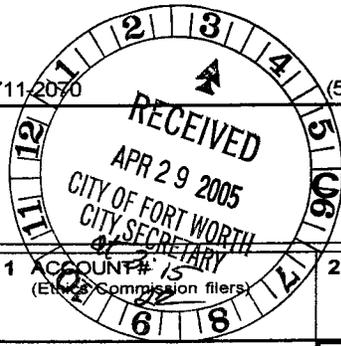


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # 15
(Ethics Commission filers)

2 Total pages filed: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS MR FIRST MI
 LAST SUFFIX
 Larry E.
 Nickname: Stevens

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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



Date Hand-Delivered or Delivered by Registered Mail

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 847-6376

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 LAST SUFFIX
 Roland
 Nickname: Martinez

Date Processed

Date Imaged

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
 (817) 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 THROUGH Month Day Year
 04 / 07 / 05 THROUGH 04 / 29 / 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 2775.⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 268.14

4. TOTAL POLITICAL EXPENDITURES

\$ 7312.87

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

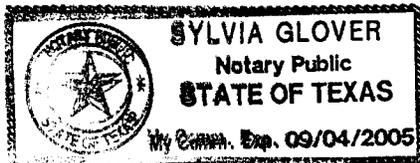
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4548.56

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

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Larry Stevens, this the 29th day of April, 20 05, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Sylvia Glover
Printed name of officer administering oath

Notary
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	
2 FILER NAME Larry Stevens		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/12/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Gray	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3525 Stone Creek Ct. FW TX 76137			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/12/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Lehman	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 906 Aledo Tx 76008			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Morgan	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3801 Prairie Ct. Flower Mound Tx 75028			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hap Baggett	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Burnette St. S. 150 FW TX 76102			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll McDaniel	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1770 Hunters Creek Dr. Southlake TX 76092			
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:

~~1~~ 2

2 FILER NAME

Harry Stevens

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/21/05

5 Full name of contributor out-of-state PAC (ID#: _____)

John Morales

6 Contributor address; City; State; Zip Code

2813 Gray Rock Dr. FW TX 76131

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/26/05

Full name of contributor out-of-state PAC (ID#: _____)

Terry Montesi

Contributor address; City; State; Zip Code

301 Commerce St. S. 3635 FW TX 76102

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>3</u>
2 FILER NAME <u>Larry Stevens</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>4/9/05</u>	5 Payee name <u>The Home Depot #6814</u> 6 Payee address; City; State; Zip Code <u>7100 W. Freeway FW 76137</u>	7 Amount (\$) <u>75.08</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>sign material</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>4/11/05</u>	Payee name <u>OfficeMax 852 NE</u> Payee address; City; State; Zip Code <u>Hurst</u>	Amount (\$) <u>172.28</u>
Purpose of payment (See instructions regarding type of information required.) <u>Printing</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>4/12/05</u>	Payee name <u>Worth Printing</u> Payee address; City; State; Zip Code <u>3900 Merrett Dr. FW TX 76135</u>	Amount (\$) <u>3864.55</u>
Purpose of payment (See instructions regarding type of information required.) <u>Printing</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>4/15/05</u>	Payee name <u>US Post Office 4832230161</u> Payee address; City; State; Zip Code <u>Mark III Pkwy</u>	Amount (\$) <u>222.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>Postage</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 4/22/05	5 Payee name Oakhurst Neighborhood Assoc ----- 6 Payee address; City; State; Zip Code Fort Worth	7 Amount (\$) 40.00
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8 Purpose of payment (See instructions regarding type of information required.) newsletter insert	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 4/26/05	Payee name Worth Printing ----- Payee address; City; State; Zip Code 3900 Marrett Dr. FW TX 76135	Amount (\$) 2415.77
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Purpose of payment (See instructions regarding type of information required.) printing	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 4/24/05	Payee name Office Depot FW 7803 ----- Payee address; City; State; Zip Code Fort Worth	Amount (\$) 87.38
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Purpose of payment (See instructions regarding type of information required.) printing	-- 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 (\$)
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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 <u>4/15/05</u>	5 Payee name <u>Keller ISS</u>	7 Amount (\$) <u>1.00</u>
6 Payee address; City; State; Zip Code <u>350 Keller Pkwy</u>		

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

Date <u>4/16/05</u>	Payee name <u>Office Max 852 NE</u>	Amount (\$) <u>42.19</u>
Payee address; City; State; Zip Code <u>Hurst</u>		

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

Date <u>4/22/05</u>	Payee name <u>Office Max 852 NE</u>	Amount (\$) <u>176.38</u>
Payee address; City; State; Zip Code <u>Hurst</u>		

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

Date <u>4/22/05</u>	Payee name <u>Staples</u>	Amount (\$) <u>16.24</u>
Payee address; City; State; Zip Code <u>6201 NE Loop 820 Richland Hills Tx 76135</u>		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Larry Stevens		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 04-24-05	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Stevens (Self)	9 Loan Amount (\$) 804.03
6 Is lender a financial Institution? Y <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 2812 Calico Rock Dr. FW TX 76131	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions) Scientist / Sr Scientist		13 Employer (See Instructions) ALCON Research Ltd.
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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>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>		

