

**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: 44

**2** FILER NAME John Stevenson

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Lee Rogers	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 201 Pecan Street Fort Worth TX			

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Allison and Bryan Wagner	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 2109 Bradford Park Fort Worth TX			

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Mary Palko	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 2409 Winton Terrace West Fort Worth TX			

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Shelby Schafer	<b>7</b> Amount of Contribution (\$) 30	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 256 Casa Blanca Fort Worth TX			

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Fort Worth Board of Realtors PAC	<b>7</b> Amount of Contribution (\$) 7,500	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 2650 Parkview Dr. Fort Worth TX			

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

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**2** FILER NAME **John Stevenson**

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Lisa and David Stevenson	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 3 River Street Place Boston MA			

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Nancy and Tim Carter	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 3408 Rustwood Court Fort Worth TX			

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Robert Chicotsky	<b>7</b> Amount of Contribution (\$) 50	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 3429 West Seventh Fort Worth TX			

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Richard E. Adams	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 3812 Candlelite Court Fort Worth TX			

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Rae and Ed Schollmaier	<b>7</b> Amount of Contribution (\$) 250	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 3904 Arlan Lane Fort Worth TX			

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

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<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Nancy and Andy Thompson <b>6</b> Contributor address: City: State: Zip code 3913 Monticello Fort Worth TX	<b>7</b> Amount of Contribution (\$) 250	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Roz Rosenthal <b>6</b> Contributor address: City: State: Zip code 3950 Sarita Drive Fort Worth TX	<b>7</b> Amount of Contribution (\$) 1,000	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Pat and Tom Purvis <b>6</b> Contributor address: City: State: Zip code 4121 Rowan Drive Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC John W. McMackin <b>6</b> Contributor address: City: State: Zip code 4731 Harley Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Kathy and Charles Webster <b>6</b> Contributor address: City: State: Zip code 4800 Lafayette Avenue Fort Worth TX	<b>7</b> Amount of Contribution (\$) 200	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

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

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Dean O. Cochran, Jr. <b>6</b> Contributor address: City: State: Zip code 5327 Byers Avenue Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Linda and Jim Lattimore <b>6</b> Contributor address: City: State: Zip code 5424 Benbridge Drive Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Martha Price <b>6</b> Contributor address: City: State: Zip code 5429 Northcrest Fort Worth TX	<b>7</b> Amount of Contribution (\$) 50	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Kenneth Garrett <b>6</b> Contributor address: City: State: Zip code 6100 Southwest Blvd., #250 Fort Worth TX	<b>7</b> Amount of Contribution (\$) 200	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Lorin Boswell, Jr. <b>6</b> Contributor address: City: State: Zip code 6706 Camp Bowie Blvd. Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> 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)

<b>4</b> Date 4/15/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Sharyn and David Thornton <b>6</b> Contributor address: City: State: Zip code P.O. Box 9410 Fort Worth TX	<b>7</b> Amount of Contribution (\$) 250	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Julie and Scott Kleberg <b>6</b> Contributor address: City: State: Zip code 104 Hazelwood Drive Fort Worth TX	<b>7</b> Amount of Contribution (\$) 500	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Mollie and Garland Lasater <b>6</b> Contributor address: City: State: Zip code 1301 Humble Court Fort Worth TX	<b>7</b> Amount of Contribution (\$) 1,000	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Jane E. Schlansker <b>6</b> Contributor address: City: State: Zip code 1614 Sunset Terrace Fort Worth TX	<b>7</b> Amount of Contribution (\$) 50	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Emmy Lou and Dan Prescott <b>6</b> Contributor address: City: State: Zip code 1800 Western Ave. Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

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<b>2</b> FILER NAME <p style="text-align: center;">John Stevenson</p>	<b>3</b> ACCOUNT # (Ethics Commission filers)
--	---

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Dr. Jack S. Morris	<b>7</b> Amount of Contribution (\$) 500	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 1913 Highland Park Fort Worth TX			

<b>9</b> Principal Occupation (Optional)	<b>10</b> Employer (Optional)
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<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC QPAC	<b>7</b> Amount of Contribution (\$) 500	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 301 Commerce St., #2975 Fort Worth TX			

<b>9</b> Principal Occupation (Optional)	<b>10</b> Employer (Optional)
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<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Punkin and Jimmy Harrison	<b>7</b> Amount of Contribution (\$) 500	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 36 Valley Ridge Rd. Fort Worth TX			

<b>9</b> Principal Occupation (Optional)	<b>10</b> Employer (Optional)
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<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Diane and Warren Shipman	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 4540 Overton Terrace Ct. Fort Worth TX			

<b>9</b> Principal Occupation (Optional)	<b>10</b> Employer (Optional)
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<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Jan and Doak Raulston	<b>7</b> Amount of Contribution (\$) 250	<b>8</b> In-Kind Contribution description (if applicable)
<b>6</b> Contributor address: City: State: Zip code 5 Thornhill Fort Worth TX			

<b>9</b> Principal Occupation (Optional)	<b>10</b> Employer (Optional)
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**1** Total pages Schedule A: **44**

**2** FILER NAME **John Stevenson**

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

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Ned and Marci Stocker <b>6</b> Contributor address: City: State: Zip code 5412 El Dorado Fort Worth TX	<b>7</b> Amount of Contribution (\$) 100	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Barbara and Paul Koepp <b>6</b> Contributor address: City: State: Zip code 6516 Malvey Fort Worth TX	<b>7</b> Amount of Contribution (\$) 25	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Committee for Public Safety <b>6</b> Contributor address: City: State: Zip code 904 Collier Fort Worth TX	<b>7</b> Amount of Contribution (\$) 2,500	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

<b>4</b> Date 4/18/03	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC Doris Casey and Nancy Crosskill <b>6</b> Contributor address: City: State: Zip code 9848 Lake Haven Circle Fort Worth TX	<b>7</b> Amount of Contribution (\$) 50	<b>8</b> In-Kind Contribution description (if applicable)
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**9** Principal Occupation (Optional) | **10** Employer (Optional)

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**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center; margin: 0;">1</p>
2 FILER NAME <p style="text-align: center; margin: 0;">John Stevenson</p>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan 4/6/03	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John Stevenson	9 Loan Amount (\$) 190.00
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address;   City;   State;   Zip Code 1207 Hillcrest Fort Worth, Texas   76107	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor  ..... 15 Guarantor address;   City;   State;   Zip Code	16 Amount Guaranteed (\$)
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  ..... Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>	
THE INSTRUCTION GUIDE explains how to complete this form.		<b>1</b>	Total pages Schedule F: 3
<b>2</b>	FILER NAME            John Stevenson	<b>3</b>	ACCOUNT #    (Ethics Commission filers)

<b>4</b> Date 4/11/2003	<b>5</b> Payee Name The Eppstein Group	<b>7</b> Amount 9035.96	
<b>6</b> Payee address:    City: State: Zip code 4055 Intl Plaza Fort Worth TX			

<b>8</b> Purpose of expenditure Direct mail & signs	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/11/2003	<b>5</b> Payee Name Quik Print	<b>7</b> Amount 150.25	
<b>6</b> Payee address:    City: State: Zip code 5800M Camp Bowie Fort Worth TX			

<b>8</b> Purpose of expenditure printing	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
---	---

<b>4</b> Date 4/11/2003	<b>5</b> Payee Name High Tech Signs	<b>7</b> Amount 740.05	
<b>6</b> Payee address:    City: State: Zip code 1111 University Dr Fort Worth TX			

<b>8</b> Purpose of expenditure sign construction & installation	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date 4/21/2003	<b>5</b> Payee Name Calvin Kimbrough	<b>7</b> Amount 115.00	
<b>6</b> Payee address:    City: State: Zip code 5054 Birchman Fort Worth TX			

<b>8</b> Purpose of expenditure reimburse for postage	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
--	---

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<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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<b>2</b> FILER NAME                      John Stevenson	<b>3</b> ACCOUNT #    (Ethics Commission filers)

<b>4</b> Date 4/21/2003	<b>5</b> Payee Name The Eppstein Group	<b>7</b> Amount 13376.37	
<b>6</b> Payee address:    City: State: Zip code 4055 International Plaza Fort Worth TX			

<b>8</b> Purpose of expenditure Professional services & fundraiser expenses	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
--	---

<b>4</b> Date 4/21/2003	<b>5</b> Payee Name The Eppstein Group	<b>7</b> Amount 200.00	
<b>6</b> Payee address:    City: State: Zip code 4055 International Plaza Fort Worth TX			

<b>8</b> Purpose of expenditure Fundraiser expenses	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
--	---

<b>4</b> Date 4/21/2003	<b>5</b> Payee Name Efficiency Enterprises	<b>7</b> Amount 1878.14	
<b>6</b> Payee address:    City: State: Zip code PO Box 135441 Fort Worth TX			

<b>8</b> Purpose of expenditure Web site design	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
--	---

<b>4</b> Date 4/21/2003	<b>5</b> Payee Name Art for Wear	<b>7</b> Amount 1014.84	
<b>6</b> Payee address:    City: State: Zip code 620 S Jennings Fort Worth TX			

<b>8</b> Purpose of expenditure t shirts	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>2</b> FILER NAME            John Stevenson	<b>3</b> ACCOUNT #    (Ethics Commission filers)

<b>4</b> Date 4/21/2003	<b>5</b> Payee Name The Eppstein Group ..... <b>6</b> Payee address:    City: State: Zip code  Fort Worth TX	<b>7</b> Amount  1128.69	
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<b>8</b> Purpose of expenditure Advertising and direct mail	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date	<b>5</b> Payee Name ..... <b>6</b> Payee address:    City: State: Zip code  Fort Worth TX	<b>7</b> Amount	
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<b>8</b> Purpose of expenditure	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date	<b>5</b> Payee Name ..... <b>6</b> Payee address:    City: State: Zip code  Fort Worth TX	<b>7</b> Amount	
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<b>8</b> Purpose of expenditure	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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<b>4</b> Date	<b>5</b> Payee Name ..... <b>6</b> Payee address:    City: State: Zip code  Fort Worth TX	<b>7</b> Amount	
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<b>8</b> Purpose of expenditure	<b>9</b> ..Complete if direct expenditure to benefit C/OH..
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