

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:

17 pages

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR DR.	FIRST CLEVELAND	MI O.	OFFICE USE ONLY	
	NICKNAME	LAST LANE	SUFFIX JR.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 10727 MANDAVILLA DRIVE HOUSTON, TX 77095		APT / SUITE #;	CITY;	STATE; ZIP CODE
	Date Received 10/30/2023 @ 12:13pm		Date Hand-delivered or Date Postmarked		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 451-4562	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST PERLA	MI J.	Receipt #	Amount \$
	NICKNAME	LAST LANE	SUFFIX	Date Processed Stephen Tan	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 10727 MANDAVILLA DRIVE		APT / SUITE #;	CITY; HOUSTON	STATE; ZIP CODE TX 77095
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 452-4562	EXTENSION		
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 checked="" 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 10 / 04 / 2023		THROUGH	Month / Day / Year 10 / 27 / 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) CPGD 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**

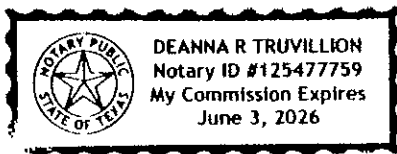
15 C/OH NAME DR. CLEVELAND O. LANE JR.		16 Filer ID (Ethics Commission Filers) N/A
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 900.⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,994.⁰⁸
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,548.⁵⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
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.

[Handwritten Signature]
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 29th day of October

2023 to certify which, witness my hand and seal of office.

[Signature] Deanna Truvillion
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)

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		\$ 4,994.⁰⁰
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,550.⁰⁰
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		\$ 5,548.⁵⁰
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 9

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Dr. Cleveland LANE, Jr.

4 Date

10/4/23

5 Full name of contributor

Charlene Davis-Norris

6 Contributor address;

17722 Mystic Bluff Ln Cypress TX 77443

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

unemployed

9 Employer (See Instructions)

unemployed

Date

10/5/23

Full name of contributor

WAYNE LeBlanc

Contributor address;

38868 FM 1488 Rd Hempstead TX 77445

Amount of contribution (\$)

\$50⁻

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

Date

10/6/23

Full name of contributor

Barbara Smith

Contributor address;

5316 Bluffwood St Houston TX 77021

Amount of contribution (\$)

\$200⁻

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

Date

10/6/23

Full name of contributor

JOEY Petrucci

Contributor address;

9323 Wickerham St San Antonio TX 78254

Amount of contribution (\$)

\$500⁻

Principal occupation / Job title (See Instructions)

Nuclear Pharmacist

Employer (See Instructions)

Cardinal Health

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 9

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

7 Amount of contribution (\$)

\$100⁰⁰

4 Date

10/7/23

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

DELONA MOORE

6 Contributor address; City; State; Zip Code

16127 CAERNGORM Houston TX 77095

8 Principal occupation / Job title (See Instructions)

TREASURY MGR

9 Employer (See Instructions)

LUMMUS

Date

10/8/23

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

TOM EUSTACE

Contributor address; City; State; Zip Code

16005 SEATTLE Jersey Village TX 77040

Amount of contribution (\$)

100-

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

unemployed

Date

10/9/23

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

GREGORY GATLIN

Contributor address; City; State; Zip Code

15219 Rainhollow Dr Houston TX 77070

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

MGR

Employer (See Instructions)

GATLIN BBA

Date

10/10/23

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

CHRISTOPHER WILLIAMS

Contributor address; City; State; Zip Code

206 STONE GATE Dr New Braunfels TX 78130

Amount of contribution (\$)

100-

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

TOOTH TIME

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 9

2 FILER NAME

Dr. Cleveland LANE, Jr.

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

4 Date

10/10/23

5 Full name of contributor

Cliffic Guidry

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

6 Contributor address;

3411 Beuregard Ct Missouri City, TX 77459

City: State: Zip Code

\$50

8 Principal occupation / Job title (See Instructions)

PHARMACEUT

9 Employer (See Instructions)

PHS

Date

10/10/23

Full name of contributor

Roderick Hamilton

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

Contributor address;

1206 WATERMOON Richmond TX 77469

City: State: Zip Code

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

UNEMPLOYED

Employer (See Instructions)

UNEMPLOYED

Date

10/12/23

Full name of contributor

CHRISTOPHER WILLIAMS

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

Contributor address;

206 STONE GATE DR NEWBRUNSWICK, TX 78130

City: State: Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

TTFD

Date

10/12/23

Full name of contributor

PAUL MORGAN

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

Contributor address;

10038 Elm MEADOW TRL Houston TX 77064

City: State: Zip Code

Amount of contribution (\$)

\$500

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.

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 9

2 FILER NAME

Dr. CLEVELAND LANE, Jr

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/23

5 Full name of contributor

COBY ARNSWORTH

6 Contributor address;

9738 WALFORD MILL LN Houston, TX 77064

City; State; Zip Code

7 Amount of contribution (\$)

\$100-

8 Principal occupation / Job title (See Instructions)

UNEMPLOYED

9 Employer (See Instructions)

UNEMPLOYED

Date

10/14/23

Full name of contributor

TRACEY MOORE

Contributor address;

9811 Mesa Point Court Houston, TX 77055

City; State; Zip Code

Amount of contribution (\$)

\$50-

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

PVAM University

Date

10/14/23

Full name of contributor

CHRISTOPHER COLLINS

Contributor address;

11706 Knobcrest Dr Houston TX 77070

City; State; Zip Code

Amount of contribution (\$)

\$100-

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

LIAN CONSULTING

Date

10/14/23

Full name of contributor

ANGELA WILLIAMS

Contributor address;

6114 Deep South Dr KATY TX 77449

City; State; Zip Code

Amount of contribution (\$)

\$100-

Principal occupation / Job title (See Instructions)

Program Mgr

Employer (See Instructions)

MSC Industrial Supply

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

7

Revised 11/15/2022

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:

5 of 9

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/23

5 Full name of contributor

FRANK BOZANT

7 Amount of contribution (\$)

\$50

6 Contributor address;

643 N. Parktown Dr Deer Park, TX 77449

8 Principal occupation / Job title (See Instructions)

SR. Accountant

9 Employer (See Instructions)

EURECAT

Date

10/14/23

Full name of contributor

TRE THOMAS

Amount of contribution (\$)

\$150

Contributor address;

8604 Humble N Houston, TX 77065

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

SELF

Date

10/14/23

Full name of contributor

ANGELA MARTIN-Greer

Amount of contribution (\$)

\$50

Contributor address;

13555 Family for Cypress TX 77429

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

Self-employed

Date

10/15/23

Full name of contributor

Arthana Peavy

Amount of contribution (\$)

\$19.08

Contributor address;

19406 Stanton Lakes Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Licensed Prof

Employer (See Instructions)

Self

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 9

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/23

5 Full name of contributor
GREGORY GATLIN

6 Contributor address; City: State: Zip Code

15219 Rainhollow Dr Houston TX 77070

7 Amount of contribution (\$)

\$50-

8 Principal occupation / Job title (See Instructions)

MGR

9 Employer (See Instructions)

GATLIN BCO

Date

10/17/23

Full name of contributor

Phyllis Hayes-Reams

Contributor address; City: State: Zip Code

4242 Linden Ave Long Beach, CA 90807

Amount of contribution (\$)

\$100-

Principal occupation / Job title (See Instructions)

Healthcare

Employer (See Instructions)

SCPMG

Date

10/17/23

Full name of contributor

FARRAH CAMBRICE

Contributor address; City: State: Zip Code

12424 Shorebridge Rd CYPRESS TX 77433

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

PRAIRIE VIEW

Date

10/17/23

Full name of contributor

MONIQUE LEE

Contributor address; City: State: Zip Code

10730 SEA MURTER Dr Houston TX 77085

Amount of contribution (\$)

\$100-

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

ST LUKE HOSPITAL

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 9

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/23

5 Full name of contributor

Gregory Gatlin

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

7 Amount of contribution (\$)

\$50⁻

6 Contributor address;

15219 Rain hollow Dr

City:

Houston

State:

TX

Zip Code

77070

8 Principal occupation / Job title (See Instructions)

MGR

9 Employer (See Instructions)

GATLIN BBA

Date

10/18/23

Full name of contributor

MARK CANTU

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

Amount of contribution (\$)

\$350⁻

Contributor address;

19702 Leary Skyway Cypress TX 77433

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Consulting

Employer (See Instructions)

Self-employed

Date

10/19/23

Full name of contributor

STEPHEN CHAO

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

Amount of contribution (\$)

\$100⁻

Contributor address;

8726 Ballinger Dr Houston, TX 77064

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

UT HEALTH

Date

10/20/23

Full name of contributor

RONALD TERRELL

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

Amount of contribution (\$)

\$500⁻

Contributor address;

9918 Olivebrook Ln Houston, TX 77095

City:

State:

Zip Code

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.

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 9

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Dr. CLEVELAND LANE, JR.

7 Amount of contribution (\$)

\$100-

4 Date

10/21/23

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

LORA Williams

6 Contributor address; City; State; Zip Code

PO Box 42506 Houston, TX 77242

8 Principal occupation / Job title (See Instructions)

ADMINISTRATOR

9 Employer (See Instructions)

PVAMUNIVERSITY

Date

10/22/23

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

RONALD JULON

Contributor address; City; State; Zip Code

2727 OAK RIDGE PARK DR HOUSTON, TX 77084

Amount of contribution (\$)

\$100-

Principal occupation / Job title (See Instructions)

UNEMPLOYED

Employer (See Instructions)

UNEMPLOYED

Date

10/23/23

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

P.C.

Contributor address; City; State; Zip Code

16827 POPLAR HILL ST HOUSTON TX 77095

Amount of contribution (\$)

\$100-

Principal occupation / Job title (See Instructions)

SR. ANALYST

Employer (See Instructions)

NRFUS

Date

10/24/23

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

HORAZIO GOMEZ

Contributor address; City; State; Zip Code

3030 COMMERCE ST HOUSTON TX 77003

Amount of contribution (\$)

\$500-

Principal occupation / Job title (See Instructions)

Architect

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.

11.

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 9

2 FILER NAME

Dr. CLEVELAND LANE, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/12/23

5 Full name of contributor

HAROLD LYONS

7 Amount of contribution (\$)

\$100-

6 Contributor address;

17302 SUNSET BLUFF Houston, TX 77095

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

UNEMPLOYED

Date

10/16/23

Full name of contributor

PAMELA DAVIS-DUCK

Amount of contribution (\$)

\$50-

Contributor address;

116207 SUMMER DEW LN Houston, TX 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/23

Full name of contributor

DENIZA COLEMAN

Amount of contribution (\$)

\$250-

Contributor address;

15014 MOSS BOULDER COURT HOUSTON, TX 77004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address;

City;

State; Zip Code

Amount of contribution (\$)

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.

12.

Revised 11/15/2022

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>3,550.⁰⁰</i>	
5 Date <i>10/4/2023</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dibrell's Associates</i>	8 Amount of Contribution \$ <i>\$3,000.⁰⁰</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>10/26/2023</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		<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.

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 1 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>10/4/2023</i>	5 Payee name <i>MEG-STAY - MONKEY CREATIONS</i>	
6 Amount (\$) <i>\$1,338.⁰⁰</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>Campaign material / 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>10/6/2023</i>	Payee name <i>Dibrell & Associates</i>	
Amount (\$) <i>\$1238.⁰⁵</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 signs</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>10/6/2023</i>	Payee name <i>United</i>	
Amount (\$) <i>\$1,500.⁰⁰</i>	Payee address; <i>P.O. Box 6294</i>	City; State; Zip Code <i>Carol Stream IL 60197-6294</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising / expense</i>	Description <i>credit card payment</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

14.

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 2 of 4</i>		2 FILER NAME <i>DR. CLEVELAND O. LANE JR.</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>	
4 Date <i>10/10/2023</i>		5 Payee name <i>Dibrell & Associates</i>			
6 Amount (\$) <i>\$100.00</i>		7 Payee address; <i>4203 Glade Shadow Ct.</i>		City; <i>Katy</i>	State; <i>TX</i>
				Zip Code <i>77494</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising / Expense</i>		(b) Description <i>campaign materials, push cards</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>10/16/2023</i>	Payee name <i>The Station Seafood</i>				
Amount (\$) <i>\$195.11</i>	Payee address; <i>8604 SH-6N</i>		City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77095</i>
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>10/17/2023</i>	Payee name <i>Dibrell & Associates</i>				
Amount (\$) <i>\$778.32</i>	Payee address; <i>4203 Glade Shadow Ct.</i>		City; <i>Katy</i>	State; <i>TX</i>	Zip Code <i>77494</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising / Expense</i>		Description <i>campaign materials, push cards</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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15.

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 3 of 4</i>		2 FILER NAME <i>DR CLEVELAND O. LANE JR.</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>	
4 Date <i>10/16/2023</i>		5 Payee name <i>The Home Depot</i>			
6 Amount (\$) <i>\$167.78</i>		7 Payee address: <i>17928 Spring Cypress</i>		City: <i>Cypress</i>	State: <i>TX</i>
				Zip Code <i>77429</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising / Expense</i>		(b) Description <i>Campaign signage</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>10/16/2023</i>		Payee name <i>Sam's Club</i>			
Amount (\$) <i>\$251.31</i>		Payee address: <i>12205 West Road</i>		City: <i>Houston</i>	State: <i>TX</i>
				Zip Code <i>77065</i>	
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
Date <i>10/23/2023</i>		Payee name <i>The Station Seafood</i>			
Amount (\$) <i>\$72.68</i>		Payee address: <i>8604 SH-6N</i>		City: <i>Houston</i>	State: <i>TX</i>
				Zip Code <i>77095</i>	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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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 | 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 JR.</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>10/24/2023</i>	5 Payee name <i>Dibrell & Associates</i>	
6 Amount (\$) <i>\$46.22</i>	7 Payee address; <i>4203 Glade Shadow Ct.</i>	City; State; Zip Code <i>Katy Tx 77494</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, 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/24/2023</i>	Payee name <i>Dibrell & Associates</i>	
Amount (\$) <i>\$31.05</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, photo frame</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>10/27/2023</i>	Payee name <i>Dibrell & Associates</i>	
Amount (\$) <i>\$830.00</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</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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