

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 File#)

2 Total pages filed: *16 pgs.*

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: DR FIRST: CLEVELAND MI: O
NICKNAME: LAST: LANE SUFFIX: JR

OFFICE USE ONLY

Date Received

10/6/2025 electronic

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #: 10727 MANDAVILLA DRIVE HOUSTON, TEXAS 77095

Signature

Date Hand-delivered or Date Postmarked

10/6/2025 @ 4:28pm

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (281) PHONE NUMBER: 451-4562 EXTENSION:

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR FIRST: ANTHONY MI:
NICKNAME: LAST: COLBERT SUFFIX:

Date Processed

10/6/2025

Date Imaged

10/6/2025

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: 28610 HWY 290 SUITE F09-115 HOUSTON, TEXAS 77433

8 CAMPAIGN TREASURER PHONE

AREA CODE: (281) PHONE NUMBER: 850-0340 EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 5th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 7 / 14 / 25 THROUGH Month Day Year: 9 / 25 / 25

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 4 / 25
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CFISD BOARD TRUSTEE POS. 6

14 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: CAPE CFISD ADVOCATES FOR PUBLIC EDUCATION

GENERAL

COMMITTEE ADDRESS: 5315 - B CYPRESS CREEK PKWY #283 HOUSTON, TEXAS 77069

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

DARCY MINGOLA

COMMITTEE CAMPAIGN TREASURER ADDRESS

5315 - B CYPRESS CREEK PKWY #283 HOUSTON, TEXAS 77069

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1.

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 Filer)

2 Total pages filed: **15**

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	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 10727 MANDAVILLA DRIVE HOUSTON, TEXAS 77095			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 451-4562	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST ANTHONY	MI	Date Received
	NICKNAME	LAST COLBERT	SUFFIX	Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 28610 HWY 290 SUITE F09-115 HOUSTON, TEXAS 77433			Receipt #
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 850-0340	EXTENSION	Amount \$
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 type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day 14	Year 25	THROUGH Month 9
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month 11	Day 4	Year 25	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)		13 OFFICE BOUGHT (if known) CFISD BOARD TRUSTEE POS. 6	

14 NOTICE FROM POLITICAL COMMITTEE(S)

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Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	CY-STRONG SCHOOLS
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	PO BOX 1222 CYPRESS, TEXAS 77410
	COMMITTEE CAMPAIGN TREASURER NAME
	STACEY DEMYER
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	20130 SCHIEL ROAD CYPRESS, TEXAS 77433

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2.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,567.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,088.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Signature of Candidate or Officeholder

****Candidate completed unsworn declaration****

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

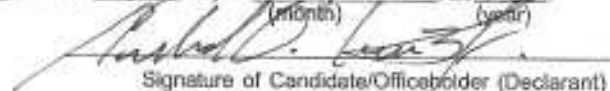
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Cleveland O. Lacey Jr. and my date of birth is 05/13/72
 My address is 10727 Mandeville Dr. Houston Tx 77045 USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Tx, on the 6 day of Oct. 2025
(month) (year)



Signature of Candidate/Officeholder (Declarant)

3.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,200.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,500.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,088.68
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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 FILER NAME DR. CLEVELAND LANE JR		3 Filer ID (Ethics Commission Filers)
4 Date 07/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) UZO ODILI <hr/> 6 Contributor address; City; State; Zip Code 15603 SHELDON LAKE DRIVE CYPRESS, TEXAS 77433	7 Amount of contribution (\$) <h1 style="margin: 0;">500.00</h1>
8 Principal occupation / Job title (See Instructions) PHYSICIAN SELF		9 Employer (See Instructions) APEX
Date 08/06/2025	Full name of contributor out-of-state PAC (ID# _____) MICHELLE BERRY <hr/> Contributor address; City; State; Zip Code 14034 CONWAY LANDING CYPRESS, TEXAS 77429	Amount of contribution (\$) <h1 style="margin: 0;">250.00</h1>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF
Date 08/08/2025	Full name of contributor out-of-state PAC (ID# _____) J. POWELL <hr/> Contributor address; City; State; Zip Code 24739 HORSETOOTH DRIVE. SPRING, TEXAS 77373	Amount of contribution (\$) <h1 style="margin: 0;">200.00</h1>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2015	Full name of contributor out-of-state PAC (ID# _____) RONALD TERRELL <hr/> Contributor address; City; State; Zip Code 9918 OLIVE BROOK LANE HOUSTON, TEXAS 77095	Amount of contribution (\$) <h1 style="margin: 0;">300.00</h1>
Principal occupation / Job title (See Instructions)		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.

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:

2 FILER NAME

DR. CLEVELAND LANE JR

3 Filer ID (Ethics Commission Filers)

4 Date

08/27/2025

5 Full name of contributor
CHENEAL DESEAN

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

115 AUTUMN SAGE DRIVE WYLIE, TEXAS 75098

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

PROGRAM MANAGER

9 Employer (See Instructions)

AT&T

Date

09/07/2025

Full name of contributor
CHARLENE NORRIS

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

17722 MYSTIC BLUFF LANE CYPRESS, TEXAS 77433

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

WALLER ISD

Date

09/12/2025

Full name of contributor
JON ROSENTHAL FOR TEXAS

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

7902 SWAN HOLLOW COURT HOUSTON, TEXAS 77014

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/06/2025

Full name of contributor
MARY WASHINGTON

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1813 17TH AVE. N TEXAS CITY, TEXAS 77590

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

UHCL

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:

2 FILER NAME

DR. CLEVELAND LANE JR

3 Filer ID (Ethics Commission Filers)

4 Date

09/06/2025

5 Full name of contributor
MARLEN JOHNSON

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code
2904 AUTUMN CREST DRIVE FRIENDSWOOD, TEXAS 77546

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)
PROGRAM MANAGER

9 Employer (See Instructions)
AT&T

Date

09/09/2025

Full name of contributor
TOM EUSTACE

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code
16005 SEATTLE STREET JERSAY VILLAGE, TEXAS 77040

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/13/2025

Full name of contributor
CHRISTINA MILAN

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code
18406 NORTH SETTLERS DRIVE CYPRESS, TEXAS 77433

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2025

Full name of contributor
CALVIN BRADSHAW

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code
14207 BELLA DRIVE CYPRESS, TEXAS 77429

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
PFS

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:	
2 FILER NAME DR. CLEVELAND LANE JR		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2,500.00	
5 Date 09/20/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (IDE) _____ DIBRELL & ASSOCIATES	8 Amount of Contribution \$ 2,500.00	9 In-kind contribution description CONSULTING
7 Contributor address; City: State: Zip Code 4203 GLADE SHADOW COURT KATY, TEXAS 77494		<small>Check if travel outside of Texas. Complete Schedule T.</small>	
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 (IDE) _____	Amount of Contribution \$	In-kind contribution description
	Contributor address; City: State: Zip Code		
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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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DR. CLEVELAND LANE JR	3 Filer ID (Ethics Commission Filers)
4 Date 07/14/2025	5 Payee name UNITED	
6 Amount (\$)	7 Payee address; City; State; Zip Code PO BOX 6294 CAROL STREAM, IL 60197-6294	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CREDIT CARD PAYMENT
	(c) Check if travel outside of Texas. Complete Schedule T. 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 07/14/2025	Payee name DIBRELL AND ASSOCIATES	
Amount (\$)	Payee address; City; State; Zip Code 4203 GLADE SHADOW COURT KATY, TEXAS 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN MATERIALS, CONSULTING, AND YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/19/2025	Payee name MARSHALLS	
Amount (\$) 146.07	Payee address; City; State; Zip Code 65765 HIGHWAY 6 N HOUSTON, TEXAS 77084	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN MATERIALS
	Check if travel outside of Texas. Complete Schedule T. 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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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 | 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:	2 FILER NAME DR. CLEVELAND LANE JR.	3 Filer ID (Ethics Commission Filers)
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4 Date 08/31/2025	5 Payee name FIRST WATCH
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6 Amount (\$) 91.82	7 Payee address; City: State: Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGES	(b) Description CAMPAIGN / EVENT MEETING
	(c) Check if travel outside of Texas. Complete Schedule T. 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 08/31/2025	Payee name RAISING CANES
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Amount (\$) 34.47	Payee address; City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGES	Description CAMPAIGN EVENT MEETING
	Check if travel outside of Texas. Complete Schedule T. 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 09/02/2025	Payee name WALMART
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Amount (\$) 119.07	Payee address; City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN EVENT	Description CAMPAIGN EVENT
	Check if travel outside of Texas. Complete Schedule T. 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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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	Printing 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:	2 FILER NAME DR. CLEVELAND LANE JR.	3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2025	5 Payee name DIBRELL & ASSOCIATES	
6 Amount (\$) 500.00	7 Payee address: City: State: Zip Code 4203 GLADE SHADOW COURT KATY, TEXAS 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	(b) Description CAMPAIGN MATERIALS
	(c) Check if travel outside of Texas. Complete Schedule T. 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 08/31/2025	Payee name DIBRELL & ASSOCIATES	
Amount (\$) 802.00	Payee address: City: State: Zip Code 4203 GLADE SHADOW COURT KATY, TEXAS 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	Description CAMPAIGN MATERIALS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/08/2025	Payee name UNITED	
Amount (\$) 500.00	Payee address: City: State: Zip Code PO BOX 6294 CAROL STREAM IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description CREDIT CARD PAYMENT
	Check if travel outside of Texas. Complete Schedule T. 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

11.

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
Gifts/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:		2 FILER NAME DR. CLEVELAND LANE JR.		3 Filer ID (Ethics Commission Filers)	
4 Date 09/15/2025		5 Payee name TAVSS			
6 Amount (\$) 122.39		7 Payee address; City; State; Zip Code 2626 FRY ROAD CYPRESS, TEXAS 77433			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN FOOD/BEVERAGE		(b) Description CAMPAIGN EVENT		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 09/21/2025		Candidate / Officeholder name FRENCH QUARTER			
Amount (\$) 150.00		Payee address; City; State; Zip Code 7099 HWY 6 NORTH HOUSTON, TEXAS 77095			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD AND BEVERAGE		Description CAMPAIGN EVENT		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 09/21/2025		Candidate / Officeholder name FRENCH QUARTER			
Amount (\$) 14.85		Payee address; City; State; Zip Code 7099 HWY 6 N HOUSTON, TEXAS 77095			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD AND BEVERAGE		Description CAMPAIGN EVENT		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

12.

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	Gifts/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:	2 FILER NAME DR. CLEVELAND LANE JR.	3 Filer ID (Ethics Commission Filers)
4 Date 08/18/2025	5 Payee name WILLIES GRILL AND ICEHOUSE	
6 Amount (\$) 80.78	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD	(b) Description CAMPAIGN / EVENT
	(c) Check if travel outside of Texas. Complete Schedule T. 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 08/24/2025	Payee name SAM'S CLUB	
Amount (\$) 154.96	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGES	Description CAMPAIGN EVENT
	Check if travel outside of Texas. Complete Schedule T. 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 08/25/2025	Payee name D'VINE WINE BAR	
Amount (\$) 135.83	Payee address; City; State; Zip Code 25202 NORTHWEST FREEWAY CYPRESS, TEXAS 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGES	Description CAMPAIGN EVENT
	Check if travel outside of Texas. Complete Schedule T. 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

13.

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:	2 FILER NAME DR. CLEVELAND LANE JR.	3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2025	5 Payee name DIBRELL & ASSOCIATES	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 4203 GLADE SHADOW COURT KATY, TEXAS 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	(b) Description CAMPAIGN MATERIALS
	(c) Check if travel outside of Texas. Complete Schedule T. 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 08/31/2025	Payee name DIBRELL & ASSOCIATES	
Amount (\$) 802.00	Payee address; City; State; Zip Code 4203 GLADE SHADOW COURT KATY, TEXAS 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	Description CAMPAIGN MATERIALS
	Check if travel outside of Texas. Complete Schedule T. 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 09/08/2025	Payee name UNITED	
Amount (\$) 500.00	Payee address; City; State; Zip Code PO BOX 6294 CAROL STREAM IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description CREDIT CARD PAYMENT
	Check if travel outside of Texas. Complete Schedule T. 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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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 Expenses	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:		2 FILER NAME DR. CLEVELAND LANE JR.		3 Filer ID (Ethics Commission Filer)	
4 Date 09/02/2025		5 Payee name DIBRELL & ASSOCIATES			
6 Amount (\$) 500.00		7 Payee address; City: State: Zip Code 4203 GLADE SHADOW COURT KATY, TEXAS 77494			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS		(b) Description CAMPAIGN MATERIALS		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 08/31/2025		Payee name DIBRELL & ASSOCIATES			
Amount (\$) 802.00		Payee address; City: State: Zip Code 4203 GLADE SHADOW COURT KATY, TEXAS 77494			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS		Description CAMPAIGN MATERIALS		
	Check if travel outside of Texas. Complete Schedule T.		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 09/08/2025		Payee name UNITED			
Amount (\$) 500.00		Payee address; City: State: Zip Code PO BOX 6294 CAROL STREAM IL 60197			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description CREDIT CARD PAYMENT		
	Check if travel outside of Texas. Complete Schedule T.		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:	2 FILER NAME DR. CLEVELAND LANE JR.	3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2025	5 Payee name LA VIVA	
6 Amount (\$) 92.65	7 Payee address; City; State; Zip Code 29040 NORTHWEST FREEWAY CYPRESS, TEXAS 77433	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description CAMPAIGN EVENT
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY 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
	Check if travel outside of Texas. Complete Schedule T. 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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16.