

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> 10	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Jack	MI MI	<b>OFFICE USE ONLY</b>  Date Received  <b>Received by Ellie Garcia on March 31, 2021 at 8:13 PM</b>
	NICKNAME	LAST Stevens	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 116 N Broadway Azle TX 76020			
	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 291-0811			
<b>6 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$
<b>6 CAMPAIGN TREASURER NAME</b>	self			Date Processed
	Date Imaged			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Same as above			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( ) Same as above			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month Day Year    Month Day Year 01 / 01 / 2021    THROUGH    03 / 22 / 2021			
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 05 / 01 / 2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) Board of Directors, Tarrant Regional Water District		<b>13 OFFICE SOUGHT (if known)</b> Board of Directors, Tarrant Regional Water District	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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.			
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Jack Stevens		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 29,500.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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 JACK R STEVENS, and my date of birth is 3-17-44.  
My address is 116 N. Broadway Rd, Arlene, TX, 76020 TARRANT  
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of TX, on the 31<sup>st</sup> day of MARCH, 20 20.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Jack Stevens

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,500.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 5000.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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>6</b>
2 FILER NAME <b>Jack Stevens</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/1/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janie Rector</b>	7 Amount of contribution (\$)  <b>500</b>
	6 Contributor address; City; State; Zip Code <b>325 N Broadway Rd Azle TX 76020</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Wilkes</b>	Amount of contribution (\$)  <b>1000</b>
	Contributor address; City; State; Zip Code <b>777 Main Street, Suite 3200 Forth Worth TX 76102</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diana Stevens</b>	Amount of contribution (\$)  <b>1000</b>
	Contributor address; City; State; Zip Code <b>522 Lantern Ctr Temple Terrace TX FL 33617</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Peshorn</b>	Amount of contribution (\$)  <b>1000</b>
	Contributor address; City; State; Zip Code <b>452 Windjammer Ln Azle TX 76020</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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

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2 FILER NAME <b>Jack Stevens</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/18/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Zuilhof</b>	7 Amount of contribution (\$) <b>1000</b>
6 Contributor address; City; State; Zip Code <b>500 Throckmorton St, #3012 Fort Worth TX 76102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Gavin</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>105 S Broadway Rd Azle TX 76020</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andy Rector</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>1315 West 10th Street Fort Worth TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven L Parker</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>P.O. Box 618 Azle TX 760980618</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Jack Stevens</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/18/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Landon Banks Enterprises, LLP</b>	7 Amount of contribution (\$)  <b>1000</b>
	6 Contributor address; City; State; Zip Code <b>4880 Boat Club Rd, STE 100 Fort Worth TX 76135</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Merritco, LLC</b>	Amount of contribution (\$)  <b>250</b>
	Contributor address; City; State; Zip Code <b>6650 Wells Burnett Rd Fort Worth TX 76135</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>T &amp; S Brace</b>	Amount of contribution (\$)  <b>250</b>
	Contributor address; City; State; Zip Code <b>300 N Broadway Azle TX 76020</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mindy Ellmer</b>	Amount of contribution (\$)  <b>200</b>
	Contributor address; City; State; Zip Code <b>200 Congress Ave Unit 40FF Austin TX 78701</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jack Stevens</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CDM Smith Inc. PAC Account</b>	7 Amount of contribution (\$) <b>2500</b>
6 Contributor address; City; State; Zip Code <b>3050 Post Oak Blvd, Ste 300 Houston TX 770566585</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Hamilton</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City; State; Zip Code <b>10432 Bradshaw Dr Fort Worth TX 761086961</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FWPOA Committee for Public Safety</b>	Amount of contribution (\$) <b>2500</b>
Contributor address; City; State; Zip Code <b>2502 Parkview Drive, Ste 600 Fort Worth TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Haydn H Cutler, Jr</b>	Amount of contribution (\$) <b>2500</b>
Contributor address; City; State; Zip Code <b>3826 Camp Bowie Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6</b>
2 FILER NAME <b>Jack Stevens</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlie Geren Campaign</b>	7 Amount of contribution (\$) <b>500</b>
6 Contributor address; City; State; Zip Code <b>PO Box 1440 Fort Worth TX 76101</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Freese and Nichols PAC</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>4055 International Plaza, Ste 200 Fort Worth TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martha V Leonard</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>1411 Shady Oaks Lane Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alicia &amp; Jeremy Lee Dale</b>	Amount of contribution (\$) <b>250</b>
Contributor address; City; State; Zip Code <b>1308 Spinnaker Ln Azle TX 760204921</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jack Stevens</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr &amp; Mrs Victor Henderson</b>	7 Amount of contribution (\$)  <b>300</b>
6 Contributor address; City; State; Zip Code <b>3863 Candlelite Lane Fort Worth TX 761093226</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tim M and Jackie Gibbons</b>	Amount of contribution (\$)  <b>5000</b>
Contributor address; City; State; Zip Code <b>6728 Trinity Landing Dr N Fort Worth TX 761323740</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carolyn M Modley</b>	Amount of contribution (\$)  <b>200</b>
Contributor address; City; State; Zip Code <b>124 N Broadway Rd Azle TX 76020</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 (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 1
<b>2</b> FILER NAME Jack Stevens		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 3/1/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jack Stevens	<b>9</b> Loan Amount (\$) 5000.00
<b>6</b> Is lender a financial institution?  Y N	<b>8</b> Lender address; City; State; Zip Code  116 N Braodway Azle TX 76020	<b>10</b> Interest rate N/A
		<b>11</b> Maturity date N/A
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial institution?</b>  Y N	<b>Lender address; City; State; Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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