

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:
26

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
JIM
NICKNAME LAST SUFFIX
LANE

OFFICE USE ONLY

Date Received

**OFFICIAL RECORD
CITY SECRETARY
FORT 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 to State for marking

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) 6254599

8 REPORT TYPE

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

9 PERIOD COVERED

Month Day Year Month Day Year
01 / 01 / 03 THROUGH 04 / 02 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 03 / 03 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
FW city Council Dist 2

12 OFFICE SOUGHT (if known)

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 filers)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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 \$ 30.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 36930.00

EXPENDITURE TOTALS

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

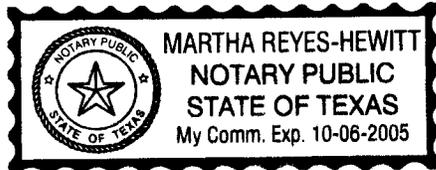
4. TOTAL POLITICAL EXPENDITURES \$ 9543.50

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 800.00

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

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jim Lane, this the 2nd day of April, 2003, 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 EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date

1/23/03

5 Payee Name

The Eppstein Group

6 Payee address: City: State: Zip code

4055 Int'l Plaza #520

Fort Worth TX

7 Amount

2000.00

8 Purpose of expenditure

Campaign materials

9 ..Complete if direct expenditure to benefit C/OH..**4** Date

2/14/03

5 Payee Name

Cultural Center of the Americas

6 Payee address: City: State: Zip code

1309 Montgomery Street

Fort Worth TX, 76109

7 Amount

500.00

8 Purpose of expenditure

Contribution to theater students

9 ..Complete if direct expenditure to benefit C/OH..**4** Date

2/22/03

5 Payee Name

All Saints Catholic Church

6 Payee address: City: State: Zip code

2020 North Houston Street

Fort Worth TX

7 Amount

250.00

8 Purpose of expenditure

school fundraiser

9 ..Complete if direct expenditure to benefit C/OH..**4** Date

2/28/03

5 Payee Name

IM Terrell Alumni Assoc

6 Payee address: City: State: Zip code

Fort Worth TX

7 Amount

80.00

8 Purpose of expenditure

Advertising

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

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

POLITICAL EXPENDITURES**SCHEDULE F**

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1 Total pages Schedule F: 5**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date
3/3/3**5** Payee Name

Cowtown Opry

6 Payee address: City: State: Zip code

Exchange Building, PO Box 10344

Fort Worth TX, 76114

7 Amount

400.00

8 Purpose of expenditure
Texas Dude Day Party**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/10/03**5** Payee Name

Louis Zapata

6 Payee address: City: State: Zip code

2007 N Houston

Fort Worth TX, 76106

7 Amount

1000.00

8 Purpose of expenditure
phone bank**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/11/03**5** Payee Name

Hispanic Debutante Association

6 Payee address: City: State: Zip code

PO Box 1601

Fort Worth TX, 76101

7 Amount

100.00

8 Purpose of expenditure
Advertising**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/12/03**5** Payee Name

City of Fort Worth

6 Payee address: City: State: Zip code

1000 Throckmorton

Fort Worth TX, 76102

7 Amount

100.00

8 Purpose of expenditure
inspection fee**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: 5**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date
3/20/03**5** Payee Name
Renny Rosas**6** Payee address: City: State: Zip code
PO Box 1481
Fort Worth TX, 76101**7** Amount
200.00**8** Purpose of expenditure
campaign petty cash expense**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/25/03**5** Payee Name
Renny Rosas**6** Payee address: City: State: Zip code
PO Box 1481
Fort Worth TX, 76101**7** Amount
500.00**8** Purpose of expenditure
Campaign coordination**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/26/03**5** Payee Name
Gordon Tonips**6** Payee address: City: State: Zip code
7501 Acapulco Road
Fort Worth TX, 76112**7** Amount
1000.00**8** Purpose of expenditure
Campaign art work**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/26/03**5** Payee Name
The Eppstein Group**6** Payee address: City: State: Zip code
4055 International Plaza #520
Fort Worth TX**7** Amount
2120.00**8** Purpose of expenditure
Campaign materials**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: 5**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date
3/26/03**5** Payee Name
Texas Frontier Forts Muster**6** Payee address: City: State: Zip code
Stockyards Station
Fort Worth TX**7** Amount
125.00**8** Purpose of expenditure
Advertising**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/27/03**5** Payee Name
La Semana Del Metroplex**6** Payee address: City: State: Zip code
3929 McCart Ave.
Fort Worth TX, 76110**7** Amount
251.50**8** Purpose of expenditure
Advertising**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/27/03**5** Payee Name
Leo Saenz**6** Payee address: City: State: Zip code
1204 Gould Ave
Fort Worth TX, 76106**7** Amount
100.00**8** Purpose of expenditure
Fundraiser entertainment**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
3/27/03**5** Payee Name
Bob Bonilla**6** Payee address: City: State: Zip code
7801 Grassland
Fort Worth TX, 76133**7** Amount
100.00**8** Purpose of expenditure
Fundraiser PA system**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: 5
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 3/28/03	5 Payee Name Cafe Zamba 6 Payee address: City: State: Zip code 1549 North Main Fort Worth TX	7 Amount 142.00	
8 Purpose of expenditure Food for campaign worker		9 ..Complete if direct expenditure to benefit C/OH..	

4 Date 3/28/03	5 Payee Name Cafe Zamba 6 Payee address: City: State: Zip code 1549 North Main Fort Worth TX	7 Amount 575.00	
8 Purpose of expenditure Food for fundraiser		9 ..Complete if direct expenditure to benefit C/OH..	

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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: 19

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/3/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Perdue, Brackett, Flores, Utt & Burns 6 Contributor address: City: State: Zip code 307 W 7th 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 3/4/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Good Government Fund 6 Contributor address: City: State: Zip code 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 3/4/03	5 Full name of contributor <input type="checkbox"/> out of state PAC K Pac 6 Contributor address: City: State: Zip code 201 Main St. 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 3/5/03	5 Full name of contributor <input type="checkbox"/> out of state PAC FWFFA Committee for Responsible Government 6 Contributor address: City: State: Zip code 417 N Retta Fort Worth TX	7 Amount of Contribution (\$) 5000.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 3/6/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Jim Bradshaw 6 Contributor address: City: State: Zip code 4613 Briarhaven 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)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/7/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Eric & Ann Nauwelaers 6 Contributor address: City: State: Zip code 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 3/10/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Doyle Willis 6 Contributor address: City: State: Zip code 3316 Browning Ct. 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 3/12/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Committee for Public Safety 6 Contributor address: City: State: Zip code 904 Collier Fort Worth TX	7 Amount of Contribution (\$) 5000.	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 3/18/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Robert McLean 6 Contributor address: City: State: Zip code 228 Bailey Ave Fort Worth TX	7 Amount of Contribution (\$) 1000.00	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation(Optional) | **10** Employer (Optional)

4 Date 3/20/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Patsy & Jerry Steele 6 Contributor address: City: State: Zip code 1413 NE 38th St Fort Worth TX	7 Amount of Contribution (\$) 500.00	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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**SCHEDULE A1
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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/24/03

5 Full name of contributor out of state PAC
Hoyt & Betty Fincher

6 Contributor address: City: State: Zip code
12204 S I-35W
Burleson TX

7 Amount of
Contribution (\$)
150.00

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/24/03

5 Full name of contributor out of state PAC
Lisa Fincher

6 Contributor address: City: State: Zip code
12204 S I-35W
Burleson TX

7 Amount of
Contribution (\$)
100.00

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/26/03

5 Full name of contributor out of state PAC
M.J. Taylor

6 Contributor address: City: State: Zip code
PO Box 120401
Arlington TX

7 Amount of
Contribution (\$)
100.00

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Sam Gibbins

6 Contributor address: City: State: Zip code
Fort Worth TX

7 Amount of
Contribution (\$)
100.00

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Butch Luskey

6 Contributor address: City: State: Zip code
Fort Worth TX

7 Amount of
Contribution (\$)
100.00

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

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

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1 Total pages Schedule A: 19

2 FILER NAME

Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Kenneth R. Devero

6 Contributor address: City: State: Zip code
1000 Henderson St. Apt.137
Fort Worth TX

7 Amount of
Contribution (\$)
25.

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Kenneth Barr

6 Contributor address: City: State: Zip code
1000 Macon Street
Fort Worth TX

7 Amount of
Contribution (\$)
250.

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Duane E. and Sue Ann Hayley

6 Contributor address: City: State: Zip code
1114 Churchill Rd.
Fort Worth TX

7 Amount of
Contribution (\$)
100.

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Y. Leticia Sanchez Vigil

6 Contributor address: City: State: Zip code
112 NW 24th St., Suite 116
Fort Worth TX

7 Amount of
Contribution (\$)
200.

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Jerry Loftin

6 Contributor address: City: State: Zip code
113 N Houston
Fort Worth TX

7 Amount of
Contribution (\$)
100.00

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)**

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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Dale L. White, Jr., D.C.	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1141 Long Ave. Fort Worth TX			
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Richard W. and Mary Anne Sawey	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1206 Powder River Trl. Southlake TX			
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Paz Mike Hernandez	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1302 N. Calhoun Ave. Fort Worth TX			
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Floyd R. Wade	7 Amount of Contribution (\$) 150.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 140 E. Exchange Ave. No. 304 Fort Worth TX			
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC James R. Dunaway	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1501 Merrimac Cir., Ste 100 Fort Worth TX			
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)**

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1 Total pages Schedule A: **19****2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Bradley R. Patterson 6 Contributor address: City: State: Zip code 1515 Brentwood Trail Keller 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Fernando Adame 6 Contributor address: City: State: Zip code 1623 Grand Ave. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Taylor and Shirlee J. Gandy 6 Contributor address: City: State: Zip code 1701 River Run, STE 304 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Phyllis S. Anglin 6 Contributor address: City: State: Zip code 1908 Marigold 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Ned K. and Martha Burleson 6 Contributor address: City: State: Zip code 1914 Windlea Dr. Euless TX	7 Amount of Contribution (\$) 100.	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**

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

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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC PSEL PAC 6 Contributor address: City: State: Zip code 201 Main St, Ste 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC David F. Chappell 6 Contributor address: City: State: Zip code 201 Main St., Ste. 400 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Edward P. Bass 6 Contributor address: City: State: Zip code 201 Main Street, Suite 2700 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Clemente De La Cruz 6 Contributor address: City: State: Zip code 201 W Central Ave. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Joseph K. Dulle 6 Contributor address: City: State: Zip code 2127 Pembroke 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)

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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: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Mr. and Mrs. Richard Andersen 6 Contributor address: City: State: Zip code 2201 Windsor Pl. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Paul D. and Deborah Mitchell 6 Contributor address: City: State: Zip code 2213 Yucca Ave. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC David M. and Kathy Powers 6 Contributor address: City: State: Zip code 2309 Westbrook Ave. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Dr. Albert Daniel III 6 Contributor address: City: State: Zip code 2534 Jacksboro Hwy. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC H.G. and Sheila Taylor Wells 6 Contributor address: City: State: Zip code 2712 Colonial Parkway 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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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Neil Eva M. and Juliet Isbell

6 Contributor address: City: State: Zip code
2800 NW 30th ST.
Fort Worth TX

7 Amount of
Contribution (\$) **100.**

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
John V. Roach II

6 Contributor address: City: State: Zip code
2805 Alton Rd.
Fort Worth TX

7 Amount of
Contribution (\$) **100.**

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
James M. Loveless

6 Contributor address: City: State: Zip code
2900 Airport Freeway
Fort Worth TX

7 Amount of
Contribution (\$) **100.**

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
Q PAC

6 Contributor address: City: State: Zip code
301 Commerce Street, Suite 2975
Fort Worth TX

7 Amount of
Contribution (\$) **500.**

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

4 Date
3/27/03

5 Full name of contributor out of state PAC
James R. Mallory

6 Contributor address: City: State: Zip code
3024 Sandage
Fort Worth TX

7 Amount of
Contribution (\$) **200.**

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: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Ross and Matthews, P.C. 6 Contributor address: City: State: Zip code 3650 Lovell Ave. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Eduardo Canas 6 Contributor address: City: State: Zip code 3741 Fenton 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Curtis Winston and Maxine Ledoux 6 Contributor address: City: State: Zip code 3845 Heywood Ave. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC William W. and Patricia F. Meadows 6 Contributor address: City: State: Zip code 3904 Hamilton 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Don W. Moore 6 Contributor address: City: State: Zip code 401 W Belknap 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)

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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC R.E. Bolen 6 Contributor address: City: State: Zip code 4213 Candlewind Fort Worth TX	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Donald K. Jury 6 Contributor address: City: State: Zip code 436 Haltom Rd. Fort Worth TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Thomas J. and Karen W. Williams 6 Contributor address: City: State: Zip code 4408 Ranch View Rd. Fort Worth TX	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Rick D. Smith 6 Contributor address: City: State: Zip code 4606 El Campo Fort Worth TX	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Jim and Ouida Bradshaw 6 Contributor address: City: State: Zip code 4613 Briarhaven Rd. Fort Worth TX	7 Amount of Contribution (\$) 150.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Joe R. Thompson 6 Contributor address: City: State: Zip code 4809 Brockton Ct. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC James R. Nichols 6 Contributor address: City: State: Zip code 4821 Overton Woods Dr. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC J. M. and Margareth Meihaus Craddock 6 Contributor address: City: State: Zip code 4904 Dexter 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Anne Bigby Cozart 6 Contributor address: City: State: Zip code 4917 Circle Rodg Dr. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC G. Malcolm Louden 6 Contributor address: City: State: Zip code 500 W. 7th St. Ste. 1007 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: 19

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Mrs. F. Howard Walsh	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 500 W. 7th St., Ste. 1007 Fort Worth TX			

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

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC G. Malcolm Louden	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 500 W 7th St., Ste 1007 Fort Worth TX			

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

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC R. Mack Snead, Jr., D.D.S.	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 508 Northside Drive Fort Worth TX			

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

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Nelson and Esther Rodriguez	7 Amount of Contribution (\$) 25.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 5128 Golden Ln Fort Worth TX			

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

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Mr. and Mrs. W. R. Watt, Jr.	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 5321 Benbridge Dr. Fort Worth TX			

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

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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Carl W. and Linda M. Bell 6 Contributor address: City: State: Zip code 5834 Park Lane Dallas 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Ronnie D. Long 6 Contributor address: City: State: Zip code 6004 Airport FWY 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC TEXPAC Hide and Skin 6 Contributor address: City: State: Zip code 601 NE 29th 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Albert S. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Bryan N. and Sandra K. Mitchell 6 Contributor address: City: State: Zip code 6071 Forest River Dr. Fort Worth TX	7 Amount of Contribution (\$) 1500.	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: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Ronald L. and Helga Slate 6 Contributor address: City: State: Zip code 7017 Sandal Wood Lane 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC George and Deborah Westby 6 Contributor address: City: State: Zip code 708 Bridal Trail Saginal 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Anne W. Marion 6 Contributor address: City: State: Zip code 801 Cherry Street, Unit #9, Ste. 1500 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Halff Associates 6 Contributor address: City: State: Zip code 8616 Northwest Plaza Dr. 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Jay and Linda Hester 6 Contributor address: City: State: Zip code 8900 Random Rd. Saginaw 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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**POLITICAL CONTRIBUTIONS
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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Pope, Hardwicke, Christie, Harrell, 6 Contributor address: City: State: Zip code 901 Fort Worth Club Building 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Charlie Geren 6 Contributor address: City: State: Zip code PO Box 1440 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC John S. Forde 6 Contributor address: City: State: Zip code PO Box 150211 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Ann L. Diamond 6 Contributor address: City: State: Zip code PO Box 20052 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC O'Neal Oil Properties 6 Contributor address: City: State: Zip code PO Box 4660 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: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC W. D. Hospers 6 Contributor address: City: State: Zip code PO Box 820099 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 3/27/03	5 Full name of contributor <input type="checkbox"/> out of state PAC John T. Bailey 6 Contributor address: City: State: Zip code PO Box 9450 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC The Lattimore Company 6 Contributor address: City: State: Zip code 115 W. 2nd St. #210 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC H.B. Baker 6 Contributor address: City: State: Zip code 121 East Exchange Ave. 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC George Westby 6 Contributor address: City: State: Zip code 131 E. Exchange Ave. 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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**SCHEDULE A1
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1 Total pages Schedule A: **19**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Martha V. Leonard 6 Contributor address: City: State: Zip code 1411 Shady Oaks Lane 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC K. O. Frazier 6 Contributor address: City: State: Zip code 204 West Central Ave. 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC John R. and Mary Margaret Clay 6 Contributor address: City: State: Zip code 2617 Mackingbird Ct. 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC J. David and Jerre W. Tracy 6 Contributor address: City: State: Zip code 2734 Colonial Parkway 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Judy G. Needham 6 Contributor address: City: State: Zip code 5328 Collinwood Ave. 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)

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**POLITICAL CONTRIBUTIONS
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1 Total pages Schedule A: **19****2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)

4 Date 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Steve Deleon 6 Contributor address: City: State: Zip code 7212 Karen Drive 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Mr. and Mrs. C. Victor Thornton 6 Contributor address: City: State: Zip code PO Box 136397 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 3/31/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Mary Sean and Kathleen O'Reilly 6 Contributor address: City: State: Zip code PO Box 136834 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 3/27/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Keith Kidwell 6 Contributor address: City: State: Zip code Fort Worth TX	7 Amount of Contribution (\$) 100.00	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**

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