

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) N/A	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR DR. FIRST CLEVELAND MI O.	OFFICE USE ONLY Date Received 10/7/2023 @11:23pm Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed 10/9/2023 Date Imaged 			
	NICKNAME LAST LANE SUFFIX JR.				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10727 MANDAVILLA DRIVE HOUSTON, TX 77095				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 451-4562				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR PERLA FIRST MI J.				
	NICKNAME LAST LANE SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10727 MANDAVILLA DRIVE HOUSTON TX 77095				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 452-4562				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 08 / 09 / 2023 THROUGH 10 / 03 / 2023				
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 2023		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) CFIBD BOARD TRUSTEE POSITION 1		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

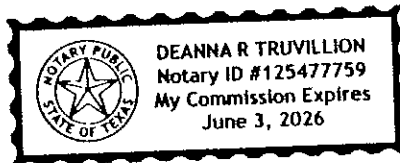
15 C/OH NAME <i>DR. CLEVELAND O. LANE JR.</i>		16 Filer ID (Ethics Commission Filers) <i>N/A</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>1,700.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4,918.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>-0-</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,400.84</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>-0-</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>-0-</i>

18 SIGNATURE 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.

Cleveland O. Lane Jr.
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Cleveland O Lane Jr* this the *4th* day of *October*, 20*23*, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Deanna Truvillion Printed name of officer administering oath
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME DR. CLEVELAND O. LANE Jr.		20 Filer ID (Ethics Commission Filers) N/A
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,618.⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,050.⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,305.⁴³
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,095.⁴¹
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

1 of 11

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Dr. Cleveland LANE, Jr.

7 Amount of contribution (\$)

\$100.00

4 Date

9/4/23

5 Full name of contributor

RYAN ZENZEN

6 Contributor address;

16550 RUBY MEADOW DR

City:

Houston

State;

TX

Zip Code

77095

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Paradigm Traffic System

Date

9/4/23

Full name of contributor

Cleveland Lane

Contributor address;

10727 MANDAVILLA

City:

Houston,

State;

TX

Zip Code

77095

Amount of contribution (\$)

\$3.00

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

9/5/23

Full name of contributor

Matt Brewster

Contributor address;

15821 FMS29 #293

City:

Houston

State;

TX

Zip Code

77095

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Houston slingshot

Date

9/5/23

Full name of contributor

Ulysses Wafford

Contributor address;

9618 BLANCHARD SPRINGS DR

City:

Houston

State;

TX

Zip Code

77095

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

SAP BASIS SYSTEM ADMIN

Employer (See Instructions)

CARESOURCE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

4

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
2 of 11

2 FILER NAME

Dr. CLEVELAND LANE, Jr

3 Filer ID (Ethics Commission Filers)

4 Date

9/5/23

5 Full name of contributor

JASMINE HAMILTON

(out-of-state PAC (ID#))

7 Amount of contribution (\$)

\$50⁰⁰

6 Contributor address;

21500 Cypresswood Dr #8105 Cypress TX 77433

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Associate Director

9 Employer (See Instructions)

PVAMU

Date

9/5/23

Full name of contributor

NATALIE MARCA - TREASURER

(out-of-state PAC (ID#))

Amount of contribution (\$)

\$20⁰⁰

Contributor address;

17015 Preston Springs Dr Houston TX 77095

City; State; Zip Code

Principal occupation / Job title (See Instructions)

AIRPORT SALES AGENT

Employer (See Instructions)

United

Date

9/6/23

Full name of contributor

Gregory Gatlin

(out-of-state PAC (ID#))

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

15219 Rainhollow Dr Houston TX 77070

City; State; Zip Code

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

GATLINBBQ

Date

9/6/23

Full name of contributor

DANNY KELLEY

(out-of-state PAC (ID#))

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

1807 W Werner Rd Houston TX 7790

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

PVAMU

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

5

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1
3 OF 11
 3 Filer ID (Ethics Commission Files)
 7 Amount of contribution (\$)

2 FILER NAME
Dr. CLEVELAND LANE, Jr.
 4 Date
9/6/23
 5 Full name of contributor | out-of-state PAC (ID#)
MARY WASHINGTON
 6 Contributor address; City; State; Zip Code
1813 17th AVE N TEXAS CITY, TX 77590

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)
MANAGER
 9 Employer (See Instructions)
UHEL

Date
9/10/23
 Full name of contributor | out-of-state PAC (ID#)
MARY WASHINGTON
 Contributor address; City; State; Zip Code
1813 17th AVE N TEXAS CITY, TX 77590

Amount of contribution (\$)
\$100⁰⁰

Principal occupation / Job title (See Instructions)
MANAGER
 Employer (See Instructions)
UHEL

Date
9/12/23
 Full name of contributor | out-of-state PAC (ID#)
AL BURES
 Contributor address; City; State; Zip Code
19327 DESNA DR PORTER, TX 77365

Amount of contribution (\$)
\$100⁰⁰

Principal occupation / Job title (See Instructions)
UNEMPLOYED
 Employer (See Instructions)
UNEMPLOYED

Date
9/12/23
 Full name of contributor | out-of-state PAC (ID#)
CEDRICK YOUNG
 Contributor address; City; State; Zip Code
4541 CROSSVINE DR PROSPER, TX 75078

Amount of contribution (\$)
\$50⁰⁰

Principal occupation / Job title (See Instructions)
GLOBAL DIRECTOR
 Employer (See Instructions)
PHC GROUP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

4 of 11

3 Filer ID (Ethics Commission Filer)

2 FILER NAME

DR. CLEVELAND LANE, JR.

4 Date

9/12/23

5 Full name of contributor

SHEENA WYDERMYER

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

3311 ELM CREEK DR League City, TX 77573

8 Principal occupation / Job title (See Instructions)

Dept of Veteran - PHYSICIAN

9 Employer (See Instructions)

DEPT of VETERAN

Date

9/13/23

Full name of contributor

GREGORY GATLIN

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

15219 RAINHOLLOW DR Houston, TX 77070

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

GATLIN BBQ

Date

9/13/23

Full name of contributor

DEE CLEAR

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

1903 TAYLOR CREEK FRESNO, TX 77845

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

UNEMPLOYED

Date

9/14/23

Full name of contributor

BYRON WILLIAMS

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

10007 NATHAN CV HOUSTON, TX 77089

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

USACE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

3,

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

2 FILER NAME DR. CLEVELAND LANE, JR.		1 Total pages Schedule A1 5 of 11
4 Date 9/17/23	5 Full name of contributor ROSANNE APPLEWHITE	3 Filer ID (Ethics Commission Filers)
	6 Contributor address; City; State; Zip Code 3918 ELM STREAM CT FRESNO, TX 77545	7 Amount of contribution (\$) \$100⁰⁰
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) COH

Date 9/16/23	Full name of contributor HORACIO GOMEZ	Amount of contribution (\$) \$500⁰⁰
	Contributor address; City; State; Zip Code 3030 COMMERCE ST HOUSTON, TX 77003	
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) NWA ARCHITECT

Date 9/16/23	Full name of contributor CHERYL HENRY	Amount of contribution (\$) \$100⁰⁰
	Contributor address; City; State; Zip Code 1811 MESQUITE ESTATE LN CYPRESS, TX 77429	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

Date 9/16/23	Full name of contributor HAROLD LYONS	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 17302 SUNSET BLUFF DR HOUSTON, TX 77095	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

8.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

6 of 11

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

7 Amount of contribution (\$)

\$ 500⁰⁰

4 Date

9/16/23

5 Full name of contributor

NOE ALMAGUER

out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

18922 GREATER OAKS COURT HOUSTON, TX 77084

8 Principal occupation / Job title (See Instructions)

ARCHITECT

9 Employer (See Instructions)

NWA ARCHITECT

Date

9/17/23

Full name of contributor

WYATTA FREEMAN - HAZELEY

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

4311 Willowcrest Lane MANVEL, TX 77578

Amount of contribution (\$)

\$ 50⁰⁰

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

UT PHYSICIANS

Date

9/17/23

Full name of contributor

REGGIE EGINS

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

PO Box 3431 HOUSTON, TX 77253

Amount of contribution (\$)

\$ 50⁰⁰

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

UNEMPLOYED

Date

9/18/23

Full name of contributor

CHERYL LANE

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

1943 DUROUX Rd LAMARQUE, TX 77568

Amount of contribution (\$)

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

unemployed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

9.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

7 of 11

3 Filer ID (Ethics Commission filers)

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

7 Amount of contribution (\$)

\$500.00

4 Date

9/18/23

5 Full name of contributor

MICHAEL McPRAZIER

out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

16807 STONE CREEK MODEL CT HOUSTON, TX 77084

8 Principal occupation / Job title (See Instructions)

ADMINISTRATOR

9 Employer (See Instructions)

MAMU

Date

9/19/23

Full name of contributor

SHEREE TERRELL

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

8419 BLUESHELL LN CYPRESS, TX 77433

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

HAIR STYLIST

Employer (See Instructions)

THE ONE BEAUTY SALON

Date

9/20/23

Full name of contributor

GREGORY GATLIN

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

15219 Rainhollow Dr HOUSTON, TX 77070

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

GATLIN BBQ

Date

9/20/23

Full name of contributor

KENDRIC JONES

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

1411 MATEER MANOR CT MOCITY, TX 77459

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

COUNTY COMMISSIONER

Employer (See Instructions)

WALLER COUNTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

10.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 11

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

\$250.00

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

4 Date

9/21/23

5 Full name of contributor

CLAUDIA HOUSTON

6 Contributor address;

10719 MANDAVILLA HOUSTON, TX 77095

8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

METHODIST

Date

9/22/23

Full name of contributor

CHENEAL DEJEAN

Contributor address;

115 AUTUMN SAGE WYLIE, TX 75098

Principal occupation / Job title (See Instructions)

PROJECT MANAGER

Employer (See Instructions)

AT&T

Amount of contribution (\$)

\$150.00

Date

9/23/23

Full name of contributor

RANDY HINES

Contributor address;

209 MACLEAN'S CROSS LN SE SMYRNA, GA 30082

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

WELLSTAR

Amount of contribution (\$)

\$50.00

Date

9/24/23

Full name of contributor

GAYDELLE LANG

Contributor address;

9102 Buchanan Bend Ct. CYPRESS, TX 77433

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

N/A

Amount of contribution (\$)

\$100.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

16

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

9 of 11

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

7 Amount of contribution (\$)

\$ 200⁰⁰

4 Date

9/25/23

5 Full name of contributor

BART BLUITT

out-of-state PAC (ID#)

6 Contributor address;

3843 SUMMER MANOR DR.

City:

LEAGUE CITY, TX

State:

77573

OLIN

8 Principal occupation / Job title (See Instructions)

PLANT INDUSTRY

9 Employer (See Instructions)

Date

9/25/23

Full name of contributor

HENRY WARREN

out-of-state PAC (ID#)

Contributor address;

1525 TREELINE DR

City:

DESOTO, TX 75115

State:

Zip Code

Amount of contribution (\$)

\$ 500⁰⁰

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

9/27/23

Full name of contributor

GREGORY GATLIN

out-of-state PAC (ID#)

Contributor address;

15219 RAINHOLLOW DR HOUSTON TX 77070

City:

State:

Zip Code

Amount of contribution (\$)

\$ 50⁰⁰

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

GATLIN BBQ

Date

9/29/23

Full name of contributor

MOLLY CARNES

out-of-state PAC (ID#)

Contributor address;

9730 WALFORD MILL LN HOUSTON, TX 77095

City:

State:

Zip Code

Amount of contribution (\$)

\$ 25⁰⁰

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

KARST+VONDI STE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

12

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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1 Total pages Schedule A1

10 of 11

3 Filer ID (Ethics Commission Filer)

7 Amount of contribution (\$)

\$100⁰⁰

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

4 Date

9/30/23

5 Full name of contributor

KRIS SATTERTHWAITE

out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

10738 MANDAVILLA Dr HOUSTON, TX 77095

8 Principal occupation / Job title (See Instructions)

SALES

9 Employer (See Instructions)

AMAZON

Date

9/30/23

Full name of contributor

COREY WILLIAMS

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

4424 STOCKBRIDGE AVE SACRAMENTO, CA 95842

Amount of contribution (\$)

\$10⁰⁰

Principal occupation / Job title (See Instructions)

PUBLIC INFO

Employer (See Instructions)

US SMALL BUSINESS

Date

9/30/23

Full name of contributor

DANA BUSBY

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

2146 LCR 377 MEKIA, TX 76667

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

PLUMBER

Employer (See Instructions)

BUSBY PLUMBING

Date

9/30/23

Full name of contributor

CHARLES PENNINGTON

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

17903 LAKE LEON CT CYPRESS, TX 77433

Amount of contribution (\$)

1,000⁰⁰

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

PENNINGTON & ASSOC.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

13.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

11 of 11

3 Filer ID (If this Commission filer)

2 FILER NAME

DR. CLEVELAND LANE, JR.

4 Date

9/30/23

5 Full name of contributor

RONALD TERRELL

Full of state PAC ID#

6 Contributor address

9918 OLIVE BROOK LN HOUSTON, TX 77095

City

State

Zip Code

7 Amount of contribution (5)

\$500.00

8 Principal occupation / Job title (See Instructions)

UNEMPLOYED

9 Employer (See Instructions)

UNEMPLOYED

Date

10/2/23

Full name of contributor

MICHAEL NOJEZM

Full of state PAC ID#

Contributor address

10023 KIRBY RANCH CT CYPRESS, TX 77433

City

State

Zip Code

Amount of contribution (5)

\$50.00

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

PVAMU

Date

10/2/23

Full name of contributor

ALPHONSO KEATON

Full of state PAC ID#

Contributor address

18411 CYPRESS MEADE LN CYPRESS, TX 77429

City

State

Zip Code

Amount of contribution (5)

\$100.00

Principal occupation / Job title (See Instructions)

DEAN, PROFESSOR

Employer (See Instructions)

PVAMU

Date

10/3/23

Full name of contributor

Kendra CAMARENA

Full of state PAC ID#

Contributor address

18018 Winding Willow DRLWAY CYPRESS, TX 77433

City

State

Zip Code

Amount of contribution (5)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 page</i>	
2 FILER NAME <i>DR. CLEVELAND O. LANE JR.</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>2,050.00</i>	
5 Date <i>9/4/2023</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dibrell & Associates</i>	8 Amount of Contribution \$ <i>\$1500.00</i>	9 In-kind contribution description <i>consulting</i>
7 Contributor address; City; State; Zip Code <i>4203 Glade Shadow Ct. Katy, TX 77494</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>9/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sheila Jenkins / EOD</i>	Amount of Contribution \$ <i>\$550.00</i>	In-kind contribution description <i>Financial Services</i>
Contributor address; City; State; Zip Code <i>P.O. Box 401 Humble TX 77347</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 1 of 3	2 FILER NAME DR. CLEVELAND O. LANE JR.	3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/15/2023	5 Payee name PAYPAL ACCOUNT VERIFY	
6 Amount (\$) .15¢	7 Payee address; City; State; Zip Code PAYPAL	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description ACCT. SETUP FEE FOR CAMPAIGN CONTRIBUTIONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/18/2023	Payee name Dibrell & Associates	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 4203 GLADE SHADOW CT. KATY TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Expense	Description Campaign material, push cards & yard signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/18/2023	Payee name MEGSHAY - MONKEY CREATIONS	
Amount (\$) \$225.00	Payee address; City; State; Zip Code P.O. BOX 691963 HOUSTON TX 77269	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Expense	Description Graphic T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

16.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>Page 2 of 3</i>	2 FILER NAME <i>DR. CLEVELAND O. LANE JR.</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>9/25/2023</i>	5 Payee name <i>MEGSHAY - MONKEY CREATIONS</i>	
6 Amount (\$) <i>\$60.00</i>	7 Payee address; <i>P.O. BOX 691963</i>	City; State; Zip Code <i>HOUSTON TX 77269</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising / Expense</i>	(b) Description <i>Graphic T-shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>9/30/2023</i>	Payee name <i>FIRST COMMUNITY CREDIT UNION</i>		
Amount (\$) <i>\$10.00</i>	Payee address; <i>24224 NORTHWEST FREEWAY</i>	City; State; Zip Code <i>CYPRESS TX 77429</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ACCOUNTING / BANK EXPENSE</i>	Description <i>BANKING FEE</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date <i>9/28/2023</i>	Payee name <i>Dibrell & ASSOCIATES</i>		
Amount (\$) <i>\$262.00</i>	Payee address; <i>4203 GLADE SHADOW CT.</i>	City; State; Zip Code <i>KATY TX 77494</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising / Expense</i>	Description <i>Campaign material, push cards & yard sign</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 3 of 3	2 FILER NAME DR. CLEVELAND O. LAWE JR.	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 10/2/2023	5 Payee name SAM'S CLUB
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6 Amount (\$) \$148.²⁶	7 Payee address; 12205 WEST ROAD	City; HOUSTON	State; TX	Zip Code 77065
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Candidate Forum snacks
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

18.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>Page 1 of 2</i>	2 FILER NAME <i>DR. CLEVELAND O. LANE JR.</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<i>\$ 3,056.¹⁶</i>
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5 Date <i>8/14/2023</i>	6 Payee name <i>Dibrell & Associates</i>
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7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
	<i>4203 Glade Shadow Ct.</i>	<i>Katy</i>	<i>TX</i>	<i>77494</i>

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>consulting / expense</i>	(b) Description <i>website, social media platforms marketing materials</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/14/2023</i>	Payee name <i>Dibrell & Associates</i>
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Amount (\$) <i>\$440.⁰⁰</i>	Payee address;	City;	State;	Zip Code
	<i>4203 Glade Shadow Ct.</i>	<i>Katy</i>	<i>TX</i>	<i>77494</i>

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing / expense</i>	Description <i>Push cards & yard signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

19.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>Page 2 of 2</i>	2 FILER NAME <i>DR CLEVELAND O. LANE JR.</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>9/17/2023</i>	6 Payee name <i>D'vine Wine Bar</i>	
7 Amount (\$)	8 Payee address; City; State; Zip Code <i>25202 Northwest Fwy Unit #100 Cypress, TX 77429</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event / expense</i>	(b) Description <i>Campaign Kick-off</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>9/16/2023</i>	Payee name <i>Dibrell & Associates</i>	
Amount (\$)	Payee address; City; State; Zip Code <i>4203 Gilade Shadow Ct. Katy TX 77494</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting expense</i>	Description <i>marketing material & social media platform</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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20.