

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

Tarrant Water Alliance

SPECIFIC

COMMITTEE ADDRESS

3327 Winthrop Avenue, Suite 208
Fort Worth, Texas 76116

COMMITTEE CAMPAIGN TREASURER NAME

Vic Henderson

COMMITTEE CAMPAIGN TREASURER ADDRESS

3327 Winthrop Avenue, Suite 208
Fort Worth, Texas 76116

Additional Pages

17. CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$

61,200.97

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

30,300.13

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

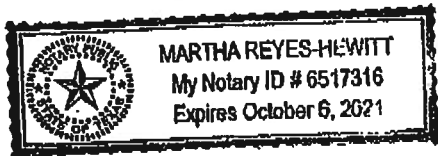
825.71

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Lane, this the 26 day of April, 2019, to certify which, witness my hand and seal of office.

Martha Reyes-Hewitt

Signature of officer administering oath

Martha Reyes-Hewitt

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Jim Lane		
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,450.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 37,750.97
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30,300.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jim Lane		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HB "Hub" Baker <hr/> 6 Contributor address; City; State; Zip Code 121 E Exchange Fort Worth TX 76164	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell Helicopter Textron PAC <hr/> Contributor address; City; State; Zip Code PO Box 482 Fort Worth TX 76102	Amount of contribution (\$) \$700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry & Karla Cate <hr/> Contributor address; City; State; Zip Code 221 Bayne Rd Haslet TX 76052	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Firefighter Committee for Responsible Government <hr/> Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth TX 76107	Amount of contribution (\$) \$5000.00
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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jim Lane		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald K Jury 6 Contributor address; City; State; Zip Code 436 Haltom Rd Fort Worth TX 76117	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/2/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggan, Blair & Sampson Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Pence Contributor address; City; State; Zip Code 6505 Highland Meadow Ct Fort Worth TX 76132	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Stevens Contributor address; City; State; Zip Code 116 N Broadway Azle TX 76020	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jim Lane		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockheed Martin Employees PAC 6 Contributor address; City; State; Zip Code 2121 Crystal Drive, Suite 100 Arlington, VA 22202	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman Family Limited Partnership Contributor address; City; State; Zip Code 131 E Exchange Ave, Suite 207 Fort Worth TX 76164	Amount of contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Gaughan Contributor address; City; State; Zip Code 2704 Valleywood Drive Grapevine, Texas 75061	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME <p style="text-align: center;">Jim Lane</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Tarrant Water Alliance</p>	Amount of Contribution \$	In-kind contribution description
4/24/19	Contributor address; City; State; Zip Code <p style="text-align: center;">3327 Winthrop Avenue, Suite 208 Fort Worth TX 76116</p>	2500.00	Grassroots program
<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)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME <p style="text-align: center;">Jim Lane</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <p style="text-align: center;">4/24/2019</p>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Tarrant Water Alliance</p> 7 Contributor address; City; State; Zip Code <p style="text-align: center;">3927 Winthrop Avenue, Suite 208 Fort Worth TX 76116</p>	8 Amount of Contribution \$ <p style="text-align: center;">32,750.97</p>	9 In-kind contribution description <p style="text-align: center;">Direct Mail</p> <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 <p style="text-align: center;">4/24/19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Tarrant Water Alliance</p> Contributor address; City; State; Zip Code <p style="text-align: center;">3327 Winthrop Avenue, Suite 208 Fort Worth TX 76116</p>	Amount of Contribution \$ <p style="text-align: center;">2500.00</p>	In-kind contribution description <p style="text-align: center;">Sign program</p> <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)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1	2 FILER NAME Jim Lane	3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2019	5 Payee name Tim Reeves Consulting LLC	
6 Amount (\$) \$4866.00	7 Payee address; City; State; Zip Code 815A Brazos St Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/24/2019	Payee name Tim Reeves Consulting LLC	
Amount (\$) \$13,434.13	Payee address; City; State; Zip Code 815A Brazos St Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/24/2109	Payee name Tarrant Water Alliance	
Amount (\$) \$12,000.00	Payee address; City; State; Zip Code 3327 Winthrop Ave #208 Fort Worth TX 76116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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