

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI John NICKNAME      LAST      SUFFIX Stevenson	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;      CITY;      STATE;      ZIP CODE 1207 Hillcrest Fort Worth TX 76107	Date Received <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">                     OFFICIAL RECORD                      CITY SECRETARY                      FT. WORTH, TEX                 </div> Date Hand-delivered or Date Postmarked	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 817 )    871-8807	Receipt #      Amount	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Marty NICKNAME      LAST      SUFFIX Craddock	Date Processed Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;      CITY;      STATE;      ZIP CODE 4904 Dexter      Fort Worth TX 76107		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 817 ) 738-8037		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year 7 / 1 / 03      12 / 31 / 03		
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) Fort Worth City Council District 7	<b>13 OFFICE SOUGHT</b> (if known)	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box;    Apt. / Suite #;    City;    State;    Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** John Stevenson **16 ACCOUNT # (Ethics Commission filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

*\*\* This box is for notice of political expenditures 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

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 62.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9649.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1110.74
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 690.00

**19 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.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN M. STEVENSON, this the 14TH day of JANUARY, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

JANET R. STEEN  
 Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1  
(FOR FORMS C/OH & SPAC)**

THE INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A: 1

**2** FILER NAME John Stevenson

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

**4** Date  
8/28/03

**5** Full name of contributor  out of state PAC  
Robert & Anne Bass

**6** Contributor address: City: State: Zip code  
6221 Westover Drive  
Fort Worth TX

**7** Amount of  
Contribution (\$) 3000.00

**8** In-Kind Contribution  
description (if applicable)

**9** Principal Occupation (Optional)

**10** Employer (Optional)

**4** Date  
8/28/03

**5** Full name of contributor  out of state PAC  
PSEL PAC

**6** Contributor address: City: State: Zip code  
201 Main St #2500  
Fort Worth TX

**7** Amount of  
Contribution (\$) 1000.00

**8** In-Kind Contribution  
description (if applicable)

**9** Principal Occupation (Optional)

**10** Employer (Optional)

**4** Date  
8/28/03

**5** Full name of contributor  out of state PAC  
Good Government Fund

**6** Contributor address: City: State: Zip code  
210 Main Street #2500  
Fort Worth TX

**7** Amount of  
Contribution (\$) 1000.00

**8** In-Kind Contribution  
description (if applicable)

**9** Principal Occupation (Optional)

**10** Employer (Optional)

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

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

**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F: 4**2** FILER NAME John Stevenson**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 7/20/2003	<b>5</b> Payee Name Glen Whitley Campaign ..... <b>6</b> Payee address: City: State: Zip code 345 Charleston Place Hurst TX	<b>7</b> Amount 100.00	
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<b>8</b> Purpose of expenditure Contribution	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 8/16/2003	<b>5</b> Payee Name Carol Brown ..... <b>6</b> Payee address: City: State: Zip code 4900 Horne Fort Worth TX	<b>7</b> Amount 60.00	
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<b>8</b> Purpose of expenditure Como breakfast meeting	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 9/14/2003	<b>5</b> Payee Name John Stevenson ..... <b>6</b> Payee address: City: State: Zip code 1207 Hillcrest Fort Worth TX	<b>7</b> Amount 7500.00	
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<b>8</b> Purpose of expenditure reimbursement of campaign expenses paid from personal funds	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 9/21/2003	<b>5</b> Payee Name Casa Manana ..... <b>6</b> Payee address: City: State: Zip code 3101 W Lancaster Fort Worth TX	<b>7</b> Amount 250.00	
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<b>8</b> Purpose of expenditure Donation	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F: 4**2** FILER NAME John Stevenson**3** ACCOUNT # (Ethics Commission filers)**4** Date  
9/28/2003**5** Payee Name  
Charlie Geren Campaign  
.....  
**6** Payee address: City: State: Zip code  
P.O. Box 1440  
Fort Worth TX**7** Amount  
250.00**8** Purpose of expenditure  
Contribution**9** ..Complete if direct expenditure to benefit C/OH..**4** Date  
9/28/2003**5** Payee Name  
Sister Cities International  
.....  
**6** Payee address: City: State: Zip code  
711 Houston St  
Fort Worth TX**7** Amount  
200.0**8** Purpose of expenditure  
Contribution: Mayor's dinner**9** ..Complete if direct expenditure to benefit C/OH..**4** Date  
10/22/2003**5** Payee Name  
Como Youth Promoting Pride  
.....  
**6** Payee address: City: State: Zip code  
4900 Horne  
Fort Worth TX**7** Amount  
200.00**8** Purpose of expenditure  
Donation**9** ..Complete if direct expenditure to benefit C/OH..**4** Date  
10/31/2003**5** Payee Name  
Judy Needham  
.....  
**6** Payee address: City: State: Zip code  
5328 Collinwood  
Fort Worth TX**7** Amount  
332.00**8** Purpose of expenditure  
reimburse for 1/3 Como Elementary breakfast**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F: 4**2** FILER NAME John Stevenson**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 10/31/2003	<b>5</b> Payee Name HALPAC-Congressman Hal Rogers ..... <b>6</b> Payee address: City: State: Zip code  Somerset KY	<b>7</b> Amount  150.00	
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<b>8</b> Purpose of expenditure Contribution	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 10/31/2003	<b>5</b> Payee Name Friends of Norm Robbins ..... <b>6</b> Payee address: City: State: Zip code 2928 Hartwood Fort Worth TX	<b>7</b> Amount  150.00	
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<b>8</b> Purpose of expenditure contribution	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 10/31/2003	<b>5</b> Payee Name Judge Don Cosby Campaign ..... <b>6</b> Payee address: City: State: Zip code PO Box 100217 Fort Worth TX	<b>7</b> Amount  75.00	
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<b>8</b> Purpose of expenditure contribution	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 11/22/2003	<b>5</b> Payee Name Crestline Neighborhood Association ..... <b>6</b> Payee address: City: State: Zip code PO Box 9185 Fort Worth TX	<b>7</b> Amount  120.00	
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<b>8</b> Purpose of expenditure Donation for sign toppers	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F: 4**2** FILER NAME John Stevenson**3** ACCOUNT # (Ethics Commission filers)**4** Date  
11/24/2003**5** Payee Name  
Como Youth Promoting Pride  
.....  
**6** Payee address: City: State: Zip code  
4900 Home  
Fort Worth TX**7** Amount  
100.00**8** Purpose of expenditure  
NAC meeting refreshments**9** ..Complete if direct expenditure to benefit C/OH..**4** Date  
12/7/2003**5** Payee Name  
Congressman Michael Burgess Campaign  
.....  
**6** Payee address: City: State: Zip code  
P.O. Box 2334  
Denton TX**7** Amount  
100.00**8** Purpose of expenditure  
contribution**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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