

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

16 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. ••

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

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 350.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15675.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 18995.35
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Stevenson, this the 2nd day of April, 2003, to certify which, witness my hand and seal of office.

Cathryn Ferguson Cathryn Ferguson Exec. Assistant
Signature of officer administering oath 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: **16**

2 FILER NAME John Stevenson

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Dianne and Chuck Nixon 6 Contributor address: City: State: Zip code 104 Crestwood Fort Worth TX	7 Amount of Contribution (\$) 500	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Leland A. Hodges 6 Contributor address: City: State: Zip code 115 W. 7th St., #1310 Fort Worth TX	7 Amount of Contribution (\$) 500	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Ruth Carter Stevenson 6 Contributor address: City: State: Zip code 1200 Broad Avenue Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Polly and Olcott Phillips 6 Contributor address: City: State: Zip code 1400 Alta Drive Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Shannon and Breck Ray 6 Contributor address: City: State: Zip code 1401 Thomas Place Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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1 Total pages Schedule A: **16**

2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Cantey Ferchill 6 Contributor address: City: State: Zip code 1408 Washington Terr. Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Ann and Tim McKinney 6 Contributor address: City: State: Zip code 1509 Northcrest Ct. Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Florence Witt 6 Contributor address: City: State: Zip code 1608 Western Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Barbara and Ralph Cox 6 Contributor address: City: State: Zip code 200 Rivercrest Dr. Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Jean and Bill Tucker 6 Contributor address: City: State: Zip code 2337 Colonial Parkway Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **16**

2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Mary Palko 6 Contributor address: City: State: Zip code 2409 Winton Terrace West Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Mr. and Mrs. John R. Clay 6 Contributor address: City: State: Zip code 2617 Mockingbird Court Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Colleen and Preston Geren 6 Contributor address: City: State: Zip code 32 Valley Ridge Rd. Fort Worth TX	7 Amount of Contribution (\$) 500	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Martha and J.R. Williams 6 Contributor address: City: State: Zip code 3720 Hamilton Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Joan and Tom Rogers 6 Contributor address: City: State: Zip code 3821 Summercrest Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **16**

2 FILER NAME John Stevenson

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Louise and Gordon Appleman	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3855 Bellaire Circle Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC John B. McClane	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3862 Candlelite Lane Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Johnnie and Ben Gunn	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3909 Ann Arbor Court Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Betty and Joe Ambrose	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 407 Eastwood Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Sara and Bobby Brown	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 4100 Clarke Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

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2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Marcia Fender 6 Contributor address: City: State: Zip code 4251 Crestline Fort Worth TX	7 Amount of Contribution (\$) 75	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Patrica and Bert Honea 6 Contributor address: City: State: Zip code 4701 Harley Ave. Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Joe Thompson 6 Contributor address: City: State: Zip code 4809 Brockton Court Fort Worth TX	7 Amount of Contribution (\$) 150	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Marty and Mike Craddock 6 Contributor address: City: State: Zip code 4904 Dexter Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Judy G. Needham 6 Contributor address: City: State: Zip code 5328 Collinwood Avenue Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Lou Ann Blaylock 6 Contributor address: City: State: Zip code 601 Rivercrest Drive Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Mr. and Mrs. Bob Decker 6 Contributor address: City: State: Zip code 6205 Indian Creek Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Mr. and Mrs. John H. Fant 6 Contributor address: City: State: Zip code 6725 Trinity Landing N. Fort Worth TX	7 Amount of Contribution (\$) "1,000"	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Jean and Bill Webb 6 Contributor address: City: State: Zip code 7020 Riverport Road Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Isabelle and Sam Hulsey 6 Contributor address: City: State: Zip code 801 Hillcrest Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: 16

2 FILER NAME John Stevenson

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Sug and Bill Steele 6 Contributor address: City: State: Zip code 908 Alta Drive Fort Worth TX	7 Amount of Contribution (\$) 125	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Dana and Dee Kelly 6 Contributor address: City: State: Zip code 915 Hillcrest Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29	5 Full name of contributor <input type="checkbox"/> out of state PAC Joseph M. Waller 6 Contributor address: City: State: Zip code P.O. Box 150689 Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/29/03	5 Full name of contributor <input type="checkbox"/> out of state PAC Reed Pigman 6 Contributor address: City: State: Zip code 200 Texas Way Fort Worth TX	7 Amount of Contribution (\$) 500.00	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Jill and Charles Fischer 6 Contributor address: City: State: Zip code 1412 Alta Fort Worth TX	7 Amount of Contribution (\$) 500	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **16**

2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Betty and Bill Bond 6 Contributor address: City: State: Zip code 1816 Ems Road East Fort Worth TX	7 Amount of Contribution (\$) 150	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Kirk and Marian Millican 6 Contributor address: City: State: Zip code 2415 Rogers Road Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Burl B. Hulsey 6 Contributor address: City: State: Zip code 2609 Colonial Parkway Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Sandy and Don Albers 6 Contributor address: City: State: Zip code 3412 Overton Park West Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Zelime and Tim Ward 6 Contributor address: City: State: Zip code 3601 Monticello Drive Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **16**

2 FILER NAME John Stevenson

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Louise and Frank Carvey 6 Contributor address: City: State: Zip code 3601 Overton Park East Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Brud Pickett 6 Contributor address: City: State: Zip code 4320 Bellaire Drive S. # 209 Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Marian and Harry Ward 6 Contributor address: City: State: Zip code 4809 Harley Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Joan and Alan Davis 6 Contributor address: City: State: Zip code 4901 Lafayette Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Ruby and Earle Shields 6 Contributor address: City: State: Zip code 53 Westover Terrace Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **16**

2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Mrs. William L. Rodgers 6 Contributor address: City: State: Zip code 5305 Collinwood Avenue Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Ronald and Kay Clinkscale 6 Contributor address: City: State: Zip code 5801 El Campo Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Felix & Fredericka Ankele 6 Contributor address: City: State: Zip code 6801 Camino Court Fort Worth TX	7 Amount of Contribution (\$) 500	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Carolyn and Scott Adams 6 Contributor address: City: State: Zip code 6808 Kirk Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Elaine and Tim Petrus 6 Contributor address: City: State: Zip code 7328 Old Mill Run Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **16**

2 FILER NAME John Stevenson

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/31	5 Full name of contributor <input type="checkbox"/> out of state PAC Ruth and Buzz Brightbill	7 Amount of Contribution (\$) 275	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 8908 Crest Wood Drive Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Olive Pelich	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1220 Thomas Place Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Gib Lewis	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1504 San Antonio Austin TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Steven Senevy	7 Amount of Contribution (\$) 200	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 1533 Merrimac Circle Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Karen and Jim Barlow	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 208 Rockwood Park Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

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2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Bob and Leann Adams 6 Contributor address: City: State: Zip code 2216 Huntington Lane Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Honorable Lynne Manny 6 Contributor address: City: State: Zip code 2428 Winton Terrace East Fort Worth TX	7 Amount of Contribution (\$) 200	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Carol and Bob Sweeney 6 Contributor address: City: State: Zip code 2444 Stonebridge Place Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC David Tracy 6 Contributor address: City: State: Zip code 2734 Colonial Parkway Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Ellen and Theodore Mack 6 Contributor address: City: State: Zip code 2817 Harlanwood Drive Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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1 Total pages Schedule A: **16**

2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Peggy and Craig Diebel	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3417 Overton Park East Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Helen and Jim Atkins	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3504 Autumn Drive Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Pati and Bill Meadows	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 3904 Hamilton Avenue Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Ellie and Carter Burdette	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 4717 Lafayette Fort Worth TX			

9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Linda and Bill Scroggie	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
6 Contributor address: City: State: Zip code 4732 Washburn Avenue Fort Worth TX			

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 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: **16**

2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Ann and Calvin Kimbrough 6 Contributor address: City: State: Zip code 5054 Birchman Avenue Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Bettye and Wade Nowlin 6 Contributor address: City: State: Zip code 510 Hazelwood Fort Worth TX	7 Amount of Contribution (\$) 500	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Jane and O'Dell Molpus 6 Contributor address: City: State: Zip code 529 Athenia Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Eunice and Robb Rutledge 6 Contributor address: City: State: Zip code 5300 El Dorado Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Helen and Frank Stevenson II 6 Contributor address: City: State: Zip code 5346 Wenonah Drive Dallas TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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**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: **16**

2 FILER NAME John Stevenson

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Jim Oliver 6 Contributor address: City: State: Zip code 5445 Northcrest Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Vivienne Williams 6 Contributor address: City: State: Zip code 5843 Merrymount Rd. Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Suzanne and Kevin Levy 6 Contributor address: City: State: Zip code 61 Westover Terrace Fort Worth TX	7 Amount of Contribution (\$) 500	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Pam and Clay "Berry, Jr." 6 Contributor address: City: State: Zip code 6129 Plum Valley Place Fort Worth TX	7 Amount of Contribution (\$) 250	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

4 Date 4/1	5 Full name of contributor <input type="checkbox"/> out of state PAC Cathie and Bronson Davis 6 Contributor address: City: State: Zip code 7108 Fallings Springs Rd. Fort Worth TX	7 Amount of Contribution (\$) 100	8 In-Kind Contribution description (if applicable)
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9 Principal Occupation (Optional) | **10** Employer (Optional)

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**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: **16**

2 FILER NAME **John Stevenson**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/1

5 Full name of contributor out of state PAC
Mary Wysong

6 Contributor address: City: State: Zip code
924 Roaring Springs
Fort Worth TX

7 Amount of
Contribution (\$) **100**

8 In-Kind Contribution
description (if applicable)

9 Principal Occupation (Optional)

10 Employer (Optional)

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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: <p style="text-align: center;">1</p>
2 FILER NAME <p style="text-align: center;">John Stevenson</p>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan <p style="text-align: center;">3/17/03</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">John Stevenson</p>	9 Loan Amount (\$) <p style="text-align: center;">500.00</p>
6 Is lender a financial Institution? XX N	8 Lender address; City; State; Zip Code <p style="text-align: center;">1207 Hillcrest St Fort Worth TX 76107</p>	10 Interest rate
		11 Maturity date
12 Description of Collateral XX none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code	
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME John Stevenson		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/31/03	5 Payee name The Eppstein Group 6 Payee address; City; State; Zip Code 4055 International Plaza #520 Fort Worth TX 76109	7 Amount (\$) 1495.34
8 Purpose of payment (See instructions regarding type of information required.) campaign mailing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME
John Stevenson 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/17/03	5 Payee name The Eppstein Group 6 Payee address; City; State; Zip Code 4055 Int'l Plaza #520 Fort Worth TX 76109 7 Purpose of expenditure (See instructions regarding type of information required.) Professional services	8 Amount (\$) 17,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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