

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 Filed)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

DR.

FIRST

CLEVELAND

MI

Q.

NICKNAME

LAST

LANE

SUFFIX

JR

OFFICE USE ONLY

Date Received

10/27/2025 electronic
@2:31pm

Signature

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

10727 MANDAVILLA DRIVE
HOUSTON, TEXAS 77095

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

451-4562

6 CAMPAIGN
TREASURER
NAME

MR / MRS / MR

MR.

FIRST

ANTHONY

MI

T

NICKNAME

LAST

COLBERT

SUFFIX

10/27/2025

10/27/2025

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #

CITY

STATE

ZIP CODE

28610 HWY 290 SUITE F09-115
CYPRESS, TEXAS 77433

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

850-0340

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Extended Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9

26

25

THROUGH

Month

Day

Year

10

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 BOUGHT (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 ED

☐ 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

Additional Pages

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Reset Form

CS.5

Reset Page

Revised 1/1/2025

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1 Filer ID (Ethics Commission Filed)

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3 CANDIDATE /
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OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

10727 MANDAVILLA DRIVE
HOUSTON, TEXAS 77095

Change of Address

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AREA CODE

PHONE NUMBER

EXTENSION

(281)

451-4562

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6 CAMPAIGN
TREASURER
NAME

MR / MRS / MR

MR

FIRST

ANTHONY

MI

T

NICKNAME

LAST

COLBERT

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #

CITY

STATE

ZIP CODE

28610 HWY 290 SUITE F09-115
CYPRESS, TEXAS 77433

(Residence or Business)

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ELECTION DATE

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13 OFFICE BOUGHT (if known)

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☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

CAPE CFISD ADVOCATES FOR PUBLIC ED

COMMITTEE ADDRESS

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

COMMITTEE CAMPAIGN TREASURER NAME

DARCY MINGOLA

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

Additional Pages

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Revised 1/1/2025

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TREASURER
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PHONE

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ELECTION DATE

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COMMITTEE TYPE

COMMITTEE NAME

CY-STRONG SCHOOLS

☐ GENERAL

COMMITTEE ADDRESS

P.O. BOX 1222 CYPRESS, TEXAS 77410

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

STACEY DEMEYER

COMMITTEE CAMPAIGN TREASURER ADDRESS

20130 SCHIEL ROAD CYPRESS, TEXAS 77433

Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME DR. CLEVED LANE O. LANE JR.		16 Filer ID (Ethics Commission Filer)
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)	\$ 9,585.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,883.78
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

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. Lane, Jr. and my date of birth is 6/13/72
 My address is 10727 Mandeville Dr. Houston TX 77055 U.S.A.
 (street) (city) (state) (zip code) (country)
 Executed in Harris County, State of TX, on the 27 day of Oct, 2025
 (month) (year)
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****DR. CLEVEND LANE O. LANE JR.****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,883.78
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	\$

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:

123

2 FILER NAME

DR. CLEVEND LANE O. LANE JR.

3 Filer ID (Ethics Commission Filer)

4 Date

09/30/2025

5 Full name of contributor

PC

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

16827 POPLAR HILL HOUSTON, TEXAS 77095

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See instructions)

IT

9 Employer (See instructions)

Date

10/02/2026

Full name of contributor

DARCY MINGOLA

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

5315 B CYPRESS CREEK PKWY HOUSTON, TEXAS 77069

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

UNEMPLOYED

Date

10/04/2025

Full name of contributor

KEVIN HOFFMAN

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

15935 LAKE LOOP DRIVE CYPRESS, TEXAS 77433

Amount of contribution (\$)

250.00

Principal occupation / Job title (See instructions)

COS

Employer (See instructions)

PVAMU

Date

10/04/2025

Full name of contributor

ALANE LILLIE

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

4914 WINDY ORCHARD LANE HOUSTON, TEXAS 77084

Amount of contribution (\$)

500.00

Principal occupation / Job title (See instructions)

ADM

Employer (See instructions)

PVAMU

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 3

2 FILER NAME

DR. CLEVED LANE O. LANE

3 Filer ID (Ethics Commission Filer)

4 Date

10/05/2025

5 Full name of contributor

BARBARA SMITH

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

400.00

6 Contributor address:

City:

State:

Zip Code

5311 BLYTHEWOOD STREET HOUSTON, TEXAS 77021

8 Principal occupation / Job title (See Instructions)

IT

9 Employer (See Instructions)

ALDINE

Date

10/12/2025

Full name of contributor

JOHN OGLETREE

out-of-state PAC (ID# _____)

Amount of contribution (\$)

1000

Contributor address:

City:

State:

Zip Code

8131 SUN TERRACE LANE HOUSTON, TEXAS 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FIRST METROPOLITAN

Date

10/04/2025

Full name of contributor

FRENCH QUARTER CAJUN SEAFOOD

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250

Contributor address:

City:

State:

Zip Code

7099 HWY 6 NORTH HOUSTON, TEXAS 77095

Principal occupation / Job title (See Instructions)

COS

Employer (See Instructions)

OWNER

Date

10/04/2025

Full name of contributor

ROSALIND HODGE JACKSON

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

29911 W. LEGENDS TRAIL DRIVR SPRING, TEXAS 77386

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 3

2 FILER NAME

DR. CLEVED LANE O. LANE JR.

3 Filer ID (Ethics Commission Filer)

4 Date

10/09/2025

5 Full name of contributor

PAMELA DUCK

out-of-state PAC (ID# _____)

6 Contributor address:

City:

State:

Zip Code

16207 SUMMER DEW LANE HOUSTON, TEXAS 77095

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See instructions)

N/A

9 Employer (See instructions)

N/A

Date

10/12/2025

Full name of contributor

RAQUEL OLIVER

out-of-state PAC (ID# _____)

Contributor address:

City:

State:

Zip Code

8131 SUN TERRACE LANE HOUSTON, TEXAS 77095

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See instructions)

CONSULTANT

Employer (See instructions)

OWNER

Date

Full name of contributor

out-of-state PAC (ID# _____)

Contributor address:

City:

State:

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Contributor address:

City:

State:

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See instructions)

N/A

Employer (See instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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/Officer/holder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expenses
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. CLEVEND LANE O. LANE JR.		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name UNITED			
6 Amount (\$) 545.00		7 Payee address: City: State: Zip Code P.O. BOX 6294 CAROL STEAM, IL 60197-6294			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS		(b) Description CREDIT CARD PAYMENT		
	(c) Check if made outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name: Office sought: Office held:					
Date 10/25/2025		Payee name ALAMO MAILING COMPANY			
Amount (\$) 3,283.21		Payee address: City: State: Zip Code 13114 LOOKOUT RUN SAN ANTONIO, TEXAS 78233			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MAILER EXPENSE		Description CAMPAIGN ADVERTISEMENT		
	(c) Check if made outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name: Office sought: Office held:					
Date 10/14/2025		Payee name CORSAIR COMMUNICATIONS LLC			
Amount (\$) 2,500.00		Payee address: City: State: Zip Code 8244 BOONE TRACE TENNESSEE 37221			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MAILER EXPENSE		Description CAMPAIGN ADVERTISEMENT		
	(c) Check if made outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name: Office sought: Office held:					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia 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)

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1 Total pages: Schedule F1 2 FILER NAME
DR. CLEVED LANE O. LANE JR. 3 Filer ID (Ethics Commission Filer)

4 Date
09/28/2025 5 Payee name
MAMACITAS 6 Amount (\$)
88.95 7 Payee address:
19831 NORTHWEST FWY HOUSTON, TEXAS 77065 City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)
FOOD / BEVERAGE EXP (b) Description
CAMPAIGN MEETING

(c) Check if nonresident of Texas. Complete Schedule T Check if Austin, TX, officer/holder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

Date
10/05/2025 Payee name
FRENCH QUARTER

Amount (\$)
432.87 Payee address:
7099 HWY 6 NORTH HOUSTON, TEXAS 77095 City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
EVENT EXPENSE Description
CAMPAIGN FUNDRAISER

Check if nonresident of Texas. Complete Schedule T Check if Austin, TX, officer/holder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

Date
10/12/2025 Payee name
FALLBROOK CHURCH

Amount (\$)
33.75 Payee address:
12612 WALTERS ROAD HOUSTON, TEXAS 77014 City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
FOOD / BEVERAGE EXPENSE Description
CAMPAIGN EVENT

Check if nonresident of Texas. Complete Schedule T Check if Austin, TX, officer/holder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

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