

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

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

14 ACCOUNT # (Ethics Commission filers)
05142011

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

additional pages

16 CONTRIBUTION TOTALS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 17,751.99**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 35,842.70**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 172.13**

OUTSTANDING LOAN TOTALS

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

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Lane, this the 15 day of July, 2013, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Martha Reyes Hewitt
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/7	
2 FILER NAME Lane, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 05142011	
4 Date 05/09/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cozart, Anne 6 Contributor address; City; State; Zip Code 4917 Circle Ridge Drive Fort Worth, TX 76114	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/09/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Police Officers Committee for Public Safety Contributor address; City; State; Zip Code 904 Collier St. Fort Worth, TX 76102	Amount of contribution (\$) \$1,730.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/09/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Police Officers Committee for Public Safety Contributor address; City; State; Zip Code 904 Collier St. Fort Worth, TX 76102	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	Amount of contribution (\$) \$762.38	In-kind contribution description (if applicable) labor
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	Amount of contribution (\$) \$1,730.00	In-kind contribution description (if applicable) consulting
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 4/7	
2 FILER NAME Lane, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 05142011	
4 Date 05/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government 6 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	7 Amount of contribution (\$) \$502.06	8 In-kind contribution description (if applicable) labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	Amount of contribution (\$) \$1,577.55	In-kind contribution description (if applicable) labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lively & Associates LLP Contributor address; City; State; Zip Code 201 Main Street Suite 1260 Fort Worth, TX 76102	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/09/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mallory, Faith Contributor address; City; State; Zip Code 2400 Winton Terrace, East Fort Worth, TX 76109	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/09/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mallory, Jim Contributor address; City; State; Zip Code 2400 Winton Terrace East Fort Worth, TX 76109	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 5/7		2 FILER NAME Lane, James (Mr.)		3 ACCOUNT # (TEC filers) 05142011	
4 Date 05/04/2013		5 Payee name Davis, Monica			
6 Amount (\$) \$120.00		7 Payee address City; State; Zip Code Fort Worth, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/02/2013		Payee name Ellman, Glen			
Amount (\$) \$250.00		Payee address City; State; Zip Code P.O. Box 126081 Benbrook, TX 76126			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mailer photography	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/04/2013		Payee name Herrera, Rose			
Amount (\$) \$333.75		Payee address City; State; Zip Code 2417 Chestnut Avenue Fort Worth, TX 76164			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - office staff		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/02/2013		Payee name Patterson, Frank (Mr.)			
Amount (\$) \$160.42		Payee address City; State; Zip Code 3509 Lands End St. Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - office expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 6/7		2 FILER NAME Lane, James (Mr.)		3 ACCOUNT # (TEC filers) 05142011	
4 Date 05/06/2013		5 Payee name The Eppstein Group			
6 Amount (\$) \$4,327.90		7 Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Professional services		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mail, signs, professional services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/10/2013		Payee name The Eppstein Group			
Amount (\$) \$12,500.00		Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Professional services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mail, signs, professional services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/10/2013		Payee name The Eppstein Group			
Amount (\$) \$1,098.03		Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - professional services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mail, signs, professional services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/10/2013		Payee name The Eppstein Group			
Amount (\$) \$2,200.00		Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Professional services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mail, signs, professional services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 7/7		2 FILER NAME Lane, James (Mr.)		3 ACCOUNT # (TEC filers) 05142011	
4 Date 05/11/2013		5 Payee name The Eppstein Group			
6 Amount (\$) \$12,296.02		7 Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Professional services		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mail, signs, professional services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/26/2013		Payee name The Eppstein Group			
Amount (\$) \$2,431.58		Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Professional services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mail, signs, professional services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/04/2013		Payee name Woods, Monica			
Amount (\$) \$125.00		Payee address City; State; Zip Code 2904 Lee Avenue Fort Worth, TX 76106			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	