

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 19

3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI  
Ms Jenny  
NICKNAME LAST SUFFIX  
Stewart

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
501 Samuels Ave, Apt 240 Fort Worth, TX 76102  
Change of Address

Date Received  
CSO REC'D  
JAN 15 '25 PM 8:18

5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION  
( 817 ) 525-0312

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI  
Ms Linda  
NICKNAME LAST SUFFIX  
Allen

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
5328 Boat Club Rd Fort Worth, TX 76135  
(Residence or Business)

8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION  
( 817 ) 236-7200

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 Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED Month Day Year Month Day Year  
7 / 16 / 24 THROUGH 1 / 15 / 25

11 ELECTION ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
5 / 3 / 25  General  Special

12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)  
Fort Worth City Council, District 9

14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 COMMITTEE NAME  
 GENERAL COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
 SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

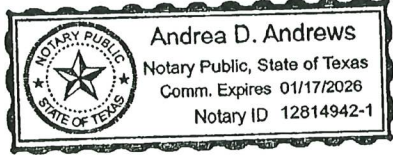
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,749.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,672.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,076.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

*Jenny Stever*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andrea Andrews this the 15 day of January, 2025, 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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME <b>Jenny Stewart</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,749.20
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,672.79
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Jenny Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

11/15/24

5 Full name of contributor

Lauren Stone

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

PO Box 92944 Southlake TX 76092

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Insurance Agent

9 Employer (See Instructions)

Self Employed

Date

10/31/24

Full name of contributor

Kim Bagley

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

6941 Ridgewood Dr, Fort Worth, TX 76092

Amount of contribution (\$)

260.73

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self Employed

Date

10/29/24

Full name of contributor

Michael Markwardt

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

3228 Collinsworth St, Fort Worth, TX 76107

Amount of contribution (\$)

104.48

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

11/9/25

Full name of contributor

Robert Benda

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

951 W 7th St, Fort Worth, TX 76102

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Jenny Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/24

5 Full name of contributor

Robyn Scott

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1,041.98

6 Contributor address;

City;

State; Zip Code

601 E 1st St. Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Biolab Sciences

Date

10/21/24

Full name of contributor

David Acosta

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

104.48

Contributor address;

City;

State; Zip Code

8817 Creede Trl, Fort Worth, TX 76118

Principal occupation / Job title (See Instructions)

Solar/ Roofing

Employer (See Instructions)

Owner

Date

9/30/24

Full name of contributor

Kim Bagley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

260.73

Contributor address;

City;

State; Zip Code

6941 Ridgewood Dr, Fort Worth, TX 76092

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self Employed

Date

9/23/24

Full name of contributor

William Scott Stewart

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State; Zip Code

13008 Willow Crossing Dr, Haslet, TX 76052

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self Employed

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:

9

2 FILER NAME

Jenny Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

9/17/24

5 Full name of contributor

David Ballew

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State; Zip Code

115 Sproles Dr., Fort Worth, TX 76126

7 Amount of contribution (\$)

521.15

8 Principal occupation / Job title (See Instructions)

Insurance Agent

9 Employer (See Instructions)

Self Employed

Date

9/17/24

Full name of contributor

Cynthia Scoggins

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

4029 Bryce Ave., Fort Worth, TX 76107

Amount of contribution (\$)

1,041.98

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/10/24

Full name of contributor

Walter Hatter

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

3212 Tanglewood, Trl Fort Worth, TX 76109

Amount of contribution (\$)

104.48

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self Employed

Date

9/10/24

Full name of contributor

Ed Dietz

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

3124 Stuart Dr, Fort Worth, TX 76110

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Optician

Employer (See Instructions)

Dietz Lab, Inc

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Jenny Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

9/3/24

5 Full name of contributor

Pete McIntosh

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

208.65

6 Contributor address; City; State; Zip Code

8128 Timber Fall Trl, Fort Worth, TX 76131

8 Principal occupation / Job title (See Instructions)

Pilot

9 Employer (See Instructions)

American Airlines

Date

8/31/24

Full name of contributor

Kim Bagley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

260.73

Contributor address; City; State; Zip Code

6941 Ridgewood Dr, Fort Worth, TX 76092

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self Employed

Date

8/28/24

Full name of contributor

Mark Kimball

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

104.48

Contributor address; City; State; Zip Code

8224 Woodvale Rd, Trl Fort Worth, TX 76135

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

8/28/24

Full name of contributor

Mark Kimball

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

104.48

Contributor address; City; State; Zip Code

8224 Woodvale Rd, Trl Fort Worth, TX 76135

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Jenny Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

8/8/24

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

Bedford Burgher

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

1703 Catalina Ct, Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

Burgher Haggard

Date

8/8/24

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

Suzie Leggio

Amount of contribution (\$)

1,041.98

Contributor address; City; State; Zip Code

1600 Texas St, Apt 3702 Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

8/8/24

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

Clovis Guevara

Amount of contribution (\$)

104.48

Contributor address; City; State; Zip Code

8501 Persimmon Ct, McKinney, TX 75072

Principal occupation / Job title (See Instructions)

VPA

Employer (See Instructions)

State Farm Insurance

Date

8/2/24

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

Thomas Harris

Amount of contribution (\$)

260.73

Contributor address; City; State; Zip Code

8040 Valley Dr, North Richland Hills, TX 76182

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Hillwood Development

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

9

2 FILER NAME

Jenny Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

8/2/24

5 Full name of contributor

Blake Herren

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State; Zip Code

4008 Highland Oaks Ln., Cleburne, TX 76031

7 Amount of contribution (\$)

104.48

8 Principal occupation / Job title (See Instructions)

Field Leadership

9 Employer (See Instructions)

State Farm Insurance

Date

7/31/24

Full name of contributor

Kim Bagley

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

6941 Ridgewood Dr, Fort Worth, TX 76092

Amount of contribution (\$)

260.73

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self Employed

Date

7/30/24

Full name of contributor

Matthew Sand

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

9724 Excursion Dr, Little Elm, TX 75068

Amount of contribution (\$)

104.48

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self Employed

Date

7/30/24

Full name of contributor

Patrick Farr

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

1012 Burnett St, Fort Worth, TX 76012

Amount of contribution (\$)

1,041.98

Principal occupation / Job title (See Instructions)

Consulting

Employer (See Instructions)

Mavery LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>Jenny Stewart</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/22/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Andrey Korneev</b>	7 Amount of contribution (\$)  <b>260.73</b>
	6 Contributor address; City; State; Zip Code <b>7315 Gibson Cemetary Rd, Ste. 103. Mansfield, TX 76063</b>	
8 Principal occupation / Job title (See Instructions) <b>Self Employed</b>		9 Employer (See Instructions) <b>AK Dealer Services</b>
Date <b>7/21/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jill Markwardt</b>	Amount of contribution (\$)  <b>1,041.98</b>
	Contributor address; City; State; Zip Code <b>501 Samuels Ave, Apt 210, Fort Worth, TX 76102</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>7/11/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Melissa Stewart</b>	Amount of contribution (\$)  <b>1,041.98</b>
	Contributor address; City; State; Zip Code <b>1600 Texas St, Apt 31601, Fort Worth, TX 76102</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>7/9/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jim Bridges</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>2648 FM 407, Ste 105, Argyle, TX 76226</b>	
Principal occupation / Job title (See Instructions) <b>Insurance Agent</b>		Employer (See Instructions) <b>Self Employed</b>

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

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME  
Jenny Stewart

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/9/24**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Steven Barber

7 Amount of contribution (\$)  
**104.48**

6 Contributor address; City; State; Zip Code  
518 Post Oak Dr., Newark, TX 76071

8 Principal occupation / Job title (See Instructions)  
Insurance Agent

9 Employer (See Instructions)  
Self Employed

Date  
**7/8/24**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Toni Elrod

Amount of contribution (\$)  
**104.48**

Contributor address; City; State; Zip Code  
501 Samuels Ave, Apt 520, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
**7/8/24**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Kellie Stewart

Amount of contribution (\$)  
**104.48**

Contributor address; City; State; Zip Code  
1333 N Curson Ave., Los Angeles, CA 90046

Principal occupation / Job title (See Instructions)  
Model

Employer (See Instructions)  
Self Employed

Date  
**7/8/24**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Bonnie Parker

Amount of contribution (\$)  
**52.40**

Contributor address; City; State; Zip Code  
2501 Marigold Ave, Fort Worth, TX 76111

Principal occupation / Job title (See Instructions)  
Sales

Employer (See Instructions)  
Bausch and Lomb

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>Jenny Stewart</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/8/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jenny Stewart</b>	7 Amount of contribution (\$)  <b>26.35</b>
6 Contributor address; City; State; Zip Code <b>1708 Western Center Blvd, Fort Worth, TX 76131</b>		
8 Principal occupation / Job title (See Instructions) <b>Insurance Agent</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date <b>7/16/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Bergman</b>	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>5150 Warren Pkwy, Ste 705, Frisco, TX 75036</b>		
Principal occupation / Job title (See Instructions) <b>Insurance Agent</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>9/12/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Denny Brown</b>	Amount of contribution (\$)  <b>200.00</b>
Contributor address; City; State; Zip Code <b>501 Samuels Ave, Apt 630, Fort Worth, TX 76102</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>11/27/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Melissa Stewart</b>	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>1600 Texas St, Apt 31601, Fort Worth, TX 76102</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Jenny Stewart	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/31/2024	<b>5</b> Payee name Susser Bank	
<b>6</b> Amount (\$) 3.00	<b>7</b> Payee address; City; State; Zip Code 4200 S Hulen St, Suite 110, Fort Worth, TX 76109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Service Charge
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 08/31/2024	Payee name Susser Bank	
Amount (\$)	Payee address; City; State; Zip Code 4200 S Hulen St, Suite 110, Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date	Payee name Susser Bank	
Amount (\$)	Payee address; City; State; Zip Code 4200 S Hulen St, Suite 110, Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Jenny Stewart</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/31/2024</b>	5 Payee name <b>Susser Bank</b>
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6 Amount (\$) <b>3.00</b>	7 Payee address; City; State; Zip Code <b>4200 S Hulen St, Suite 110, Fort Worth, TX 76109</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	(b) Description <b>Service Charge</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/30/2024</b>	Payee name <b>Susser Bank</b>
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Amount (\$) <b>3.00</b>	Payee address; City; State; Zip Code <b>4200 S Hulen St, Suite 110, Fort Worth, TX 76109</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Service Charge</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/31/2024</b>	Payee name <b>Susser Bank</b>
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Amount (\$) <b>3.00</b>	Payee address; City; State; Zip Code <b>4200 S Hulen St, Suite 110, Fort Worth, TX 76109</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Service Charge</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Jenny Stewart</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>08/07/2024</b>	5 Payee name <b>Starboard Strategies</b>
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6 Amount (\$) <b>1,500.00</b>	7 Payee address; City; State; Zip Code <b>501 Samuels Ave, Apt 610, Fort Worth, TX 76102</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>General Consulting</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>09/05/2024</b>	Payee name <b>Starboard Strategies</b>
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Amount (\$) <b>1,500.00</b>	Payee address; City; State; Zip Code <b>501 Samuels Ave, Apt 610, Fort Worth, TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>General Consulting</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/04/2024</b>	Payee name <b>Starboard Strategies</b>
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Amount (\$) <b>1,500.00</b>	Payee address; City; State; Zip Code <b>501 Samuels Ave, Apt 610, Fort Worth, TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>General Consulting</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Jenny Stewart</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/22/2024</b>	5 Payee name <b>Primal Fundraising</b>
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6 Amount (\$) <b>2,000.00</b>	7 Payee address; City; State; Zip Code <b>5706 E Mockingbird Ln, Dallas, TX 75206 #115-382</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Fundraising Consulting</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/19/2024</b>	Payee name <b>Primal Fundraising</b>
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Amount (\$) <b>2,000.00</b>	Payee address; City; State; Zip Code <b>5706 E Mockingbird Ln, Dallas, TX 75206 #115-382</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Fundraising Consulting</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/10/2024</b>	Payee name <b>Griffin Communications</b>
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Amount (\$) <b>1,500.00</b>	Payee address; City; State; Zip Code <b>151 Atwater Cove, Austin, TX 78737</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>General Consulting</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Jenny Stewart</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/14/2024</b>	5 Payee name <b>T-Mobile</b>
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6 Amount (\$) <b>367.07</b>	7 Payee address; City; State; Zip Code <b>12920 SE 38th St, Bellevue, WA 98006</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	(b) Description <b>Telephone</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/14/2024</b>	Payee name <b>T-Mobile</b>
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Amount (\$) <b>311.49</b>	Payee address; City; State; Zip Code <b>12920 SE 38th St, Bellevue, WA 98006</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	Description <b>Telephone</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/10/2024</b>	Payee name <b>T-Mobile</b>
---------------------------	-------------------------------

Amount (\$) <b>367.07</b>	Payee address; City; State; Zip Code <b>12920 SE 38th St, Bellevue, WA 98006</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	Description <b>Telephone</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>Jenny Stewart</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/22/2024</b>	<b>5</b> Payee name <b>Fort Worth Development Fund</b>	
<b>6</b> Amount (\$) <b>700.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>200 Texas St, Fort Worth, TX 76102</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Entry Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

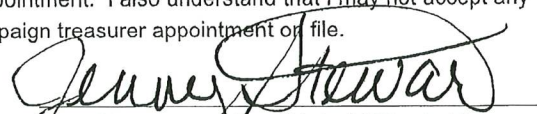
1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

JENNY STEWART

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment or file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.


I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder