RECEIVED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JAN 15 2004 at 1:48 p.m.

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME: MS / MRS / MR; FIRST: Jim; MI; NICKNAME; LAST: Lane; SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS: ADDRESS / PO BOX: 204 W. Central Av; APT / SUITE #; CITY: Ft Worth; STATE: Tx; ZIP CODE: 76106; Date Hand-delivered or Date Postmarked

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE: AREA CODE (817); PHONE NUMBER 625-5581; EXTENSION

6 CAMPAIGN TREASURER NAME: MS / MRS / MR; FIRST: Louis; MI; NICKNAME; LAST: Zapata; SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business): STREET ADDRESS (NO PO BOX PLEASE): 2007 N. Houston; APT / SUITE #; CITY: Ft Worth; STATE: Tx; ZIP CODE: 76106

8 CAMPAIGN TREASURER PHONE: AREA CODE (817); PHONE NUMBER 625-4599; EXTENSION

9 REPORT TYPE

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

10 PERIOD COVERED: Month / Day / Year: 6 / 30 / 03 THROUGH Month / Day / Year: 1 / 15 / 04

11 ELECTION: ELECTION DATE Month / Day / Year: 5 / 3 / 03; ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE: OFFICE HELD (if any): City Council # 2

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

☐ additional pages

GO TO PAGE 2

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Jim Lane

16 ACCOUNT # (Ethics Commission filer ID)

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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,325.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,687.32
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,071.02
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

MARTHA REYES-HEWITT
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 10-06-2005

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Lane, this the 15 day of Jan, 20 04, to certify which, witness my hand and seal of office.

Martha Reyes Hewitt — Signature of officer administering oath

MARTHA REYES-HEWITT — Printed name of officer administering oath

Notary — Title of officer administering oath

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Jim Lane

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-16-03	Stephen Bernstein Med Plaza Hospital Ft Worth, Tx 76108	300.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-03	Troy Vill Arreal Ft Worth Medical Plaza Hospital	100.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-03	Barry Wright Medical Plaza Hospital	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-03	Aracelli Wilson Medical Plaza Hospital	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-03	Terry Howell Med Plaza Hospital	100.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

~~PLEDGED~~ CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME
Jim Lane

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of ~~pledgor~~ ☐ ~~out-of-state PAC~~ (ID#:)	8 Amount of ~~pledge~~ ($)	9 In-kind description (if applicable)
7-16-03	Cheryl Harrison 7 ~~Pledgor~~ address; City; State; Zip Code Medical Plaza Hospital	50.00	

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date	Full name of ~~pledgor~~ ☐ ~~out-of-state PAC~~ (ID#)	Amount of pledge ($)	In-kind description (if applicable)
7-16-03	Wanda Colman Pledgor address; City; State; Zip Code Medical Plaza Hospital	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of ~~pledgor~~ ☐ ~~out-of-state PAC~~ (ID#)	Amount of pledge ($)	In-kind description (if applicable)
7-16-03	Christin Fredric Pledgor address; City; State; Zip Code Medical Plaza Hospital	75.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of ~~pledgor~~ ☐ out-of-state PAC (ID#)	Amount of ~~pledge~~ ($)	In-kind description (if applicable)
12-19-03	Fort Worth Fire fighters PAC Pledgor address; City; State; Zip Code	2,500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Jim Lane

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-14-03	Penny Rosas Ft Worth, Tx	500.00

8 Purpose of payment (See instructions regarding type of information required.): final payment on campaign office debt

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 ($)
12-19-03	John Clayton Reed 972-296-8939	750.00

Purpose of payment (See instructions regarding type of information required.): Music for annual Christmas party for constituents and campaign workers

** 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 ($)
12-24-03	Santos Aguilera Ft Worth, Tx	720.00

Purpose of payment (See instructions regarding type of information required.): Tamales for annual Christmas party

** 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 ($)
1-15-04	Original Kings Kids Ft Worth, Tx	500.00

Purpose of payment (See instructions regarding type of information required.): to help the get to Texas for martin luther King celebration

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME Jim Law

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-16-03	TXU Fort Worth, Tx	59.22

8 Purpose of payment (See instructions regarding type of information required.) Campaign office ~~phone~~ electricity

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 ($)
7-16-03	SBC Fort Worth, Tx	58.54

Purpose of payment (See instructions regarding type of information required.) Campaign Office phone

-- 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 ($)
7-16-03	J.D. Johson, Commissioners Campaign Golf tournament Fort Worth, Tx	300.00

Purpose of payment (See instructions regarding type of information required.) to allow Commissioner Johnson to play in annual Golf Tournament

-- 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 ($)
	United Site Services Porta Potties Mansfield Tx	227.33

Purpose of payment (See instructions regarding type of information required.) Porta potties for World Affairs Council party

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#: _____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: J. Lane

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-24-03	Ronny Rosas Ft Worth, Tx	750.00

8 Purpose of payment (See instructions regarding type of information required.): payment towards campaign office debt

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 ($)
8-4-03	SBC Ft Worth, Tx	22.23

Purpose of payment (See instructions regarding type of information required.): final bill for campaign office phone

** 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 ($)
8-4-03	Casa De Inmigrante Ft Worth, Tx	50.00

Purpose of payment (See instructions regarding type of information required.): to help pay for printing for event on North Side

** 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 ($)
8-15-03	Ronny Rosas Ft Worth, Tx	250.00

Purpose of payment (See instructions regarding type of information required.): to pay on campaign office debt

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/03/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount ($)

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date	Business name Business 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	Business name Business 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	Business name Business 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 11/05/2003

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME Jim Lane

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

☑ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

Revised 11/05/2003

Printed on recycled paper