

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

DR.

CLEVELAND

O

NICKNAME

LAST

SUFFIX

LANE

JR

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #

CITY

STATE

ZIP CODE

16727 MANDAVILLA DRIVE
HOUSTON, TEXAS 77095

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

451-4562

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

ANTHONY

NICKNAME

LAST

SUFFIX

COLBERT

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

(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



6th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10

26

25

THROUGH

Month

Day

Year

1

15

26

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /



Primary



Runoff

ELECTION TYPE



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

CY-STRONG SCHOOLS



GENERAL

COMMITTEE ADDRESS

P.O. BOX 1222 CYPRESS, TEXAS 77410



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

STACEY DEMYER

COMMITTEE CAMPAIGN TREASURER ADDRESS

20130 SCHIEL ROAD CYPRESS, TEXAS 77433

Additional Pages

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FORM C/OH
COVER SHEET PG 1

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)

17. CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

EXPENDITURE
TOTALS

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

\$

1,025.00

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5,602.14

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 5/13/72

My address is 10727 Mandanville Dr, Houston, TX, 77095, United States
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TX, on the 10 day of Jan, 2006
(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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,025.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,602.14
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:

2 FILER NAME

DR. CLEVELAND O. LANE JR

3 Filer ID (Ethics Commission Filers)

4 Date

11/04/2025

5 Full name of contributor

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/02/2025

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 (\$)

800.00

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)

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)

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.

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/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME DR. CLEVELAND LANE JR,		3 Filer ID (Ethics Commission Filers)	
4 Date 11/03/2025		5 Payee name CORSAIR COMMUNICATION LLC			
6 Amount (\$) 2,500.00		7 Payee address; 8244 BOONE TRACE , TN 37221 City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING - CAMPAIGN MAILER EXPENSE		(b) Description ADVERTISING CAMPAIGN	
		(c) Check if travel 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 11/04/2025		Payee name UNITED			
Amount (\$) 537.00		Payee address; P.O. BOX 6294 CAROL STREAM, IL 60197-6294 City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS		Description CREDIT CARD PAYMENT	
		(c) Check if travel 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 11/05/2025		Payee name DIBRELL AND ASSOCIATE			
Amount (\$) 690.00		Payee address; 4203 GLADE SHADOW CT KATY, TEXAS 77494 City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS		Description CONSULTING SERVICES	
		(c) Check if travel 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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Rolling 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 11/24/2025	5 Payee name FRENCH QUARTER CAJUN SEAFOOD	
6 Amount (\$) 95.86	7 Payee address; City: State: Zip Code 7099 HWY 6 NORTH HOUSTON, TEXAS 77095	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE	(b) Description CAMPAIGN 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	
Date 11/30/2025	Payee name TEXTING FOR LESS	
Amount (\$) 671.75	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN TEXTING EXPENSE	Description CAMPAIGN ADVERTISING
	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 12/01/2025	Payee name UNITED	
Amount (\$) 300.00	Payee address; City: State: Zip Code P.O. Box 6294 CAROL STREAM, IL 60197-6294	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	Description CREDIT CARD PYMT
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DR. CLEVELAND LANE JR,	3 Filer ID (Ethics Commission Filers)
4 Date 12/07/2025	5 Payee name DIBRELL AND ASSOCIATE	
6 Amount (\$) 250.00	7 Payee address: City: State: Zip Code 4203 GLADE SHADOW CT KATY, TEXAS 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN CONSULTING	(b) Description CAMPAIGN EXPENSE
	(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 12/08/2025	Payee name D'VINE WINE BAR	
Amount (\$) 33.15	Payee address: City: State: Zip Code 25202 NORTHWEST FWY #100 CYPRESS, TEXAS 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	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 12/17/2025	Payee name QUOTES	
Amount (\$) 104.77	Payee address: City: State: Zip Code 8002 WILLOWBROOK MALL HOUSTON, TEXAS 77070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MEETING	Description CAMPAIGN 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DR. CLEVELAND LANE JR,	3 Filer ID (Ethics Commission Filers)
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4 Date 12/11/2025	5 Payee name LAZ PARKING E COMMERACE
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6 Amount (\$) 10.55	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) CAMPAIGN EVENT	(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
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Date 12/11/2025	Payee name PLUM COFFEE
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Amount (\$) 9.06	Payee address: 11688 BARKER CYPRESS ROAD CYPRESS, TEXAS 77433
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	Description
	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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Date 12/08/2025	Payee name UNITED
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Amount (\$) 400.00	Payee address: P.O. BOX 6294 CAROL STREAM, IL 60197-6294
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIAL	Description CREDIT CARD PYMT
	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

