

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)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
	Jim	
NICKNAME	LAST	SUFFIX
	Lane	

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
204 W Central Fort Worth, Tx. 76106				

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
	Louis	
NICKNAME	LAST	SUFFIX
	Zapata	

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
2007 N Houston Fort Worth, Tx. 76106				

7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(817)	625-4599	

8 REPORT TYPE

<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
<input checked="" 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	THROUGH	Month	Day	Year
4	25	03		6	30	03

10 ELECTION

ELECTION DATE			ELECTION TYPE			
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
5	3	03				

11 OFFICE

OFFICE HELD (if any)
City Council District 2

12 OFFICE SOUGHT (if known)

City Council District 2

13 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Jim Lane

15 ACCOUNT # (Ethics Commission files)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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

\$ 20.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 23,934.74

EXPENDITURE TOTALS

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

\$ 826.02

4. TOTAL POLITICAL EXPENDITURES

\$ 53,382.99

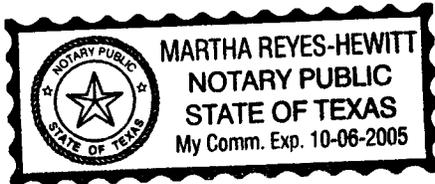
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2,300.00

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Jim Lane
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jim Lane, this the 15 day of July, 20 03, to certify which, witness my hand and seal of office.

Martha Reyes-Hewitt MARTHA REYES HEWITT Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

THE INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **13**

2 FILER NAME
Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Thermacor Process, L. P. 6 Contributor address: City: State: Zip code P O Box 79670 Fort Worth TX	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC The Dent Law Firm 6 Contributor address: City: State: Zip code 1120 Penn St. Fort Worth TX	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Thad & Elizabeth Brundrett 6 Contributor address: City: State: Zip code 3901 W 4th St. Fort Worth TX	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC James Leggett 6 Contributor address: City: State: Zip code P O Box 9540 Fort Worth TX	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
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**SCHEDULE A1
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2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Pamela & Billy Minick 6 Contributor address: City: State: Zip code 14295 Old Denton Rd. Roanoke TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Meto Miteff 6 Contributor address: City: State: Zip code 2821 Lackland Rd. #200 Fort Worth TX	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Gary Reynolds 6 Contributor address: City: State: Zip code P O Box 370 Euless TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Jim Risky 6 Contributor address: City: State: Zip code 2314 Azle Ave. Fort Worth TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

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**SCHEDULE A1
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1 Total pages Schedule A: **13**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Ron & Kathi Sturgeon 6 Contributor address: City: State: Zip code 5940 Eden Fort Worth TX	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC D. & Nancy Terrell 6 Contributor address: City: State: Zip code 5808 Azteca Fort Worth TX	7 Amount of Contribution (\$) 50.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Robert West 6 Contributor address: City: State: Zip code 301 Commerce St. #3500 Fort Worth TX	7 Amount of Contribution (\$) 200.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/29/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Rita Wilson 6 Contributor address: City: State: Zip code 3401 E Hwy 199 Springtown TX	7 Amount of Contribution (\$) 200.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

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1 Total pages Schedule A: **13**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/30/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Rosanna Briscoe 6 Contributor address: City: State: Zip code 2240 Briardale Road Fort Worth TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/30/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC A. C. & Diane Cook 6 Contributor address: City: State: Zip code 9535 Lechner Rd. Fort Worth TX	7 Amount of Contribution (\$) 200.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/30/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Nereida Crandall 6 Contributor address: City: State: Zip code 1904 Bay Oaks Ct. Fort Worth TX	7 Amount of Contribution (\$) 50.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/30/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Judith Grunewald 6 Contributor address: City: State: Zip code 2129 Morning Glory Fort Worth TX	7 Amount of Contribution (\$) 20.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/30/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Albert Komatsu 6 Contributor address: City: State: Zip code 602 Roaring Springs Rd. Fort Worth TX	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/30/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Duffy Lee 6 Contributor address: City: State: Zip code 2121 Morning Glory Fort Worth TX	7 Amount of Contribution (\$) 25.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/30/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Mary & Jack Rankin 6 Contributor address: City: State: Zip code 2608 Laurel Valley Lane Arlington Tx	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/30/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Warren St. John 6 Contributor address: City: State: Zip code 1055 Burnett Plaza Fort Worth TX	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **13**

2 FILER NAME
Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/1/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC James Richards 6 Contributor address: City: State: Zip code 2024 Williams Place Fort Worth TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 5/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Carter & Burgess PAC 6 Contributor address: City: State: Zip code 777 Main St. #3500 Fort Worth TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 5/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC American Airlines PAC 6 Contributor address: City: State: Zip code 1101 17th St. NW #600 Washington DC	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 5/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Allison-Broyles Contractors 6 Contributor address: City: State: Zip code 2814 Fairview Fort Worth TX	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

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2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Quoin PAC 6 Contributor address: City: State: Zip code 11111 Stemmons Freeway Dallas TX	7 Amount of Contribution (\$) 300.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional)

10 Employer (Optional)

4 Date 5/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Eddie Gossage 6 Contributor address: City: State: Zip code 8920 Crest Wood Fort Worth TX	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional)

10 Employer (Optional)

4 Date 5/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Thomas Krampitz 6 Contributor address: City: State: Zip code 1210 Nueces St. #200 Fort Worth TX	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional)

10 Employer (Optional)

4 Date 5/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC W. J. Michel 6 Contributor address: City: State: Zip code 2115 Primrose Fort Worth TX	7 Amount of Contribution (\$) 200.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional)

10 Employer (Optional)

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**POLITICAL CONTRIBUTIONS
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1 Total pages Schedule A: **13**

2 FILER NAME
Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Bruton Smith	7 Amount of Contribution (\$) 2000.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code P O Box 18747 Charlotte NC			

9 Principal Occupation(Optional)

10 Employer (Optional)

4 Date 5/5/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Tim Curry	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 401 W Belknap Fort Worth TX			

9 Principal Occupation(Optional)

10 Employer (Optional)

4 Date 5/5/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC David Finney	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 4819 Hope Dr. Fort Worth TX			

9 Principal Occupation(Optional)

10 Employer (Optional)

4 Date 5/5/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Mark Hatten	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 5725 Lakeside Dr. Fort Worth TX			

9 Principal Occupation(Optional)

10 Employer (Optional)

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2 FILER NAME
Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/5/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Creighton Pickett	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code P O Box 101207 Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 5/5/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC John Stevenson	7 Amount of Contribution (\$) 150.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1207 Hillcrest St. Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 5/5/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Estil Vance	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3901 Mockingbird Lane Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 5/6/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC R. A. Brown	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code P O Box 800 Roanoke TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

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**POLITICAL CONTRIBUTIONS
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1 Total pages Schedule A: 13

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/7/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Wood, Thacker & Weatherly 6 Contributor address: City: State: Zip code 400 N Carroll Blvd. #202 Denton TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date 5/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Kenneth Barr 6 Contributor address: City: State: Zip code 1000 Macon Fort Worth TX	7 Amount of Contribution (\$) 2000.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date 5/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Roosevelt Burrell 6 Contributor address: City: State: Zip code 4607 Home St. Fort Worth TX	7 Amount of Contribution (\$) 25.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date 5/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Earl Burrell 6 Contributor address: City: State: Zip code 401 Canyon Creek Trail Fort Worth TX	7 Amount of Contribution (\$) 200.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional)

10 Employer (Optional)

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**POLITICAL CONTRIBUTIONS
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1 Total pages Schedule A: **13**

2 FILER NAME
Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/9/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC PSEL PAC 6 Contributor address: City: State: Zip code 201 Main St. #2500 Fort Worth TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 5/9/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Good Government Fund 6 Contributor address: City: State: Zip code 201 Main St. #2500 Fort Worth TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 5/9/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC K PAC 6 Contributor address: City: State: Zip code 201 Main St. #2500 Fort Worth TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 5/14/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Jeff Wentworth 6 Contributor address: City: State: Zip code 1513 Catalina Dr. Fort Worth TX	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **13**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/15/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Apartment Asso of Tarrant Co. PAC 6 Contributor address: City: State: Zip code 6350 Baker Blvd. Fort Worth TX	7 Amount of Contribution (\$) 500	8 In-Kind Contribution description (if applicable)
9 Principal Occupation(Optional)		10 Employer (Optional)	

4 Date 6/3/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC FW Fire Fighters Committee for Responsible Gov't 6 Contributor address: City: State: Zip code 417 N Retta Fort Worth TX	7 Amount of Contribution (\$) 698.00	8 In-Kind Contribution description (if applicable) yard sign assembly
9 Principal Occupation(Optional)		10 Employer (Optional)	

4 Date 6/17/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Ross Perot, Jr. 6 Contributor address: City: State: Zip code 13690 Heritage Parkway #200 Fort Worth TX	7 Amount of Contribution (\$) 2196.74	8 In-Kind Contribution description (if applicable) reception expenses
9 Principal Occupation(Optional)		10 Employer (Optional)	

4 Date 6/18/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC David Chappell 6 Contributor address: City: State: Zip code 201 Main St. #400 Fort Worth TX	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation(Optional)		10 Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS C/OH & SPAC)**

THE INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **13**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/18/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC James Leggett	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code P O Box 9540 Fort Worth TX			
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of Contribution (\$)	8 In-Kind Contribution description (if applicable)
	6 Contributor address: City: State: Zip code Fort Worth TX		
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of Contribution (\$)	8 In-Kind Contribution description (if applicable)
	6 Contributor address: City: State: Zip code Fort Worth TX		
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of Contribution (\$)	8 In-Kind Contribution description (if applicable)
	6 Contributor address: City: State: Zip code Fort Worth TX		
9 Principal Occupation (Optional)		10 Employer (Optional)	

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: /
2 FILER NAME Jim Lane		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 5/6/03	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Lane	9 Loan Amount (\$) 10,000.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 204 W Central Fort Worth, Tx. 76106	10 Interest rate
		11 Maturity date
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)

4 Date 4/23/2003	5 Payee Name SBC	7 Amount 1883.28
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure utilities	9 ..Complete if direct expenditure to benefit C/OH..
--	---

4 Date 4/23/2003	5 Payee Name The Eppstein Group	7 Amount 4134.25
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure campaign materials	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 4/24/2003	5 Payee Name American Cancer Society	7 Amount 100.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure contribution	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 4/24/2003	5 Payee Name Aracely Luna	7 Amount 89.25
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

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POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)

4 Date 4/24/2003	5 Payee Name Marisela Tapia	7 Amount 84.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure Phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 4/24/2003	5 Payee Name Mary Lou Lopez	7 Amount 224.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 4/24/2003	5 Payee Name Rennie Rosas	7 Amount 750.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure administrative	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 4/24/2003	5 Payee Name Sylvia Vela	7 Amount 175.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

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POLITICAL EXPENDITURES	SCHEDULE F
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THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
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2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)
--	---

4 Date 4/25/2003	5 Payee Name David Diaz	7 Amount 59.50	
	6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 4/25/2003	5 Payee Name Emilio Cardenas	7 Amount 112.00	
	6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 4/25/2003	5 Payee Name Guadalupe Gochi	7 Amount 59.50	
	6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 4/25/2003	5 Payee Name Roxana Luna	7 Amount 59.50	
	6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date
4/26/2003**5** Payee Name
Erika Zapata**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
105.00**8** Purpose of expenditure
phone bank**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/26/2003**5** Payee Name
Maricela Garcia**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
93.75**8** Purpose of expenditure
phone bank**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/28/2003**5** Payee Name
The Eppstein Group**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
8945.05**8** Purpose of expenditure
campaign materials**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/28/2003**5** Payee Name
U S Postmaster**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
370.00**8** Purpose of expenditure
stamps**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date

4/29/2003

5 Payee Name

Francisco Salas

7 Amount

84.00

6 Payee address: City: State: Zip code

Fort Worth TX

8 Purpose of expenditure
phone bank**9** ..Complete if direct expenditure to benefit C/OH..**4** Date

4/29/2003

5 Payee Name

Fred Garcia

7 Amount

550.00

6 Payee address: City: State: Zip code

Fort Worth TX

8 Purpose of expenditure
ads**9** ..Complete if direct expenditure to benefit C/OH..**4** Date

4/29/2003

5 Payee Name

La Semana

7 Amount

630.00

6 Payee address: City: State: Zip code

Fort Worth TX

8 Purpose of expenditure
ads**9** ..Complete if direct expenditure to benefit C/OH..**4** Date

4/29/2003

5 Payee Name

Louis Zapata

7 Amount

71.82

6 Payee address: City: State: Zip code

Fort Worth TX

8 Purpose of expenditure
misc expenses**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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POLITICAL EXPENDITURES	SCHEDULE F
THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 4/29/2003	5 Payee Name Louis Zapata 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 500.00	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 4/29/2003	5 Payee Name Louis Zapata 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 500.00	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 4/29/2003	5 Payee Name Rose Herrera 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 847.50	
8 Purpose of expenditure administrative		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 4/29/2003	5 Payee Name Rose Herrera 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 112.82	
8 Purpose of expenditure administrative		9 ..Complete if direct expenditure to benefit C/OH..	

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POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date
4/30/2003**5** Payee Name
Panorama**7** Amount
560.00**6** Payee address: City: State: Zip code

Fort Worth TX

8 Purpose of expenditure
ads**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/30/2003**5** Payee Name
Risky's Barbeque**7** Amount
606.20**6** Payee address: City: State: Zip code

Fort Worth TX

8 Purpose of expenditure
contribution for Teachers Appreciation Banquet**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/30/2003**5** Payee Name
Taylor Rental**7** Amount
336.66**6** Payee address: City: State: Zip code

Fort Worth TX

8 Purpose of expenditure
fundraising rental**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/30/2003**5** Payee Name
Zamba Cafe**7** Amount
336.49**6** Payee address: City: State: Zip code

Fort Worth TX

8 Purpose of expenditure
food for phone bank workers**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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POLITICAL EXPENDITURES	SCHEDULE F
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THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
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2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)
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4 Date 5/1/2003	5 Payee Name Cristal Garcia	7 Amount 71.75	
6 Payee address: City: State: Zip code Fort Worth TX			

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/1/2003	5 Payee Name Erika Zapata	7 Amount 141.40	
6 Payee address: City: State: Zip code Fort Worth TX			

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/1/2003	5 Payee Name Guadalupe Gochi	7 Amount 82.25	
6 Payee address: City: State: Zip code Fort Worth TX			

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/1/2003	5 Payee Name Manola Cisneros	7 Amount 161.00	
6 Payee address: City: State: Zip code Fort Worth TX			

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)

4 Date 5/1/2003	5 Payee Name Mary Lou Lopez	7 Amount 204.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/1/2003	5 Payee Name Roxana Luna	7 Amount 80.50
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/1/2003	5 Payee Name Sylvia Vela	7 Amount 66.50
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/1/2003	5 Payee Name Thomas Manchaca	7 Amount 52.50
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)

4 Date 5/2/2003	5 Payee Name Emillio Cardona	7 Amount 185.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/2/2003	5 Payee Name Louis Zapata	7 Amount 700.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure reimburse for expenses	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/2/2003	5 Payee Name Maricela Garcia	7 Amount 56.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/2/2003	5 Payee Name Monica Herrera	7 Amount 126.00
6 Payee address: City: State: Zip code Fort Worth TX		

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date
5/2/2003**5** Payee Name
The Eppstein Group
.....
6 Payee address: City: State: Zip code**7** Amount
11176.29

Fort Worth TX

8 Purpose of expenditure
Professional services and materials**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
5/2/2003**5** Payee Name
Yassini Ovalle
.....
6 Payee address: City: State: Zip code**7** Amount
71.75

Fort Worth TX

8 Purpose of expenditure
phone bank**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
5/3/2003**5** Payee Name
Bob Bonilla
.....
6 Payee address: City: State: Zip code**7** Amount
500.00

Fort Worth TX

8 Purpose of expenditure
campaign functions**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
5/3/2003**5** Payee Name
Los Alamos
.....
6 Payee address: City: State: Zip code**7** Amount
135.44

Fort Worth TX

8 Purpose of expenditure
fundraising meeting**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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POLITICAL EXPENDITURES	SCHEDULE F
THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 5/3/2003	5 Payee Name Marisela Tapia 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 185.00	
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8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/3/2003	5 Payee Name Rocio Fuentes 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 252.00	
---------------------------	---	-------------------------------	--

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/5/2003	5 Payee Name Albert Herrera 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 157.27	
---------------------------	--	-------------------------------	--

8 Purpose of expenditure food for fund raiser	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/5/2003	5 Payee Name Aracely Luna 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 113.75	
---------------------------	--	-------------------------------	--

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

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POLITICAL EXPENDITURES	SCHEDULE F
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THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
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2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)
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4 Date 5/5/2003	5 Payee Name Carlos Pineda 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 315.00	
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8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/5/2003	5 Payee Name Eric Cisneros 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 84.00	
---------------------------	---	------------------------------	--

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/5/2003	5 Payee Name Erika Zapata 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 63.00	
---------------------------	--	------------------------------	--

8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

4 Date 5/5/2003	5 Payee Name Guadalupe Gochi 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 59.50	
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8 Purpose of expenditure phone bank	9 ..Complete if direct expenditure to benefit C/OH..
---	---

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POLITICAL EXPENDITURES	SCHEDULE F
THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 5/5/2003	5 Payee Name Leslie Espinoza 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 178.50	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/5/2003	5 Payee Name Louis Zapata 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 400.00	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/5/2003	5 Payee Name Manolo Cisneros 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 143.50	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/5/2003	5 Payee Name Mary Zapata 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 343.00	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

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POLITICAL EXPENDITURES	SCHEDULE F
THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 5/5/2003	5 Payee Name Rose Herrera 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 328.30	
8 Purpose of expenditure reimburse for expenses		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/5/2003	5 Payee Name Rose Herrera 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 847.50	
8 Purpose of expenditure administrative		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/5/2003	5 Payee Name Roxana Luna 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 59.50	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/5/2003	5 Payee Name Yassini Ovalle 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 59.50	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

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POLITICAL EXPENDITURES	SCHEDULE F
THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 5/5/2003	5 Payee Name Yessenia Carrasco 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 148.75	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/6/2003	5 Payee Name Emillio Cardona 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 115.50	
8 Purpose of expenditure phone bank		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/9/2003	5 Payee Name Justin Barnes 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 77.00	
8 Purpose of expenditure signs		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5/9/2003	5 Payee Name Keith Battie 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 77.00	
8 Purpose of expenditure signs		9 ..Complete if direct expenditure to benefit C/OH..	

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POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F: 20**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date
5-14-2003**5** Payee Name
Rose Herrera**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
700.00**8** Purpose of expenditure
office work**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
5-14-2003**5** Payee Name
Rose Herrera**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
181.64**8** Purpose of expenditure
misc expenses**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
5-23-2003**5** Payee Name
Louis Zapata**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
500.00**8** Purpose of expenditure
phone bank**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
5-23-2003**5** Payee Name
Rose Herrera**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
700.00**8** Purpose of expenditure
campaign work**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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POLITICAL EXPENDITURES	SCHEDULE F
THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 5-27-2003	5 Payee Name TXU	7 Amount 163.86	
6 Payee address: City: State: Zip code Fort Worth TX			
8 Purpose of expenditure utilities		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5-30-2003	5 Payee Name Rose Herrera	7 Amount 700.00	
6 Payee address: City: State: Zip code Fort Worth TX			
8 Purpose of expenditure office work		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 5-30-2003	5 Payee Name Santos Aguilera	7 Amount 170.00	
6 Payee address: City: State: Zip code Fort Worth TX			
8 Purpose of expenditure office work		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 6/13/2003	5 Payee Name Jim Lane	7 Amount 8500.00	
6 Payee address: City: State: Zip code 204 W Central Fort Worth TX			
8 Purpose of expenditure loan repayment		9 ..Complete if direct expenditure to benefit C/OH..	

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POLITICAL EXPENDITURES	SCHEDULE F
THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 6-26-2003	5 Payee Name Patsy Steele 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 100.00	
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8 Purpose of expenditure picnic supplies	9 ..Complete if direct expenditure to benefit C/OH..
--	---

4 Date 6-27-2003	5 Payee Name Doris Johnson 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 249.53	
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8 Purpose of expenditure office work	9 ..Complete if direct expenditure to benefit C/OH..
--	---

4 Date 6-27-2003	5 Payee Name TXU 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 74.42	
----------------------------	---	------------------------------	--

8 Purpose of expenditure utilities	9 ..Complete if direct expenditure to benefit C/OH..
--	---

4 Date 6-28-2003	5 Payee Name World Affairs Council 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 150.00	
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8 Purpose of expenditure food, party at ranch	9 ..Complete if direct expenditure to benefit C/OH..
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POLITICAL EXPENDITURES	SCHEDULE F
THE INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 20
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 6-29-2003	5 Payee Name Miguel Venegas 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 170.00	
----------------------------	---	-------------------------------	--

8 Purpose of expenditure party for World Affairs Council	9 ..Complete if direct expenditure to benefit C/OH..
--	---

4 Date	5 Payee Name 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount	
---------------	---	-----------------	--

8 Purpose of expenditure	9 ..Complete if direct expenditure to benefit C/OH..
---------------------------------	---

4 Date	5 Payee Name 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount	
---------------	---	-----------------	--

8 Purpose of expenditure	9 ..Complete if direct expenditure to benefit C/OH..
---------------------------------	---

4 Date	5 Payee Name 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount	
---------------	---	-----------------	--

8 Purpose of expenditure	9 ..Complete if direct expenditure to benefit C/OH..
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