

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

GENERAL

SPECIFIC

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

\$

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

\$ 13,825.00

EXPENDITURE TOTALS

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

\$ 568.40

4. TOTAL POLITICAL EXPENDITURES

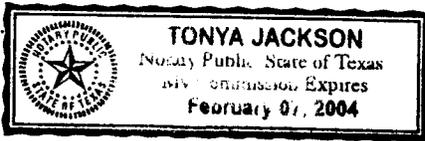
\$ 22,785.41

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Lane, this the 25th day of April, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Tonya Jackson
Printed name of officer administering oath

Notary
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: **9**

2 FILER NAME
Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/2/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Thomas Williams	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 4005 Centenary Dallas TX			

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

4 Date 4/3/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Michael K. Berry	7 Amount of Contribution (\$) 750.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 6217 Genoa Fort Worth TX			

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

4 Date 4/3/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC A. C. and Diane Cook	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 9535 Lechner Road Fort Worth TX			

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

4 Date 4/3/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Randall Gideon	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3812 Monticello Fort Worth TX			

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

4 Date 4/3/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Gib Lewis	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1504 San Antonio Austin TX			

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
OTHER THAN PLEDGES OR LOANS**

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1 Total pages Schedule A: **9**

2 FILER NAME
Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/3/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Welzie and Juanita Webb 6 Contributor address: City: State: Zip code 7408 Eagle Rodge Circle 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 4/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Joseph and Margaret Gagliardi 6 Contributor address: City: State: Zip code 3821 Cambridge Circle East Bedford 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 4/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Holt Hickman 6 Contributor address: City: State: Zip code P.O. Box 168 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 4/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Keith Hubbard, D. C. 6 Contributor address: City: State: Zip code 7315 Hulen 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 4/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Elton M. Hyder III 6 Contributor address: City: State: Zip code 900 Alta Drive 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: 9

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Dan Meeker	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 4124 Bunting Ave. Fort Worth TX			

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

4 Date 4/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Janice Michel	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 2115 Primrose Fort Worth TX			

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

4 Date 4/8/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Michael Reilly	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1000 Ballpark Way, Suite 304 Arlington TX			

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

4 Date 4/9/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Texas Injury Clinic	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 2121 North Main Street Fort Worth TX			

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

4 Date 4/10/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC HR Perot, Jr.	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code P O Box 269014 Plano 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 4/11/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Leonardo and Maria Strittmater 6 Contributor address: City: State: Zip code 4504 Wilson Court Fort Worth TX	7 Amount of Contribution (\$) 25.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/12/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC D. A. Reed 6 Contributor address: City: State: Zip code 6530 Dartbrook Dr. Dallas TX	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/14/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Hughes & Luce 6 Contributor address: City: State: Zip code 1717 Main St. #2800 Dallas TX	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Linebarger, Goggan, Blair & Sampson 6 Contributor address: City: State: Zip code P O Box 17428 Austin TX	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
9 Principal Occupation (Optional)		10 Employer (Optional)	

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Fidelity SW Good Government Com 6 Contributor address: City: State: Zip code 400 Las Colinas Blvd. E CP 7A Irving TX	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
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 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Happy Baggett 6 Contributor address: City: State: Zip code 309 W 7th St. #100 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 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Suzan Cooper 6 Contributor address: City: State: Zip code 12311 Montego Plaza Dallas 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 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC John Gavin 6 Contributor address: City: State: Zip code 2350 Medford Ct. E 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 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Charles Gromatzky 6 Contributor address: City: State: Zip code 3701 Turtle Creek Blvd. Unit 8-A Dallas 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 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Thomas Harris 6 Contributor address: City: State: Zip code 8040 Valley Dr. 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: 9

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Russell Laughlin	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3717 Fox Hollow Fort Worth TX			

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

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Trevor Rees-Jones	7 Amount of Contribution (\$) 1000.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3913 Marquette Dallas TX			

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

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Joe Shannon	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 4836 Overton Wood Dr. Fort Worth TX			

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

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC George Vittas	7 Amount of Contribution (\$) 150.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1200 Summit #320 Fort Worth TX			

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

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC William Walker	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 929 Litsey Rd. Roanoke TX			

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

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1 Total pages Schedule A: **9**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Timothy Ward	7 Amount of Contribution (\$) 200.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 206 Virginia Square Colleyville TX			

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

4 Date 4/16/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC George Young, Jr.	7 Amount of Contribution (\$) 200.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 301 Commerce St. #2323 Fort Worth TX			

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

4 Date 4/17/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Robert Felton	7 Amount of Contribution (\$) 200.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 2128 Hlidden Creek Fort Worth TX			

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

4 Date 4/17/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Dee Kelly, Jr.	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 417 Rivercrest Dr. Fort Worth TX			

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

4 Date 4/17/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC James Parrish	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 8413 SW 21st Gainesville Fl			

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

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**POLITICAL CONTRIBUTIONS
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1 Total pages Schedule A: **9**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/17/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Robert Terrell 6 Contributor address: City: State: Zip code 7629 Nutwood Place 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 4/17/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Gary Terry 6 Contributor address: City: State: Zip code 1315 Park Place #507 Hurst 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 4/17/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Kimberly Thigpen 6 Contributor address: City: State: Zip code 9051 Amundson Dr. NRH 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 4/18/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Harold Hammett 6 Contributor address: City: State: Zip code 2884 Manorwood Trail 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 4/19/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Lawrence Meeker 6 Contributor address: City: State: Zip code 108 W 8th #410 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)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
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1 Total pages Schedule A: **9**

2 FILER NAME Jim Lane, Councilman, District 2

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/20/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Maryellen Hicks	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code P O Box 19165 Fort Worth TX			

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

4 Date 4/22/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Lorin Boswell	7 Amount of Contribution (\$) 100.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 6706 Camp Bowie Fort Worth TX			

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

4 Date 4/22/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC William Davis	7 Amount of Contribution (\$) 250.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code P O Box 122269 Fort Worth TX			

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

4 Date 4/22/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC Marvin Girouard	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 301 Commerce #600 Fort Worth TX			

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

4 Date 4/22/2003	5 Full name of contributor <input type="checkbox"/> out of state PAC L. Allen Hodges, III	7 Amount of Contribution (\$) 500.	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 115 W 7th #1310 Fort Worth TX			

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

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

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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

Fort Worth TX

7 Amount
93.50**8** Purpose of expenditure
campaign worker**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/3/2003**5** Payee Name
Carlos Pineda**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
140.**8** Purpose of expenditure
campaign worker**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/3/2003**5** Payee Name
Guadalupe Gochi**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
98.**8** Purpose of expenditure
campaign worker**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/4/2003**5** Payee Name
Mulholland Custom Imprints**6** Payee address: City: State: Zip code

1300 N Main

Fort Worth TX

7 Amount
2,080.93**8** Purpose of expenditure
t-shirts**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: 14
2 FILER NAME Jim Lane, Councilman, District 2	3 ACCOUNT # (Ethics Commission filers)

4 Date 4/5/2003	5 Payee Name Office Depot 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 390.07	
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8 Purpose of expenditure copies	9 ..Complete if direct expenditure to benefit C/OH..
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4 Date 4/5/2003	5 Payee Name Pizza Hut 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 140.	
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8 Purpose of expenditure food for campaign workers	9 ..Complete if direct expenditure to benefit C/OH..
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4 Date 4/5/2003	5 Payee Name Rose Herrera 6 Payee address: City: State: Zip code Fort Worth TX	7 Amount 756.75	
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8 Purpose of expenditure campaign worker	9 ..Complete if direct expenditure to benefit C/OH..
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4 Date 4/7/2003	5 Payee Name El Informador 6 Payee address: City: State: Zip code 3722 Decatur Fort Worth TX	7 Amount 275.	
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8 Purpose of expenditure advertising	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: 14**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date
4/10/2003**5** Payee Name
Carlos Pineda**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
59.50**8** Purpose of expenditure
campaign worker**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/10/2003**5** Payee Name
Danielle Sanchez**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
57.75**8** Purpose of expenditure
campaign worker**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/10/2003**5** Payee Name
Emelio Cardona**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
77.**8** Purpose of expenditure
campaign worker**9** ..Complete if direct expenditure to benefit C/OH..**4** Date
4/10/2003**5** Payee Name
Leslie Espinosa**6** Payee address: City: State: Zip code

Fort Worth TX

7 Amount
117.75**8** Purpose of expenditure
campaign worker**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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