

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: Pages 13			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR DR.	FIRST CLEVELAND	MI 0	OFFICE USE ONLY		
	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	Date Received 1/9/2024 electronic
	10727 MANDAVILLA DRIVE HOUSTON, TX 77095					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-Delivered or Date Postmarked John T...	
	(281) 451-4562					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME	LAST	SUFFIX			
		PERLA		J.		
		LANE				
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 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	10	28	2023	THROUGH	12	15
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
		11 / 07 / 2023		<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				CFISD 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.					
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE				
		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

1.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

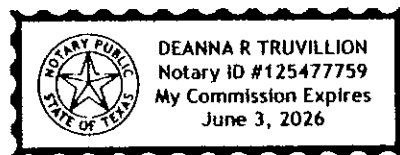
15 C/OH NAME DR. CLEVELAND O. LANE SR.		16 Filer ID (Ethics Commission Filers) N/A
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,025. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,275. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,258. ⁵¹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,485. ²³
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Sr.
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cleveland Lane Sr. this the 27th day of December, 2023 to certify which, witness my hand and seal of office.

[Signature] _____
Signature of officer administering oath 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 D. LANE JR.

20 Filer ID (Ethics Commission Filers)

N/A

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,275. ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,050. ⁰⁰
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,258. ⁵¹
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 type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
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 4

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Dr. Cleveland Lane, Jr.

4 Date

10/24/23

5 Full name of contributor

NAKIL ROBERTS

6 Contributor address;

7259 Greenblair Bend Court Cypress, TX 77433

7 Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Revenue Cycle Supervisor

9 Employer (See Instructions)

CHRISTUS HEALTH

Date

10/25/23

Full name of contributor

Gregory Gatlin

Contributor address;

15219 Rainhollow Dr Houston TX 77070

Amount of contribution (\$)

50-

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

GATLIN BBQ

Date

10/27/23

Full name of contributor

ALPHONSO KEATON

Contributor address;

18411 CYPRESS MEADE LN CYPRESS, TX 77429

Amount of contribution (\$)

100-

Principal occupation / Job title (See Instructions)

DEAN

Employer (See Instructions)

PVAMU

Date

10/29/23

Full name of contributor

Quinita Oiletree, PhD

Contributor address;

10419 Scribel FAIBCT Houston, TX 77095

Amount of contribution (\$)

100-

Principal occupation / Job title (See Instructions)

Admin

Employer (See Instructions)

FMC

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 4

2 FILER NAME

Dr. Cleveland Lane, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/30/23

5 Full name of contributor [] out-of-state PAC (ID#)

James Harrison

7 Amount of contribution (\$)

\$500-

6 Contributor address; City; State; Zip Code

2625 ALBANY ST. Houston, TX 77006

8 Principal occupation / Job title (See Instructions)

Architect

9 Employer (See Instructions)

HARRISON KORNBERG

Date

10/31/23

Full name of contributor [] out-of-state PAC (ID#)

BRYAN ROBERTSON

Amount of contribution (\$)

\$1000-

Contributor address; City; State; Zip Code

7171 Highway 6 N Houston, TX 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/23

Full name of contributor [] out-of-state PAC (ID#)

Gregory Gattlin

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 BBO

Date

11/6/23

Full name of contributor [] out-of-state PAC (ID#)

Sammie Shelvin

Amount of contribution (\$)

100-

Contributor address; City; State; Zip Code

7943 Rockhill St Houston, TX 77061

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.

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 4
 3 Filer ID (Ethics Commission Filers)

2 FILER NAME
Dr. Cleveland LANE, Jr.

4 Date 11/7/23	5 Full name of contributor [] out-of-state PAC (ID#) BYRAN Robertson	7 Amount of contribution (\$) \$ 500
	6 Contributor address; City; State; Zip Code 7171 Hwy 6N. Houston, TX 77095	

8 Principal occupation / Job title (See Instructions) CEO	9 Employer (See Instructions) EMC
---	---

Date 11/7/23	Full name of contributor [] out-of-state PAC (ID#) Devin Rodriguez	Amount of contribution (\$) 100-
	Contributor address; City; State; Zip Code 19423 Enchanted Spring Dr. Spring, TX 77338	

Principal occupation / Job title (See Instructions) Educator	Employer (See Instructions) PSAT Academy
--	--

Date 11/8/23	Full name of contributor [] out-of-state PAC (ID#) GATLIN Gregory	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 11/14/23	Full name of contributor [] out-of-state PAC (ID#) Christopher Collins	Amount of contribution (\$) 100-
	Contributor address; City; State; Zip Code 11706 Knobcrest Dr Houston, TX 77070	

Principal occupation / Job title (See Instructions) CONSULTANT	Employer (See Instructions) LJAV CONSULTING
--	---

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

6.

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 4

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Dr. Cleveland LANE, Jr.

4 Date

11/14/23

5 Full name of contributor

BRYAN ROBERTSON

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

6 Contributor address;

7171 Hwy 6 North Houston, TX 77095

City;

State;

Zip Code

7 Amount of contribution (\$)

500-

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

EMC

Date

10/15/23

Full name of contributor

CAROLE McCOWN

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

Contributor address;

20615 Windrose Bend Dr Spring, TX 77379

City;

State;

Zip Code

Amount of contribution (\$)

25⁰⁰

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

11/3/23

Full name of contributor

CARLA WHITTAKER

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

Contributor address;

3535 Kilkenny Houston, TX 77047

City;

State;

Zip Code

Amount of contribution (\$)

500-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/23

Full name of contributor

PLUMBERS LOCAL UNION

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

Contributor address;

PO Box 8746 Houston, TX 77249

City;

State;

Zip Code

Amount of contribution (\$)

500-

Principal occupation / Job title (See Instructions)

Plumber Local Union

Employer (See Instructions)

Plumber

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

7.

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 SR.</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1,050.00</i>	
5 Date <i>11/4/2023</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dibrell & Associates</i>	8 Amount of Contribution \$ <i>500.00</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>11/7/2023</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)			

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

8.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: <i>Page 1 of 4</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 Date <i>11/27/2023</i>	5 Payee name <i>MAKE IT MATTER</i>
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6 Amount (\$) <i>\$100.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 941531 Houston TX 77095</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Contribution / Donation</i>
	(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
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Date <i>11/20/2023</i>	Payee name <i>DC-Harris County Smokehouse</i>
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Amount (\$) <i>\$51.42</i>	Payee address; City; State; Zip Code <i>19811 Northwest Freeway Houston TX 77065</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event / expense</i>	Description <i>Campaign event</i>
	<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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Date <i>11/8/2023</i>	Payee name <i>Chick-Fil-A</i>
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Amount (\$) <i>\$47.46</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Campaign event</i>
	<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

9.

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 4</i>	2 FILER NAME <i>DR. CLEVELAND D. LAWE JR.</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
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4 Date <i>11/7/2023</i>	5 Payee name <i>THE CATFISH STATION SEAFOOD</i>
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6 Amount (\$) <i>\$42.⁰⁰</i>	7 Payee address; <i>8604 SH-6 N</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77095</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Campaign Event</i>
	(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 <i>11/7/2023</i>	Payee name <i>MEG-STAY - MONKEY CREATIONS</i>
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Amount (\$) <i>\$75.⁰⁰</i>	Payee address; <i>P.O BOX 691963</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77269</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising / Expense</i>	Description <i>Campaign 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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/6/2023</i>	Payee name <i>The CATFISH STATION SEAFOOD</i>
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Amount (\$) <i>\$85.97</i>	Payee address; <i>8604 SH-6 N</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77095</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Campaign event</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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

10.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1 Page 3 of 4	2 FILER NAME DR. CLEVELAND O. LANE JR.	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 11/3/2023	5 Payee name UNITED
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6 Amount (\$) \$1,556. ¹⁶	7 Payee address: P.O. Box 6294	City: CAROL STREAM	State: IL	Zip Code: 6097-6294
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description credit card payment
	(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
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Date 10/31/2023	Payee name FIRST COMMUNITY CREDIT UNION
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Amount (\$) \$10. ⁰⁰	Payee address: 24224 NORTHWEST FREEWAY	City: CYPRESS	State: TX	Zip Code: 77429
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANK EXPENSE	Description BANKING FEE
	<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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Date 10/30/2023	Payee name Dibrell & Associates
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Amount (\$) \$830. ⁰⁰	Payee address: 4203 Shadow Ct. Glade	City: Katy	State: TX	Zip Code: 77494
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <i>Page 4 of 4</i>	2 FILER NAME <i>DR. CLEVELAND O. LANE SR.</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>10/24/2023</i>	5 Payee name <i>Dikrell & Associates</i>	
6 Amount (\$) <i>\$31.05</i>	7 Payee address, <i>4203 Glade Shadow Ct.</i>	City: <i>Katy</i> State: <i>TX</i> Zip Code: <i>72494</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising / expense</i>	(b) Description <i>campaign material & signage</i>
	<input type="checkbox"/> (c) 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

12.

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

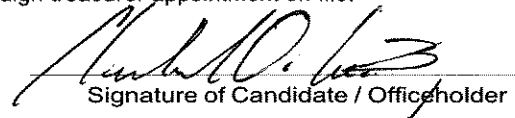
DR. CLEVELAND D. LANE SR.

2 Filer ID (Ethics Commission Filers)

N/A

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

13.