Amount of contribution (\$)</b>  \$3,994.60	<b>In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/19/2013	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) King, David (Mr.)  <b>Contributor address; City; State; Zip Code</b> 819 Isbell Rd. Fort Worth, TX 76114	<b>Amount of contribution (\$)</b>  \$25.00	<b>In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  02/08/2013	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Lane, Jim  <b>Contributor address; City; State; Zip Code</b> 204 W. Central Fort Worth, TX 76164	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b> Filing Fee    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/4 Report: 5/8	
<b>2</b> FILER NAME Lane, James (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 05142011	
<b>4</b> Date  04/01/2013	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lane, Jim  <b>6</b> Contributor address; City; State; Zip Code 204 W. Central Fort Worth, TX 76164	<b>7</b> Amount of contribution (\$)  \$240.00	<b>8</b> In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Jason and Amy  Contributor address; City; State; Zip Code 1301 Virginia Pl. 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  04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olmstead, James  Contributor address; City; State; Zip Code 2315 Westbrook Fort Worth, TX 76111	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  04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Owen, Wayne and Ashley  Contributor address; City; State; Zip Code 8712 Overland 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)	
Date  04/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pokluda, 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 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.

<b>1</b> PAGE # Schedule: 1/2 Report: 7/8		<b>2</b> FILER NAME Lane, James (Mr.)		<b>3</b> ACCOUNT # (TEC filers) 05142011	
<b>4</b> Date 03/01/2013		<b>5</b> Payee name Cheryl Richard Associates			
<b>6</b> Amount (\$) \$1,500.00		<b>7</b> Payee address City; State; Zip Code 1549 NW 20th St. Fort Worth, TX 76164			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign headquarters lease	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/27/2013		Payee name Hertel Insuranse			
Amount (\$) \$1,190.73		Payee address City; State; Zip Code 1701 River Run Suite 910 Fort Worth, TX 76107			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - insuranse		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office insuranse	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/16/2013		Payee name NICA			
Amount (\$) \$100.00		Payee address City; State; Zip Code 1600 Circle Park Blvd. Fort Worth, TX 76164			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - charitable contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Taste of Fort Worth event contribution	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/15/2013		Payee name Price, Betsy (Mrs.)			
Amount (\$) \$250.00		Payee address City; State; Zip Code 3908 Summercrest Fort Worth, TX 76109			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign contribution for reelection of Mayor Betsy Price	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**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.

<b>1 PAGE #</b> Schedule: 2/2 Report: 8/8		<b>2 FILER NAME</b> Lane, James (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 05142011	
<b>4 Date</b> 04/01/2013		<b>5 Payee name</b> Rangel, Juan (Mr.)			
<b>6 Amount (\$)</b> \$250.00		<b>7 Payee address City; State; Zip Code</b> 2259 Lipscomb St. Fort Worth, TX 76110			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> campaign donation for Ft. Worth ISD Dist. 9 re election	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 04/01/2013		<b>Payee name</b> The Eppstein Group			
<b>Amount (\$)</b> \$6,000.00		<b>Payee address City; State; Zip Code</b> 4055 International Plaza Suite 600 Fort Worth, TX 76109			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> OTHER - Professional Services		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> mail, signs and professional services	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 03/01/2013		<b>Payee name</b> Vasquez, Carlos (Mr.)			
<b>Amount (\$)</b> \$250.00		<b>Payee address City; State; Zip Code</b> 1214 Circle Park Fort Worth, TX 76164			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Campaign donation for state rep. house district 90	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	