



# 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)**

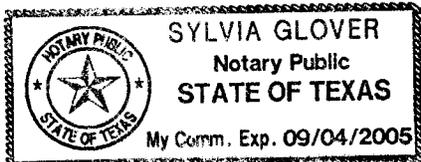
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

|  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | 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)                                  | \$ <u>2315.00</u> |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$                |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>2063.30</u> |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>422.98</u>  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>4451.70</u> |

**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

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Larry Stevens, this the 15<sup>th</sup> day of July, 2005, to certify which, witness my hand and seal of office.

[Signature] Sylvia Glover Notary  
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:                  |  |
| 2 FILER NAME<br><i>Larry Stevens</i>  |   | 3 ACCOUNT # (Ethics Commission filers)     |  |
| 4 Date<br><i>5/6/05</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Gary Wright</i>                       | 7 Amount of contribution (\$)<br><i>15</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>3605 Queenswood Ct<br/>Keller TX 76248</i>   |   |  |  |
| 9 Principal occupation / Job title (See Instructions)   |   | 10 Employer (See Instructions)             |  |
| Date<br><i>5/6/05</i>   | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <i>C00235739</i> )<br><i>BNSF RAIL PAC</i> | Amount of contribution (\$)<br><i>300</i>  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>700 13th St NW 220<br/>Washington DC 20005</i> |   |  |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                |  |
| Date<br><i>5/3/05</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Hap Begett</i>                          | Amount of contribution (\$)<br><i>2000</i> | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>300 Burnett St S.150<br/>FW TX 76102</i>       |   |  |  |
| 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)                |  |
| 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.**

# LOANS

# SCHEDULE E

|   |  |   |
|---|--|---|
| <b>The INSTRUCTION GUIDE explains how to complete this form.</b>                              |  | <b>1</b> Total pages Schedule E:<br><div style="text-align: right; font-size: 2em;">1</div> |
| <b>2</b> FILER NAME<br><div style="font-size: 1.5em; text-align: center;">Larry Stevens</div> |  | <b>3</b> ACCOUNT # (Ethics Commission filers)   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒ ⇒ ⇒ ⇒ ⇒ ⇒   |  | \$ 200. <sup>00</sup>   |
| <b>5</b> Date of loan<br>5/3/05   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Larry Stevens (self) | <b>9</b> Loan Amount (\$)<br>200. <sup>00</sup>   |
| <b>6</b> Is lender a financial Institution?<br>Y <input checked="" type="radio"/> N           | <b>8</b> Lender address;   City;   State;   Zip Code<br>2812 Calico Rock Dr FW TX 76131                | <b>10</b> Interest rate<br>—  |
| <b>11</b> Maturity date<br>—  |  |   |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Scientist / Sr. Scientist    |  | <b>13</b> Employer (See Instructions)<br>ALCON RESEARCH LTD.                                |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> none               |  |   |
| <b>15</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                | <b>16</b> Name of guarantor<br><br><b>17</b> Guarantor address;   City;   State;   Zip Code            | <b>18</b> Amount Guaranteed (\$)  |
| <b>19</b> Principal Occupation  |  | <b>20</b> Employer  |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                                  | Loan Amount (\$)  |
| Is lender a financial Institution?<br>Y   N   | Lender address;   City;   State;   Zip Code  | Interest rate   |
| Principal occupation / Job title (See Instructions)   |  | Maturity date   |
| Employer (See Instructions)   |  |   |
| Description of Collateral<br><input type="checkbox"/> none                                    |  |   |
| <b>GUARANTOR INFORMATION</b><br><br><input type="checkbox"/> not applicable                   | Name of guarantor<br><br>Guarantor address;   City;   State;   Zip Code                                | Amount Guaranteed (\$)  |
| Principal Occupation  |  | Employer  |

**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:              |
| 2 FILER NAME<br><i>Larry Stevens</i>  |  | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date<br><i>5/3/05</i>   | 5 Payee name<br><i>Oakhurst Neighborhood Assoc.</i>  | 7 Amount (\$)<br><i>\$40.00</i>        |
| 6 Payee address; City; State; Zip Code<br><i>Fort Worth</i>   |  |  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>newsletter insert</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |  |
| Date<br><i>5/6/05</i>   | Payee name<br><i>Worth Printing</i>  | Amount (\$)<br><i>\$92.05</i>          |
| Payee address; City; State; Zip Code<br><i>3900 Merrett Dr. FW TX 76135</i>                                 |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>printing</i>            | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held   |  |
| Date<br><i>5/6/05</i>   | Payee name<br><i>Grey Thomasson</i>  | Amount (\$)<br><i>\$1700.00</i>        |
| Payee address; City; State; Zip Code<br><i>6720 Summers Dr. E<br/>FW TX 76137</i>                           |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>consulting</i>          | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held   |  |
| Date<br><i>5/7/05</i>   | Payee name<br><i>Staples</i>   | Amount (\$)<br><i>\$28.11</i>          |
| Payee address; City; State; Zip Code<br><i>6201 NE Loop 820<br/>Richland Hills, TX 76180</i>                |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>printing</i>            | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>  |  |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

|   |                                    |
|---|------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | 1 Total pages Schedule G: <u>1</u> |
|---|------------------------------------|

|                                      |  |
|--------------------------------------|--|
| 2 FILER NAME<br><u>Larry Stevens</u> | 3 ACCOUNT # (Ethics Commission filers) |
|--------------------------------------|--|

|                         |   |   |
|-------------------------|---|---|
| 4 Date<br><u>5/7/05</u> | 5 Payee name<br><u>Shady Oak Barbeque</u>   | 8 Amount (\$)<br><u>\$203.14</u>  |
|                         | 6 Payee address; City; State; Zip Code<br><u>6364 Sandshell Dr. FW TX 76137</u>                                       |   |
|                         | 7 Purpose of expenditure (See instructions regarding type of information required.)<br><u>food / campaign workers</u> | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

|      |   |  |
|------|---|--|
| Date | Payee name  | Amount (\$)  |
|      | Payee address; City; State; Zip Code  |  |
|      | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

|      |   |  |
|------|---|--|
| Date | Payee name  | Amount (\$)  |
|      | Payee address; City; State; Zip Code  |  |
|      | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

|      |   |  |
|------|---|--|
| Date | Payee name  | Amount (\$)  |
|      | Payee address; City; State; Zip Code  |  |
|      | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

|      |   |  |
|------|---|--|
| Date | Payee name  | Amount (\$)  |
|      | Payee address; City; State; Zip Code  |  |
|      | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

|   |   |  |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | 1 Total pages Schedule H:  |
| 2 FILER NAME<br><i>Larry Stevens</i>  |   | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><i>7/14/05</i>  | 5 Business name<br><i>Larry Stevens</i> | 7 Amount (\$)<br><i>\$500.00</i>   |
| 6 Business address; City; State; Zip Code<br><i>3812 Calico Rock Dr. FW TX 76131</i>                                |   |  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>partly repay loan to self</i> |   | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
| Date  | Business name                           | Amount (\$)  |
| Business address; City; State; Zip Code   |   |  |
| Purpose of payment (See instructions regarding type of information required.)                                       |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |
| Date  | Business name                           | Amount (\$)  |
| Business address; City; State; Zip Code   |   |  |
| Purpose of payment (See instructions regarding type of information required.)                                       |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |
| Date  | Business name                           | Amount (\$)  |
| Business address; City; State; Zip Code   |   |  |
| Purpose of payment (See instructions regarding type of information required.)                                       |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |

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