

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 JC/OH NAME <i>Lane G Buster Mills</i>		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	\$
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/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 Lane G "Buster" Mills, and my date of birth is [REDACTED]

My address is [REDACTED] Fort Davis, TX 79734 USA
(street) (city) (state) (zip code) (country)

Executed in Jeff Davis County, State of Texas, on the 23 day of February, 20 26.
(month) (year)

Lane G "Buster" Mills
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME <i>Lane G "Buster" Mills</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1760.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>500.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1172.75</i>
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	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME Lane G "Buster" Mills		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robert M Sproul	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code PO Box 2012 Fort Davis, TX 79734		
8 Contributor's principal occupation Retired		9 Contributor's job title _____
10 Contributor's employer/law firm _____		11 Law firm of contributor's spouse (if any) _____
12 If contributor is a child, law firm of parent(s) (if any) _____		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Fred Granada	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code PO Box 508 Fort Davis TX 79734		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm _____		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any) _____		
Date 2/17/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cash Donation	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code _____		
Contributor's principal occupation _____		Contributor's job title _____
Contributor's employer/law firm _____		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any) _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <i>Lane G "Buster" Mills</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Armando Herrera</i>	7 Amount of contribution (\$) <i>1000.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 2083 Fort Davis TX 79734</i>		
8 Contributor's principal occupation <i>Business Owner</i>		9 Contributor's job title <i>President Crow's Creek</i>
10 Contributor's employer/law firm _____		11 Law firm of contributor's spouse (if any) _____
12 If contributor is a child, law firm of parent(s) (if any) _____		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Lane G "Buster" Mills		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 500.00	
5 Date 2/23/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Knobloch	8 Amount of Contribution \$ 500.00	9 In-kind contribution description Website/Email Hosting
7 Contributor address; City; State; Zip Code PO Box 1004 Fort Davis TX 79734		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Retired		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Lane A "Buster" Mills	3 Filer ID (Ethics Commission Filers)
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4 Date 2/16/26	5 Payee name Alpine Print Co
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6 Amount (\$) 672.75	7 Payee address; 108 S 5th St	City: Alpine TX	State: TX	Zip Code 79830
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Marler Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/17/26	Payee name Westex Community Credit Union
------------------------	--

Amount (\$) 10.00	Payee address; 608 W Ave E	City: Alpine TX	State: TX	Zip Code 79830
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Replace Bank Card
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Lane A "Buster" Mills	3 Filer ID (Ethics Commission Filers)
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4 Date 2/17/26	5 Payee name USPS
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6 Amount (\$) 307.52	7 Payee address; 500 Sgt Gonzales	City; Fort Davis	State; TX	Zip Code 79734
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Postage Fee for Mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/26	Payee name Vistago Print LLC
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Amount (\$) 145.48	Payee address; 6706 Lehman Ford	City; Lago Vista	State; TX	Zip Code 78645
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/26	Payee name Dollar General
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Amount (\$) 37.00	Payee address; 1411 TX HWY 118	City; Fort Davis	State; TX	Zip Code 79830
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift	Description Parade Candy
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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