

# 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)

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST Kelly MI L  
NICKNAME LAST Lane SUFFIX

**OFFICE USE ONLY**  
Date Received 25 JAN - 7 PM 12:55  
gpm  
LAURA A. HUGHES  
COUNTY CLERK  
FILED FOR RECORD  
KAUFMAN COUNTY TEXAS  
Date Hand-delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1111

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
104 - 36 - 1111

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST Casey MI m  
NICKNAME LAST Risinger SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
07 / 16 / 2024 THROUGH 12 / 31 / 2024

11 ELECTION

ELECTION DATE: Month Day Year  
ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known) Precinct #3 Kaufman County Commissioner

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.

Additional Pages

COMMITTEE TYPE:  GENERAL  SPECIFIC  
COMMITTEE NAME  
COMMITTEE ADDRESS  
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

*Kelly L Lane*

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)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

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

\$

*465.41*

OUTSTANDING  
LOAN TOTALS

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

\$

*9500.00*

18 SIGNATURE

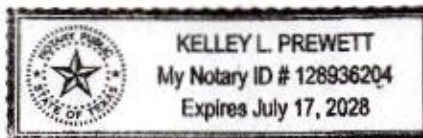
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Kelly Lane*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Kelly L. Lane* this the *6<sup>th</sup>* day of *January*

20 *25*, to certify which, witness my hand and seal of office.

*Kelley L. Prewett*

*Kelley L. Prewett*

*Notary Public*

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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$9,500.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

**LOANS**

**SCHEDULE E**

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 E: <b>2</b>
2 FILER NAME <b>Kelly L Lane</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>9,500.00</b>
5 Date of loan <b>09/12/23</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Kelly L Lane</b>	9 Loan Amount (\$) <b>\$ 7,500.00</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code	10 Interest rate <b>0</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Master Plumber</b>		13 Employer (See Instructions) <b>Kelly Lane Plumbing Inc.</b>
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>11/03/23</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Kelly L Lane</b>	Loan Amount (\$) <b>\$ 1,000.00</b>
Is lender a financial institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code	Interest rate <b>0</b>
		Maturity date <b>N/A</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**SCHEDULE E**

**LOANS**

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 E: <b>2</b>
2 FILER NAME <b>Kelly L Lane</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>9,500.00</b>
5 Date of loan <b>11/16/23</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Kelly L Lane</b>	9 Loan Amount (\$) <b>\$1,000.00</b>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code	10 Interest rate <b>0</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Master Plumber</b>		13 Employer (See Instructions) <b>Kelly Lane Plumbing Inc.</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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