

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME Jim Lane		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/2/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Canas	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 N Main St Fort Worth TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie D. Long	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6004 Airport Fwy Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernell & Vera Sturns	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 612 Highwoods Trl Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorin Boswell, Jr.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6706 Camp Bowie Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welzie W. Webb	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7408 Eagle Ridge Circle Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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6 Contributor address; City; State; Zip Code PO Box 101207 Fort Worth TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James E. Richards	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1510 Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Craine	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 3062 Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia O'Neal	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 4660 Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/2/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Gaines	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 50093 Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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4 Date 12/2/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John T. Bailey 6 Contributor address; City; State; Zip Code PO Box 9450 Fort Worth TX	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund Contributor address; City; State; Zip Code 201 Main St #2500 Fort Worth TX	Amount of contribution (\$) 500.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HG Wells Contributor address; City; State; Zip Code 2712 Colonial Pkwy Fort Worth TX	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland A. Hodges Contributor address; City; State; Zip Code 115 W 7th St Ste 1310 Fort Worth TX	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold & Harriette Gachman Contributor address; City; State; Zip Code 1229 Shady Oaks Ln Fort Worth TX	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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4 Date 12/16/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete & Josephine Medrano	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1416 Circle Park Blvd Fort Worth TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe and Mary Dulle	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2127 Pembroke Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M. & Kitty Loveless	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2911 6th Ave Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert West	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 Commerce St #3500 Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Laughlin	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3717 Fox Hollow Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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4 Date 12/16/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis LeDoux	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3845 Heywood Ave Fort Worth TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates State PAC	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4000 Fossil Creek Blvd Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vince & Mona Puente, Sr.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 Forest River Cir Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buddy Puente, Jr.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 Forest River Ct. Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Fire Fighters PAC	Amount of contribution (\$) 2501	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 417 N Retta Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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4 Date 12/16/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe R. Thompson	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4809 Brockton Ct Fort Worth TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Puente-Brancato	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5817 Forest River Dr Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Puente, Sr.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5849 Forest River Dr Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe K. Pace	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6307 Rosemont Ave Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George E. Westby	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 708 Bridal Trail Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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4 Date 12/16/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CR Lasater 6 Contributor address; City; State; Zip Code 7200 Blue Mound Rd Fort Worth TX	7 Amount of contribution (\$) 2000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/31/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trademark Property Company Contributor address; City; State; Zip Code 301 Commerce #3635 Fort Worth TX	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Mack Sneed, DDS Contributor address; City; State; Zip Code 508 W Northside Dr Fort Worth TX	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME Jim Lane		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-2-2004	5 Payee name Michael Paddock 6 Payee address; City; State; Zip Code 1300 Summit Ave Fort Worth TX	7 Amount (\$) 5756.25
8 Purpose of payment (See instructions regarding type of information required.) Legal fees		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-2-2004	Payee name The Eppstein Group Payee address; City; State; Zip Code 4055 Int'l Plaza Fort Worth TX	Amount (\$) 2968.27
Purpose of payment (See instructions regarding type of information required.) Professional services & materials		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-8-2004	Payee name Santos Aguilera Payee address; City; State; Zip Code 2005 N Grove Fort Worth TX	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) Mayor's staff party catering		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-13-2004	Payee name Scott Hay Service Payee address; City; State; Zip Code 1789 Hiavek Rd Decatur TX	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) Party supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME Jim Lane		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-17-2004	5 Payee name Carnival Food Store 6 Payee address; City; State; Zip Code 102 NW 28th St Fort Worth TX	7 Amount (\$) 102.33
8 Purpose of payment (See instructions regarding type of information required.) Food for Christmas Party		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-17-2004	Payee name John Clayton Reed Payee address; City; State; Zip Code P.O. Box 565 Keene TX	Amount (\$) 850.00
Purpose of payment (See instructions regarding type of information required.) Christmas Party Entertainment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-17-2004	Payee name Robert Williams Payee address; City; State; Zip Code 2336 Felder Ln Fort Worth TX	Amount (\$) 400.00
Purpose of payment (See instructions regarding type of information required.) Catering		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-17-2004	Payee name Petty Cash Payee address; City; State; Zip Code Fort Worth TX	Amount (\$) 1200.00
Purpose of payment (See instructions regarding type of information required.) Party supplies & expenses		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME Jim Lane		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-20-2004	5 Payee name Aguilera's Cafe 6 Payee address; City; State; Zip Code 2005 N Grove Fort Worth TX	7 Amount (\$) 700.00
8 Purpose of payment (See instructions regarding type of information required.) Catering		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-20-2004	Payee name John Aguilera Payee address; City; State; Zip Code 4200 Northern Cross Blvd #320 Haltom City TX	Amount (\$) 400.00
Purpose of payment (See instructions regarding type of information required.) Party coordination services		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-21-2004	Payee name Martha Reyes-Hewitt Payee address; City; State; Zip Code 1505 Highcrest Mansfield TX.	Amount (\$) 1500.00
Purpose of payment (See instructions regarding type of information required.) Administrative/council work		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12-29-2004	Payee name Boy Scouts Payee address; City; State; Zip Code 4917 Briarhaven Rd Fort Worth TX	Amount (\$) 500.00
Purpose of payment (See instructions regarding type of information required.) contribution		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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2 FILER NAME Jim Lane		3 ACCOUNT # (Ethics Commission filers)
4 Date 12-29-2004	5 Payee name United Site Services 6 Payee address; City; State; Zip Code 550 S 5th Mansfield TX	7 Amount (\$) 227.33
8 Purpose of payment (See instructions regarding type of information required.) Portable toilet rental		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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