## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00019422	sion Filers)	<ol> <li>Total pages file</li> <li>7</li> </ol>			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		ISE ONLY		
OFFICEHOLDER	Mr.	James E.						
NAME					Date Received			
					ELECTRONICA	LLY FILED		
	NICKNAME	LAST		SUFFIX	01/14/2025			
	Pete	Laney						
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE # CIT	۲Y	ZIP CODE	Date Hand-delivered or	Date Postmarked		
OFFICEHOLDER	1082 FM 1071		,					
MAILING ADDRESS					Receipt #	Amount		
I								
Change of Address	Hale Center, TX 79041				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER NAME	The Honorable	James E.						
	NICKNAME	LAST		SUFFIX				
	Pete	Laney						
		<b>,</b>						
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	ΑΡΤ	/ SUITE #; CITY;	STA	TE; ZIP CODE		
TREASURER	1082 FM 1071	BOXT LEASE),		<i>i</i> 30112 <i>#</i> , 0111,	514			
ADDRESS	1002 1 10 107 1							
(Residence or Business)								
	Hale Center, TX 79041							
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION					
TREASURER	(806) 879-4706							
PHONE								
8 REPORT								
TYPE	X January 15	30th day before	e election	Runoff	15th day after cam	npaign treasurer		
		_			appointment (offic			
	July 15	8th day before		Exceeded modified	Final Report (Attac	ch C/OH-FR)		
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	07/01/2024	TI	HROUGH	12/31/2024	4			
10 ELECTION	ELECTION DATE			ELECTION TYPE	_			
	Month Day Year		Primary	Runoff	Other			
			General	Special				
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)			
		GO -	TO PAGE 2					
Forms provided by Te	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 7

I

13 C / OH NAME	Laney, James E. (Mr	)	14 Filer ID ( 00019422	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 6,908.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 15,243.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr.	James E. Laney	
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ca	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us	· · · · · · · · · · · · · · · · · · ·	Version V4.1.0.5dd2ace

SUBTOTALS - C/OH	CC	FORM C/OH OVER SHEET PG 3 3 of 7
18 FILER NAME Laney, James E. (Mr.)	19 Filer ID 00019422	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 3,140.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 3,768.00
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	POLITICAL EXI CONTRIBUTIO		ENDITURES FROM F S	POLI	TICAL		
			EXPENDITURE CA	TEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper mmittee Legal Services	ise	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fi Transportatio Travel in Dist Travel Out of OTHER (ente	
	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID
	Sch: 1/2 Rpt: 4/7		Laney, James E. (Mr.)				0001942
4	Date	5	Payee name				
	07/25/2024		Chase				
6	Amount (\$)	7	Payee address; City;	State;	Zip Code		
	\$628.00		Cardmember Services				
			P.O. Box 94014				
			Palatine, IL 60094-4014				

### SCHEDULE F1

O - li - it-ti - a /E - a da - i-ia - E - a - a -
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 o	compl	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/7		Laney, James E. (Mr.)		00019422
4	Date	5	Payee name		I
	07/25/2024		Chase		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
U	\$628.00	ľ	Cardmember Services	Soue	
	φ020.00				
			P.O. Box 94014		
			Palatine, IL 60094-4014		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Payment of credit card bill for storage expense.
					ayment of credit card bin for storage expense.
_			Condidate (Office helder norma		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ougnt	Office held
	•	_			
	Date		Payee name		
	09/03/2024		Chase		
	Amount (\$)	Γ	Payee address; City; State; Zip C	Code	
	\$628.00		Cardmember Services		
			P.O. Box 94014		
			Palatine, IL 60094-4014		
	PURPOSE	(a	) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Payment of credit card bill for storage expense.
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/O	Н			
	Date	Т	Payee name		
	09/24/2024		Chase		
	Amount (\$)	┢	Payee address; City; State; Zip C	Code	
	\$628.00		Cardmember Services	0000	
	\$0 <u>2</u> 0.00		P.O. Box 94014		
			Palatine, IL 60094-4014		
	PURPOSE OF	(a	) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Payment of credit card bill for storage expense.
	Complete ONLY if direct		Candidate/Officeholder name Office so		Office held
	expenditure to benefit C/O			ouynt	Onice Held

POLITICAL EX CONTRIBUTIO	PENDITURES FROM POLITICAL NS	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made F Candidate/Officeholder/Politic		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form.	1
1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/7	2 FILER NAME Laney, James E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00019422
4 Date 10/25/2024	5 Payee name Chase	
6 Amount (\$) \$628.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>Cardmember Services</li> <li>P.O. Box 94014</li> <li>Palatine, IL 60094-4014</li> </ul>	
8 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense credit card bill for storage expense.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought	Office held
Date 12/03/2024	Payee name Chase	
Amount (\$) \$628.00	Payee address; City; State; Zip Code Cardmember Services P.O. Box 94014 Palatine, IL 60094-4014	
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense credit card bill for storage expense.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought OH	Office held

EXPENDITURES MADE BY CREDIT CARD								
	EXPENDITURE CATEG	ORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimburser Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lab						

Sch: 1/2 Rpt: 6/7

**CREDIT CARD** 

ISSUER

4

#### Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) ement ense oor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laney, James E. (Mr.) 00019422 Name of financial institution 5 TOTAL OF UNITEMIZED CHARGED TO A CREDIT Chase

			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	• • • • • •	Credit Card Issue	er Paid		
	\$628.00	07/08/2024	07/25/202	24			
7 PAYEE	(a) Payee name	1	(b) Payee a	address;	City,	State,	Zip Code
	Extra Space Storag	je	6412 Burr	net Road			
			Austin, T>	( 78757			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
	Office Overhead/Rent	,	Storage e	xpense.			
X Political							
Non-Political		of Texas. Complete Schedule T.	[	Check if Austin, TX	, officeholder living	expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(h) Data of Charge	(a) Data(a)	Credit Card lag	u Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	09/03/202	Credit Card Issue	er Palu		
	\$628.00	08/08/2024					
PAYEE	(a) Payee name		(b) Payee a	address:	City,	State,	Zip Code
			6412 Burr			,	
	Extra Space Storag	je					
		Austin, TX 78757					
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Storage expense.				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX	, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 09/24/202	Credit Card Issue	er Paid		
	\$628.00	09/08/2024	09/24/202	24			
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
			6412 Burr	net Road			
	Extra Space Storag	je					
			Austin, T>	K 78757			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
EXPENDITURE	Office Overhead/Rent		Storage e	xpense.			
× Political							
Non-Political		of Texas. Complete Schedule T.	[	Check if Austin, TX	, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

#### SCHEDULE F4

#### SCHEDULE F4

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	office Overhead/Rental Expense         Transportation Equipment & Related Expense           foling Expense         Travel in District           Transport         Travel Out of District					
		The Inst	ruction Guide explains h	now to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 2/2 Rpt: 7/7	Laney, James E. (N	Ar.)		00019422					
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE						
	ISSUER	see p	revious		EXPENDITURES \$ CHARGED TO A CREDIT CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid					
		\$628.00	10/08/2024	10/25/2024	10/25/2024					
7	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code			
				6412 Burnet Road						
		Extra Space Storag	Je							
				Austin, TX 78757						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
		Office Overhead/Ren	,	Storage expense.						
	X Political									
	Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	oense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		ffice sought	Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid					
		\$628.00	11/08/2024	12/03/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
		Evtra Space Storag	10	6412 Burnet Road						
		Extra Space Storag	je							
				Austin, TX 78757						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	_	Office Overhead/Rental Expense		Storage expense.						
	X Political									
	Non-Political		of Texas. Complete Schedule		TX, officeholder living exp Office held	pense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office field					
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid					
		\$628.00								
		\$028.00	12/08/2024							
$\vdash$	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				6412 Burnet Road	- 5,	,				
		Extra Space Storag	le							
L				Austin, TX 78757						
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Storage expense.						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	TX, officeholder living exp	rense				
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held					
е	xpenditure to benefit C/OH		·							
<u> </u>	-									