

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNTS  
(Ethics Commission filers)

Total pages filed:

8

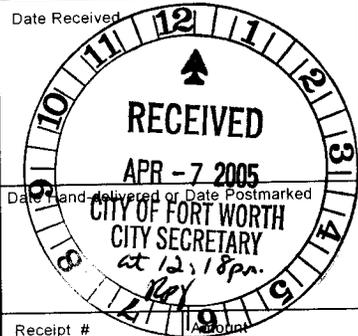
3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  FIRST MI E  
LARRY  
NICKNAME LAST SUFFIX  
Stevens

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
2812 Calico Rock Dr. FW TX 76131



5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 847-6376

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  FIRST MI  
Roland  
NICKNAME LAST SUFFIX  
Martinez

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
2701 Calico Rock Dr. FW TX 76131

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(682) 286-0055

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
01 / 15 / 05 THROUGH 04 / 07 / 05

11 ELECTION

ELECTION DATE: Month Day Year  
05 / 07 / 05  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council

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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Larry Stevens 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. ..

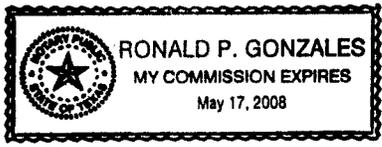
additional pages

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)	\$ 3635.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4062.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4119.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3744.53

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.



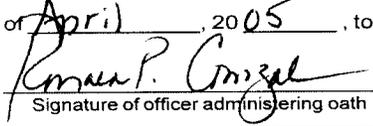
RONALD P. GONZALES  
MY COMMISSION EXPIRES  
May 17, 2008



Signature of Candidate or Officeholder

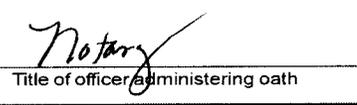
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry E. Stevens, this the 7th day of April, 2005, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <del>4-7</del> <sup>6</sup> 2	
2 FILER NAME Larry Stevens		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-14-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Granwald	7 Amount of contribution (\$) 15.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2129 Morning Glory FW 76111			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-14-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Spear	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5801 Sidewinder Trail FW 76131			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-14-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Ryder	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11616 Northview Aledo Tx 76008			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-14-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Steely	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2731 Hidden Lake Grapevine Tx 76051			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Dickerson	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8333 Douglas Dallas Tx 75225			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Larry Stevens</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4-1-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Ambrose</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2805 Calico Rock Dr. FW 76131</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4-1-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edgar Schollmaier</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3904 Arlan Ln FW 76109</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4-1-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jim Makens</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3908 Windermere Colleyville 76034</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2-22-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eleanor Hutcherson</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3616 Dryden Rd. FW TX 76109</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

<b>LOANS</b>	<b>SCHEDULE E</b>
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <p style="text-align: center; font-size: 2em;">1</p>
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2 FILER NAME <p style="font-size: 1.5em; margin-left: 20px;">Larry Stevens</p>	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS:    ⇄   ⇄   ⇄   ⇄   ⇄   ⇄	\$
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5 Date of loan <p>02-15-05</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em; margin-left: 20px;">Larry Stevens</p>	9 Loan Amount (\$) <p style="font-size: 1.5em; margin-left: 20px;">3744.53</p>
6 Is lender a financial Institution?  Y            N	8 Lender address;    City;    State;    Zip Code <p style="margin-left: 20px;">2812 Calico Rock Dr. FW TX 76131</p>	10 Interest rate <p style="text-align: center; font-size: 1.2em;">0%</p>
		11 Maturity date <p style="text-align: center; font-size: 1.2em;">NA</p>

12 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em; margin-left: 20px;">Senior Scientist</p>	13 Employer (See Instructions) <p style="font-size: 1.2em; margin-left: 20px;">ALCON RESEARCH LTD.</p>
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14 Description of Collateral <input checked="" type="checkbox"/> none
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15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor <p style="text-align: center; font-size: 1.5em; margin-left: 20px;">NOT APPLICABLE</p>	18 Amount Guaranteed (\$)
	17 Guarantor address;    City;    State;    Zip Code	

19 Principal Occupation	20 Employer
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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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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: **3**

2 FILER NAME **Larry Stevens** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2-15-05</b>	5 Payee name <b>City of Fort Worth</b>	7 Amount (\$) <b>100.<sup>00</sup></b>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <b>Filing Fee</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>2-22-05</b>	Payee name <b>Office Max</b>	Amount (\$) <b>142.<u>72</u></b>
Payee address; City; State; Zip Code <b>852 NE Mall Hurst Tx 76053</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Printing /supplies</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>3-11-05</b>	Payee name <b>Office Depot</b>	Amount (\$) <b>129.<u>90</u></b>
Payee address; City; State; Zip Code <b>4810 SW Blvd FW 76116</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>3-21-05</b>	Payee name <b>Office Max</b>	Amount (\$) <b>39.<u>10</u></b>
Payee address; City; State; Zip Code <b>852 NE Mall Hurst Tx 76053</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Printing</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>3</b>
2 FILER NAME <b>Larry Stevens</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3-27-05</b>	5 Payee name <b>Business Basics</b> 6 Payee address; City; State; Zip Code <b>1050 Winscott Benbrook TX 76126</b>	7 Amount (\$) <b>3265.<sup>00</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>printing</b>		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>4-2-05</b>	Payee name <b>Card &amp; Party Factory #3</b> Payee address; City; State; Zip Code <b>4300 Western Center TX 76137 FW</b>	Amount (\$) <b>35.<sup>72</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>balloons</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>4-2-05</b>	Payee name <b>Home Depot</b> Payee address; City; State; Zip Code <b>7100 N. Freeway FW TX 76137</b>	Amount (\$) <b>32.<sup>09</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>gromets</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>3-28-05</b>	Payee name <b>Oakhurst Neighborhood Assoc.</b> Payee address; City; State; Zip Code <b>Fort Worth TX</b>	Amount (\$) <b>40.<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>Newsletter fee</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 3

2 FILER NAME *Larry Stevens* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<i>3-29-05</i>	<i>Office Max</i>	<i>257.64</i>
	6 Payee address; City; State; Zip Code <i>852 NE Mall Hurst TX 76053</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>printing</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
<i>3-01-05</i>	<i>Wellsfargo Bank</i>	<i>19.95</i>
	Payee address; City; State; Zip Code <i>Alta Mesa Fort Worth TX 76134</i>	

Purpose of payment (See instructions regarding type of information required.) <i>bank fees</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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