

**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
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Victoria Lane			<b>OFFICE USE ONLY</b>
A			Date Received 10/5/2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	6131 Stoney Brook Dr Houston TX 77036		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 5507899		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Micaela Gomez			Amount
Date Processed			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (House)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	11914 N Petersham Houston TX 77031		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 3046367		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officerholder only)		
	10 PERIOD COVERED	Month Day Year 9/1/2015	THROUGH Month Day Year 12/31/2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/3/2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Mayor	

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 FILER NAME Victoria A Lane 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL

SPECIFIC

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$40.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$11,105.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$99.00
	4	TOTAL POLITICAL EXPENDITURES	\$14,467.23
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$5,457.77
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$9,000.00

18 AFFIDAVIT

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.

Micaela Gomez

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME Victoria A Lane		20 Filer ID (Ethics Commission Filers)
21	<b>SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL</b>
	<b>NAME OF SCHEDULE</b>	<b>AMOUNT</b>
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11105
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4	SCHEDULE E: LOANS	\$ 9000
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14467
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH  
ADDENDUM**

C/OH NAME Victoria A Lane

ACCOUNT # (Ethics  
Commission filers)

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Victoria A Lane			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Mr. H Gold	7	Amount of contributions (\$)
	8/14/2015	6 Contributor address; City; State; Zip Code Houston TX 77057		\$360.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Florencia Dioquino	7	Amount of contributions (\$)
	9/1/2015	6 Contributor address; City; State; Zip Code Fulshear TX 77441		\$500.00
8	Principal occupation / Job title (See Instructions) Pharmacists		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) R. K. Setigal	7	Amount of contributions (\$)
	9/1/2015	6 Contributor address; City; State; Zip Code Houston TX 77057		\$100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Marciana Delacalzada	7	Amount of contributions (\$)
	9/1/2015	6 Contributor address; City; State; Zip Code Houston TX 77036		\$100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Victoria A Lane		3	Filer ID (Ethics Commission filers)
9/2/2015	Betty Kimes ----- 6 Contributor address;                      City;                      State;                      Zip Code Crosby TX 77532	7	Amount of contributions (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/2/2015	4 Date                      5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Steve & Luz Lindell ----- 6 Contributor address;                      City;                      State;                      Zip Code Humble TX 77396	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/4/2015	4 Date                      5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Era Tapio ----- 6 Contributor address;                      City;                      State;                      Zip Code Stafford TX 77477	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/4/2015	4 Date                      5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Christopher C Fontillas ----- 6 Contributor address;                      City;                      State;                      Zip Code Stafford TX 77477	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/4/2015	4 Date                      5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Arlene McGrew ----- 6 Contributor address;                      City;                      State;                      Zip Code	7	Amount of contributions (\$) 50.00

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Victoria A Lane		3	Filer ID (Ethics Commission filers)
9/5/2015	6 Contributor address; City; State; Zip Code Houston TX		200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Marilynn Wilke	7	Amount of contributions (\$)
9/5/2015	6 Contributor address; City; State; Zip Code Houston TX 77257-0005		200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Edgar & Maggie Loquellano	7	Amount of contributions (\$)
9/6/2015	6 Contributor address; City; State; Zip Code Spring TX 77388		500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Donato & Carmencita Tiu	7	Amount of contributions (\$)
9/6/2015	6 Contributor address; City; State; Zip Code Spring TX 77388		500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Victoria A Lane			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Abel Baldasso	7	Amount of contributions (\$)
	9/6/2015	6 Contributor address; City; State; Zip Code Houston TX 77036		2,000.00
8	Principal occupation / Job title (See Instructions) Jewler		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Naomi Adlaon	7	Amount of contributions (\$)
	9/7/2015	6 Contributor address; City; State; Zip Code Tishomingo OK		1,300.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Conchita Allen	7	Amount of contributions (\$)
	9/7/2015	6 Contributor address; City; State; Zip Code Beaumont TX 77706		100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Andrey Pytigorets	7	Amount of contributions (\$)
	9/7/2015	6 Contributor address; City; State; Zip Code Houston TX 77036		100.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )		



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Victoria A Lane		3	Filer ID (Ethics Commission filers)
9/7/2015	Victor Gutierrez ----- 6 Contributor address;                      City;                      State;                      Zip Code Plainview                      TX 79072	7	Amount of contributions (\$)  1,500.00
8 Principal occupation / Job title (See Instructions) Medical Doctor		9 Employer (See Instructions)	
9/7/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Sesenia Gutierrez ----- 6 Contributor address;                      City;                      State;                      Zip Code Plainview                      TX 79072	7	Amount of contributions (\$)  1,000.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)	
9/8/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Jesusa Rato ----- 6 Contributor address;                      City;                      State;                      Zip Code Houston                      TX 77036	7	Amount of contributions (\$)  250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/8/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Ragib Kobiljar ----- 6 Contributor address;                      City;                      State;                      Zip Code Houston                      TX 77036	7	Amount of contributions (\$)  625.00
8 Principal occupation / Job title (See Instructions) Ambit		9 Employer (See Instructions)	
9/8/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Micaela Gomez	7	Amount of contributions (\$)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Victoria A Lane	3 Filer ID (Ethics Commission filers)
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9/16/2015	6 Contributor address; City; State; Zip Code Houston TX 77031	100.00
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8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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9/16/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Elbert Espinoza 6 Contributor address; City; State; Zip Code Pearland TX 77478	7 Amount of contributions (\$) 100.00
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8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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9/16/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Meliva Val Suico 6 Contributor address; City; State; Zip Code The Woodlands TX 77354	7 Amount of contributions (\$) 480.00
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8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10/5/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Eugenio Baldasso 6 Contributor address; City; State; Zip Code Houston TX 77036	7 Amount of contributions (\$) 1,000.00
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8 Principal occupation / Job title (See Instructions) Jewler	9 Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:	
2 FILER NAME Victoria A Lane		3 Filer ID (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>		9,000.00	
5 Date of loan 9/1/2015	7 Name of lender Victoria Lane <input type="checkbox"/> out of state PAC(ID#)	9 Loan Amount (\$) 7,500.00	
6 Is Lender a Financial Institution?  No	8 Lender Address;  Houston TX 77036	10 Interest rate 0.00%	
		11 Maturity date 12/31/2015	
12 Principal occupation / Job title (See Instructions) Self-employed		13 Employer (See Instructions) VL Investments	
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 type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)  0.00
	18 Guarantor address;  City; State; Zip Code		
20 Principal Occupation		21 Employer	

<b>LOANS</b>		<b>SCHEDULE E</b>
<b>The Instruction Guide explains how to complete this form.</b>		1 Total Pages Schedule E:
2 FILER NAME Victoria A Lane		3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:      => => => => => =>		9,000.00
5 Date of loan  9/22/2015	7 Name of lender Ragib Kobiljar  out of state PAC(ID#)	9 Loan Amount (\$)  1,500.00
6 Is Lender a Financial Institution?  No	8 Lender Address;  Houston TX 77036  City; State; Zip Code	10 Interest rate  0.00%
		11 Maturity date  12/31/2015
12 Principal occupation / Job title (See Instructions) Self-employed		13 Employer (See Instructions) Ambit
14 Description of collateral  <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions)  <input checked="" type="checkbox"/> X
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address;  City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation		21 Employer
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Victoria A Lane	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 9/1/2015	<b>5</b> Payee name First Impression	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; City; State; Zip Code 8303 SW FRWY #425  Houston TX 77074	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Advertising Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Victoria Lane	office sought Mayor  office held n/a

<b>4</b> Date 9/7/2015	<b>5</b> Payee name Novelo International Marketing	
<b>6</b> Amount (\$) 570.00	<b>7</b> Payee address; City; State; Zip Code 8754 Wilcrest Dr  Houston TX 77099	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  OTHER (enter a category not listed above)	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Website
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought  office held

<b>4</b> Date 9/11/2015	<b>5</b> Payee name First Impression	
<b>6</b> Amount (\$) 107.16	<b>7</b> Payee address; City; State; Zip Code 8303 SW FRWY #425  Houston TX 77074	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Victoria A Lane		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/15/2015	5 Payee name Raging Elephant Radio		
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 17510 Golden Glade Lane  Houston TX 77280		

8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Victoria A Lane	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 9/16/2015	<b>5</b> Payee name First Impression	
<b>6</b> Amount (\$) 289.43	<b>7</b> Payee address; City; State; Zip Code 8303 SW FRWY #425  Houston TX 77074	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Advertising Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Flyers
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 9/16/2015	<b>5</b> Payee name Southern Chinese Daily News	
<b>6</b> Amount (\$) 312.00	<b>7</b> Payee address; City; State; Zip Code 11122 Bellaire Blvd.  Houston TX 77072	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Advertising Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Daily News
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 9/20/2015	<b>5</b> Payee name Hilton Hotel	
<b>6</b> Amount (\$) 5,000.00	<b>7</b> Payee address; City; State; Zip Code 6780 Southwest Fwy  Houston TX 77074	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Victoria A Lane		3 Filer ID (Ethics Commission filers)
	Event Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Fundraising event/Dinner
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name                      office sought                      office held		

4 Date  9/21/2015	5 Payee name  Houston Business Connections		
6 Amount (\$)  5,000.00	7 Payee address;                      City;                      State;                      Zip Code  957 Nasa Parkway #251  Houston TX 77058		

8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Newspaper Adv. 5 months
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name                      office sought                      office held		
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Victoria A Lane	3 Filer ID (Ethics Commission filers)
4 Date 9/21/2015	5 Payee name First Impression	
6 Amount (\$) 621.00	7 Payee address; City; State; Zip Code 8303 SW FRWY #425  Houston TX 77074	
8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  T-shirts
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/22/2015	5 Payee name The Green Sheet	
6 Amount (\$) 384.30	7 Payee address; City; State; Zip Code 2601 Main St  Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Newspaper. 1wk
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/22/2015	5 Payee name Novelo International Marketing	
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 8754 Wilcrest Dr  Houston TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Victoria A Lane		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/22/2015	5 Payee name Office Depot		
6 Amount (\$) 258.34	7 Payee address; City; State; Zip Code 11815 Wilcrest  Houston TX 77031		

8 PURPOSE OF EXPENDITURE	(a) Category  Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ink/Envelopes
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Victoria A Lane	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 9/22/2015	<b>5</b> Payee name U.S. Post Office	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code Beechnut  Houston TX 77099	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Advertising Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

<b>4</b> Date 10/2/2015	<b>5</b> Payee name First Impression	
<b>6</b> Amount (\$) 625.00	<b>7</b> Payee address; City; State; Zip Code 8303 SW FRWY #425  Houston TX 77074	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Advertising Expense	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postcards
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

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

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule H:	2 FILER NAME Victoria A Lane	3 Filer ID (Ethics Commission filers)	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
		<input type="checkbox"/> Check if Austin, TX, office holder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

**1** C/OH NAME

**2** ACCOUNT # (Ethics Commission filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

•• Complete A & B below only if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I

understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions.

I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

•• Complete this section only if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

**CANDIDATE / OFFICEHOLDER  
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC  
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form		1 ACCOUNT # (Ethics Commission filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	<b>OFFICE USED ONLY</b> Date Received	
	NICKNAME LAST SUFFIX		
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/ SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
4 REPORT TYPE	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Receipt #	Amount
5 PERIOD COVERED	Month Day Year THROUGH Month Day Year	Date Processed	
		Date Imaged	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.	\$	
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$	

7 AFFIDAVIT

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.

Micaela Gomez

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Signature Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

8 C/OH NAME ,		9 ACCOUNT # (Ethics Commission filers)
10 Date	11 Payee name  ----- 12 Payee address; City; State; Zip Code;	13 Amount (\$)
14 Purpose of expenditure  (If travel outside of Texas, complete schedule T) (See Instruction Guide)		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		