

RECEIVED

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

JAN - 4 2005
at 1:56 p.m.

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST John NICKNAME LAST Stevenson MI SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1207 Hillcrest Fort Worth, Texas 76107	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 871-8807	Date Hand Delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Marty NICKNAME LAST Craddock MI SUFFIX	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4904 Dexter Fort Worth, Texas 76107	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 738-8037	OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX	
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2004 THROUGH 12 / 31 / 2004		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Fort Worth City Council, Dist 7	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

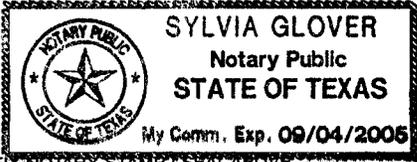
15 C/OH NAME John Stevenson	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

18 CONTRIBUTION TOTALS	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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 160.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 710.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 141.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1290.00

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.



AFFIX NOTARY STAMP/ SEAL ABOVE

John Stevenson

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Stevenson, this the 4th day of January, 20 05, to certify which, witness my hand and seal of office.

Sylvia Glover

Signature of officer administering oath

Sylvia Glover

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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

4 Date 9/14/2004	5 Payee Name Carol Brown	7 Amount 200.00
6 Payee address: City: State: Zip code 4900 Home Fort Worth TX		

8 Purpose of expenditure
Como Area Hispaninc family dinner**9** ..Complete if direct expenditure to benefit C/OH..

4 Date 10/08/2004	5 Payee Name Como Youth Promoting Pride	7 Amount 150.00
6 Payee address: City: State: Zip code 4900 Home Fort Worth TX		

8 Purpose of expenditure
Contribution to Community Center party**9** ..Complete if direct expenditure to benefit C/OH..

4 Date 10/10/2004	5 Payee Name Mike Moncrief Campaign	7 Amount 100.00
6 Payee address: City: State: Zip code P.O. Box 17598 Fort Worth TX		

8 Purpose of expenditure
contribution**9** ..Complete if direct expenditure to benefit C/OH..

4 Date 10/17/2004	5 Payee Name FW Sister Cities Int'l	7 Amount 100.00
6 Payee address: City: State: Zip code 711 Houston St Fort Worth TX		

8 Purpose of expenditure
contribution**9** ..Complete if direct expenditure to benefit C/OH..**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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