



# 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 25<sup>th</sup> 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)

<b>4</b> Date 4/2/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Thomas Williams <b>6</b> Contributor address: City: State: Zip code 4005 Centenary Dallas TX	<b>7</b> Amount of Contribution (\$) 500.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/3/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Michael K. Berry <b>6</b> Contributor address: City: State: Zip code 6217 Genoa Fort Worth TX	<b>7</b> Amount of Contribution (\$) 750.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/3/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC A. C. and Diane Cook <b>6</b> Contributor address: City: State: Zip code 9535 Lechner Road Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/3/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Randall Gideon <b>6</b> Contributor address: City: State: Zip code 3812 Monticello Fort Worth TX	<b>7</b> Amount of Contribution (\$) 250.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/3/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Gib Lewis <b>6</b> Contributor address: City: State: Zip code 1504 San Antonio Austin TX	<b>7</b> Amount of Contribution (\$) 100.	<b>8</b> 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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**2** FILER NAME Jim Lane, Councilman, District 2

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 4/3/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Welzie and Juanita Webb <b>6</b> Contributor address: City: State: Zip code 7408 Eagle Rodge Circle Fort Worth TX	<b>7</b> Amount of Contribution (\$) 50.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/8/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Joseph and Margaret Gagliardi <b>6</b> Contributor address: City: State: Zip code 3821 Cambridge Circle East Bedford TX	<b>7</b> Amount of Contribution (\$) 100.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/8/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Holt Hickman <b>6</b> Contributor address: City: State: Zip code P.O. Box 168 Fort Worth TX	<b>7</b> Amount of Contribution (\$) 1000.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/8/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Keith Hubbard, D. C. <b>6</b> Contributor address: City: State: Zip code 7315 Hulen Fort Worth TX	<b>7</b> Amount of Contribution (\$) 200.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/8/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Elton M. Hyder III <b>6</b> Contributor address: City: State: Zip code 900 Alta Drive Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100.	<b>8</b> 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)

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

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

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

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

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

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

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

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

<b>4</b> Date 4/10/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC HR Perot, Jr.	<b>7</b> Amount of Contribution (\$) 1000.	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code P O Box 269014 Plano TX			

**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)

<b>4</b> Date 4/11/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Leonardo and Maria Strittmater	<b>7</b> Amount of Contribution (\$) 25.	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 4504 Wilson Court Fort Worth TX			

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

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

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

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

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

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

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

<b>4</b> Date 4/16/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Fidelity SW Good Government Com	<b>7</b> Amount of Contribution (\$) 250.	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 400 Las Colinas Blvd. E CP 7A Irving TX			

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

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**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)

<b>4</b> Date 4/16/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Happy Baggett <b>6</b> Contributor address: City: State: Zip code 309 W 7th St. #100 Fort Worth TX	<b>7</b> Amount of Contribution (\$) 500.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/16/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Suzan Cooper <b>6</b> Contributor address: City: State: Zip code 12311 Montego Plaza Dallas TX	<b>7</b> Amount of Contribution (\$) 250.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/16/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC John Gavin <b>6</b> Contributor address: City: State: Zip code 2350 Medford Ct. E Fort Worth TX	<b>7</b> Amount of Contribution (\$) 250.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/16/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Charles Gromatzky <b>6</b> Contributor address: City: State: Zip code 3701 Turtle Creek Blvd. Unit 8-A Dallas TX	<b>7</b> Amount of Contribution (\$) 250.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/16/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Thomas Harris <b>6</b> Contributor address: City: State: Zip code 8040 Valley Dr. Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100.	<b>8</b> 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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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

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

**2** FILER NAME Jim Lane, Councilman, District 2

**3** ACCOUNT # (Ethics Commission filers)

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

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

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

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

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

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

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

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

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

**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  
4/17/2003

**5** Full name of contributor  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)

**9** Principal Occupation (Optional)

**10** Employer (Optional)

**4** Date  
4/17/2003

**5** Full name of contributor  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)

**9** Principal Occupation (Optional)

**10** Employer (Optional)

**4** Date  
4/17/2003

**5** Full name of contributor  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)

**9** Principal Occupation (Optional)

**10** Employer (Optional)

**4** Date  
4/18/2003

**5** Full name of contributor  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)

**9** Principal Occupation (Optional)

**10** Employer (Optional)

**4** Date  
4/19/2003

**5** Full name of contributor  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)

**9** Principal Occupation (Optional)

**10** Employer (Optional)

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**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)

<b>4</b> Date 4/20/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Maryellen Hicks <b>6</b> Contributor address: City: State: Zip code P O Box 19165 Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/22/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Lorin Boswell <b>6</b> Contributor address: City: State: Zip code 6706 Camp Bowie Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/22/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC William Davis <b>6</b> Contributor address: City: State: Zip code P O Box 122269 Fort Worth TX	<b>7</b> Amount of Contribution (\$) 250.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/22/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Marvin Girouard <b>6</b> Contributor address: City: State: Zip code 301 Commerce #600 Fort Worth TX	<b>7</b> Amount of Contribution (\$) 500.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/22/2003	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC L. Allen Hodges, III <b>6</b> Contributor address: City: State: Zip code 115 W 7th #1310 Fort Worth TX	<b>7</b> Amount of Contribution (\$) 500.	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

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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  
4/3/2003**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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<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
THE INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule F: 14
<b>2</b> FILER NAME    Jim Lane, Councilman, District 2	<b>3</b> ACCOUNT #    (Ethics Commission filers)

<b>4</b> Date 4/5/2003	<b>5</b> Payee Name Office Depot ..... <b>6</b> Payee address:    City: State: Zip code  Fort Worth TX	<b>7</b> Amount  390.07	
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<b>8</b> Purpose of expenditure copies	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/5/2003	<b>5</b> Payee Name Pizza Hut ..... <b>6</b> Payee address:    City: State: Zip code  Fort Worth TX	<b>7</b> Amount  140.	
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<b>8</b> Purpose of expenditure food for campaign workers	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/5/2003	<b>5</b> Payee Name Rose Herrera ..... <b>6</b> Payee address:    City: State: Zip code  Fort Worth TX	<b>7</b> Amount  756.75	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/7/2003	<b>5</b> Payee Name El Informador ..... <b>6</b> Payee address:    City: State: Zip code 3722 Decatur Fort Worth TX	<b>7</b> Amount  275.	
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<b>8</b> Purpose of expenditure advertising	<b>9</b> ..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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<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
THE INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule F: 14
<b>2</b> FILER NAME     Jim Lane, Councilman, District 2	<b>3</b> ACCOUNT #     (Ethics Commission filers)

<b>4</b> Date 4/10/2003	<b>5</b> Payee Name Marcela Garcia ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  84.	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/10/2003	<b>5</b> Payee Name Marisela Tapia ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  56.00	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/10/2003	<b>5</b> Payee Name Mary Lou Lopez ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  172.00	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/10/2003	<b>5</b> Payee Name Rocio Fuentes ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  78.75	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
THE INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule F: 14
<b>2</b> FILER NAME     Jim Lane, Councilman, District 2	<b>3</b> ACCOUNT #     (Ethics Commission filers)

<b>4</b> Date 4/10/2003	<b>5</b> Payee Name Sylvia Vela ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  150.50	
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<b>8</b> Purpose of expenditure signs	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/10/2003	<b>5</b> Payee Name Vessenia Carrasco ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  117.25	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/11/2003	<b>5</b> Payee Name Aracely Luna ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  63.	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/11/2003	<b>5</b> Payee Name Ashley Barnes ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  63.	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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<b>2</b> FILER NAME     Jim Lane, Councilman, District 2	<b>3</b> ACCOUNT #     (Ethics Commission filers)

<b>4</b> Date 4/11/2003	<b>5</b> Payee Name Manolo Cisneros	<b>7</b> Amount 59.15	
<b>6</b> Payee address:     City: State: Zip code  Fort Worth TX			

<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/11/2003	<b>5</b> Payee Name Maria Gonzalez	<b>7</b> Amount 63.	
<b>6</b> Payee address:     City: State: Zip code  Fort Worth TX			

<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/11/2003	<b>5</b> Payee Name Monica Herrera	<b>7</b> Amount 77.	
<b>6</b> Payee address:     City: State: Zip code  Fort Worth TX			

<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/11/2003	<b>5</b> Payee Name Roxana Luna	<b>7</b> Amount 78.75	
<b>6</b> Payee address:     City: State: Zip code  Fort Worth TX			

<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..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: 14**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)**4** Date

4/11/2003

**5** Payee Name

Yassiri Ovalle

**7** Amount

79.10

**6** Payee address: City: State: Zip code

Fort Worth TX

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

4/12/2003

**5** Payee Name

El Informador

**7** Amount

275.

**6** Payee address: City: State: Zip code

3722 Decatur

Fort Worth TX

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

4/14/2003

**5** Payee Name

Louis Zapata

**7** Amount

450.

**6** Payee address: City: State: Zip code

Fort Worth TX

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

4/14/2003

**5** Payee Name

Louis Zapata

**7** Amount

100.11

**6** Payee address: City: State: Zip code

Fort Worth TX

**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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**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)

<b>4</b> Date 4/14/2003	<b>5</b> Payee Name Rose Herrera ..... <b>6</b> Payee address: City: State: Zip code  Fort Worth TX	<b>7</b> Amount  712.50	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/14/2003	<b>5</b> Payee Name Rose Herrera ..... <b>6</b> Payee address: City: State: Zip code  Fort Worth TX	<b>7</b> Amount  163.62	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/14/2003	<b>5</b> Payee Name The Eppstein Group ..... <b>6</b> Payee address: City: State: Zip code 4055 International Plaza #520 Fort Worth TX	<b>7</b> Amount  12,381.50	
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<b>8</b> Purpose of expenditure professional services and materials	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/15/2003	<b>5</b> Payee Name Cafe Zamba ..... <b>6</b> Payee address: City: State: Zip code 1549 N Main Fort Worth TX	<b>7</b> Amount  151.29	
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<b>8</b> Purpose of expenditure food for staff meeting	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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THE INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule F: 14
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<b>2</b> FILER NAME     Jim Lane, Councilman, District 2	<b>3</b> ACCOUNT #     (Ethics Commission filers)
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Angela Tapia ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  119.00	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Aracely Luna ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  56.	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Ashley Barnes ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  56.	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Carlos Pineda ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  66.50	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Cristal Garcia ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  82.25	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Emelio Cardona ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  77.00	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Erika Zapata ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  94.50	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Guadalupe Gochi ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  115.50	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Maria Gonzalez ..... <b>6</b> Payee address: City: State: Zip code  Fort Worth TX	<b>7</b> Amount  133.	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Marisela Tapia ..... <b>6</b> Payee address: City: State: Zip code  Fort Worth TX	<b>7</b> Amount  73.50	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Monica Herrera ..... <b>6</b> Payee address: City: State: Zip code  Fort Worth TX	<b>7</b> Amount  52.50	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Olga Tapia ..... <b>6</b> Payee address: City: State: Zip code  Fort Worth TX	<b>7</b> Amount  59.50	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>2</b> FILER NAME     Jim Lane, Councilman, District 2	<b>3</b> ACCOUNT #     (Ethics Commission filers)

<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Rocio Fuentes ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  59.50	
<b>8</b> Purpose of expenditure campaign worker		<b>9</b> ..Complete if direct expenditure to benefit C/OH..	

<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Rose Herrera ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  547.50	
<b>8</b> Purpose of expenditure campaign worker		<b>9</b> ..Complete if direct expenditure to benefit C/OH..	

<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Roxana Luna ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  84.	
<b>8</b> Purpose of expenditure campaign worker		<b>9</b> ..Complete if direct expenditure to benefit C/OH..	

<b>4</b> Date 4/17/2003	<b>5</b> Payee Name Yassiri Ovalle ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  82.25	
<b>8</b> Purpose of expenditure campaign worker		<b>9</b> ..Complete if direct expenditure to benefit C/OH..	

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<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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THE INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule F: 14
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<b>2</b> FILER NAME     Jim Lane, Councilman, District 2	<b>3</b> ACCOUNT #     (Ethics Commission filers)
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<b>4</b> Date 4/18/2003	<b>5</b> Payee Name Mary Lou Lopez ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  112.	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/18/2003	<b>5</b> Payee Name Sylvia Vela ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  122.50	
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<b>8</b> Purpose of expenditure campaign worker	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/19/2003	<b>5</b> Payee Name Manolo Cisneros ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  94.50	
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<b>8</b> Purpose of expenditure	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/21/2003	<b>5</b> Payee Name TXU Energy ..... <b>6</b> Payee address:     City: State: Zip code  Fort Worth TX	<b>7</b> Amount  246.24	
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<b>8</b> Purpose of expenditure utilities	<b>9</b> ..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: 14**2** FILER NAME Jim Lane, Councilman, District 2**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 4/22/2003	<b>5</b> Payee Name Carlos Pineda	<b>7</b> Amount 73.50
<b>6</b> Payee address: City: State: Zip code  Fort Worth TX		
<b>8</b> Purpose of expenditure		<b>9</b> ..Complete if direct expenditure to benefit C/OH..

<b>4</b> Date 4/22/2003	<b>5</b> Payee Name U S Postmaster	<b>7</b> Amount 74.
<b>6</b> Payee address: City: State: Zip code  Fort Worth TX		
<b>8</b> Purpose of expenditure postage		<b>9</b> ..Complete if direct expenditure to benefit C/OH..

<b>4</b> Date 4/22/2003	<b>5</b> Payee Name U S Postmaster	<b>7</b> Amount 74.
<b>6</b> Payee address: City: State: Zip code  Fort Worth TX		
<b>8</b> Purpose of expenditure postage		<b>9</b> ..Complete if direct expenditure to benefit C/OH..

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