CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00019422	sion Filers)	2 Total pages f	iled: 8
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	OFFICEHOLDER	Mr.	James E.				OOL ONL!
	NAME		oamoo E.			Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	07/15/2025	
					301117		
		Pete	Laney				
4	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	OFFICEHOLDER	1082 FM 1071					
	MAILING ADDRESS					Receipt #	Amount
	ADDRESS						
	Change of Address	Hale Center, TX 79041				Date Processed	
						Bute 1 10003300	
						5	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER NAME	The Honorable	James E.				
	TV/ UVIL						
		NICKNAME	LAST		SUFFIX		
					SUFFIX		
		Pete	Laney				
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
	TREASURER	1082 FM 1071					
	ADDRESS						
	(Residence or Business)	l					
		Hale Center, TX 79041					
L							
7	CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
	PHONE	(806) 879-4706					
8	REPORT						
	TYPE	January 15	30th day before	election	Runoff		mpaign treasurer
			- -	_	<u>-</u>	appointment (off	iceholder only)
		X July 15	8th day before 6		Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
					reporting intinc		
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	01/01/2025	TH	IROUGH	06/30/202	5	
10	ELECTION	ELECTION DATE	1		ELECTION TYPE		
I۳	LLLCTION	Month Day Year		rimary	Runoff	Other	
		Width Day Teal		iiiiaiy	Kulloli	Cinei	
			□G	eneral	Special		
					_		
11	OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	(if known)	
╏╧╧	OFFICE	OFFICE HELD (II ally)			12 OFFICE SOUGHT	(II KIIOWII)	
l							
		•					
I							
			COT	O PAGE 2			
			GO 1	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Laney, James E. (Mr)	14 Filer ID 00019422	(Ethics Commission Filers)					
15 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	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAM	=						
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00					
	\$ 0.00								
EXPENDITURE TOTALS	\$ 0.00								
	\$ 8,164.00								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 10,847.95					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT	-								
		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required						
			Ar. James E. Laney of Candidate or Officeho	older					
AFFIX NO	TARY STAMP / SEAL AB	•							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 8									
18 FILER NAM Laney, Jar	nes E. (Mr.)	19 Filer ID 00019422	(Ethics Commission Filers)									
	NAME OF SCHEDULE											
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS											
2.	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	5	\$ 4,396.00									
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		\$ 3,768.00									
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$										
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$										
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$									
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$									

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment					s/Contract Labor	OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/3 Rpt: 4/8	Laney, 3	James E. (Mr.)					00019422		
4	Date	5 Payee na	ame							
	01/03/2025	Chase								
6	Amount (\$)	7 Payee ac	ddress; City;	State; Zip C	ode					
	\$628.00	Cardme	mber Services							
		P.O. Bo	x 94014							
		Palatine	e, IL 60094-4014							
8	PURPOSE	(a) Category	(See Categories listed at t	he top of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit C	ard Payment					de of Texas. Com		
						_		officeholder living	or storage expense.	
						r ayment or c	100	iit cara biii ic	storage expense.	
9	Complete ONLY if direct expenditure to benefit C/Oh		/Officeholder name	Office so	ught			Office he	eld	
	Date	Payee na	ame							
	01/24/2025	Chase								
	Amount (\$)	Payee ac	ddress; City;	State; Zip C	ode					
	\$628.00	Cardme	mber Services							
		P.O. Bo	x 94014							
		Palatine	e, IL 60094-4014							
	PURPOSE	(a) Category	(See Categories listed at t	he top of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit C	ard Payment			<u> </u>		de of Texas. Com officeholder living		
						ш			or storage expense.	
						r dyment or o		iit oara biii re	a storage expense.	
	Complete ONLY if direct expenditure to benefit C/O		/Officeholder name	Office so	ught			Office he	eld	
	Date	Payee na	ame							=
	02/23/2025	Chase								
	Amount (\$)	Payee ad	ddress; City;	State; Zip C	ode					
	\$628.00	Cardme	mber Services							
		P.O. Bo	x 94014							
		Palatine	e, IL 60094-4014							
	PURPOSE	(a) Category	(See Categories listed at t	he top of this schedule)	(b)	Description				
	OF EXPENDITURE	Credit C	ard Payment			ш		de of Texas. Com		
						ш		officeholder living	or storage expense.	
						i dyment of C		in cara bili lu	storage expense.	
	Complete ONLY if direct	Candidate	/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	4								

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 EILED NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 2/3 Rpt: 5/8	Laney, James E. (Mr.)	00019422
4	Date	5 Payee name	
	03/20/2025	Chase	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$628.00	Cardmember Services	
		P.O. Box 94014	
		Palatine, IL 60094-4014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Great Gara Layment	, TX, officeholder living expense
		Payment of c	redit card bill for storage expense.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/30/2025	Chase	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$628.00	Cardmember Services	
		P.O. Box 94014	
		Palatine, IL 60094-4014	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Create Cara r ayment	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			redit card bill for storage expense.
			. oan dara ziii rei dierage emperioer
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/30/2025	Chase	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$628.00	Cardmember Services	
		P.O. Box 94014	
		Palatine, IL 60094-4014	
	PURPOSE	I a .	
	OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Credit Card Payment	outside of Texas. Complete Schedule T.
	EXPENDITURE	Cical cala Laymont	, TX, officeholder living expense
		Payment of c	redit card bill for storage expense.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Food/Beverage Ext Gift/Awards/Memor Legal Services The Instruction	pense rials Expense n Guide explains		ense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above))
1	Total pages Schedule F1:	2							ı	Filer ID	(Ethics Commission	Filers)
	Sch: 3/3 Rpt: 6/8		Laney, Jar	mes E. (Mr.)						00019422		
4	Date 06/24/2025	5	Payee name Chase	e								
6	Amount (\$)	7	Payee addr	ess; City;	State	; Zip Coo	le					
	\$628.00		Cardmeml	ber Services								
			P.O. Box 9	94014								
			Palatine, II	L 60094-4014								
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Credit Car	d Payment			Į			de of Texas. Com officeholder living		
							ı	_			r storage expens	e.
								.,			3	
9	Complete ONLY if direct expenditure to benefit C/Ol	H	Candidate/Of	fficeholder name	(Office soug	ıht			Office he	ld	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES 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/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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 1/2 Rpt: 7/8	Laney, James E. (N	∕lr.)	00019422						
4	CREDIT CARD ISSUER		ncial institution nase	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$				
6	PAYMENT	(a) Amount Charged \$628.00	(b) Date of Charge 01/08/2025	(c) Date(s 01/24/20) Credit Card Issu 125	er Paid				
7	PAYEE	(a) Payee name Extra Space Storaç	ge	(b) Payee 6412 Bu	rnet Road	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descri						
						, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
	expenditure to benefit C/OH	() 4 () 4	L (1) D (1) (1)	1() 5 . () O 1'' O 11	5 : 1				
	PAYMENT	(a) Amount Charged \$628.00	(b) Date of Charge 02/08/2025	02/23/20) Credit Card Issu 125	er Pald				
	PAYEE	(a) Payee name Extra Space Storage			rnet Road	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		Austin, T (b) Descri						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, T	X, officeholder living e	expense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held				
	PAYMENT	(a) Amount Charged \$628.00	(b) Date of Charge 03/08/2025	(c) Date(s 03/20/20) Credit Card Issu 125	er Paid				
	PAYEE	(a) Payee name Extra Space Storag	je	(b) Payee 6412 But Austin, T	rnet Road	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	tal Expense	(b) Descri	expense.					
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living e	expense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES 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/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 Inst	ruction Guide explains how	to complete thi	is form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 2/2 Rpt: 8/8	Laney, James E. (N	∕lr.)	00019422					
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$628.00	(b) Date of Charge 04/08/2025	(c) Date(s) C 04/30/2025	Credit Card Issuer 5	r Paid			
7	PAYEE	(a) Payee name Extra Space Storag	je	(b) Payee ac	et Road	City,	State,	Zip Code	
Ļ		() 0 :		Austin, TX					
8				(b) Description Storage ex					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
E	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$628.00	(b) Date of Charge 05/08/2025	(c) Date(s) 0 05/30/2025	Credit Card Issuer 5	r Paid			
PAYEE		(a) Payee name (b) Payee address			ddress;	City,	State,	Zip Code	
		Extra Space Storag	6412 Burn						
L				Austin, TX					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Storage ex					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living eyn	ense		
H	Complete ONLY if direct	Candidate/Officeholder		Check if Austin, TX, officeholder living expense te sought Office held					
Ę	expenditure to benefit C/OH	Garrandato, Girisonolasi							
	PAYMENT	(a) Amount Charged \$628.00	(b) Date of Charge 06/08/2025	(c) Date(s) 0 06/24/2025	Credit Card Issuer 5	Paid			
Г	PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code	
		Extra Space Storag	6412 Burnet Road						
L				Austin, TX 78757					
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Storage ex					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	<u> </u>	Office held				