

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 11		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Jack	MI	Date Received <i>April 23, 2021</i> <i>1:00 PM E. Garcia</i>	
	NICKNAME	LAST Stevens	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)		
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election				
Month Day Year		THROUGH		Month Day Year	
01 / 01 / 2021				3 / 22 / 2021	
Receipt #		Amount \$			
Date Processed		Date Imaged			

6 EXPLANATION OF CORRECTION
 Correcting \$50 addition error or typographical error on Cover Sheet P2 & P3 to reflect correct total of contributions & cash on hand. Itemized contributions on Sch A were correctly and fully reported.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/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, Azle, Tx, 76008, Texas
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Tx, on the 22 day of April, 2021.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: <p style="text-align: center;">10</p>																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:30%;">Mr.</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:30%;">Jack</td> <td style="width:10%; font-size: small;">MI</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td></td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black;">Stevens</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Jack	MI		NICKNAME		LAST	Stevens	SUFFIX		OFFICE USE ONLY								
MS / MRS / MR	Mr.	FIRST	Jack	MI																		
NICKNAME		LAST	Stevens	SUFFIX																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:25%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">116 N Broadway Azle TX 76020</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	116 N Broadway Azle TX 76020					Date Received								
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
116 N Broadway Azle TX 76020																						
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:50%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(817)</td> <td>291-0811</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(817)	291-0811		Date Hand-delivered or Date Postmarked												
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(817)	291-0811																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:30%;">self</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:30%;"></td> <td style="width:10%; font-size: small;">MI</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td></td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td></td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> <td></td> </tr> </table>			MS / MRS / MR	self	FIRST		MI		NICKNAME		LAST		SUFFIX		Receipt #	Amount \$					
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NICKNAME		LAST		SUFFIX																		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">Same as above</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Same as above					Date Processed								
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9 REPORT TYPE	<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)																					
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%; font-size: small;">Year</td> </tr> <tr> <td>01</td> <td>/ 01</td> <td>/ 2021</td> <td style="text-align: center;">THROUGH</td> <td>03</td> <td>/ 22</td> <td>/ 2021</td> </tr> </table>			Month	Day	Year		Month	Day	Year	01	/ 01	/ 2021	THROUGH	03	/ 22	/ 2021					
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01	/ 01	/ 2021	THROUGH	03	/ 22	/ 2021																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td>05</td> <td>/ 01</td> <td>/ 2021</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	05	/ 01	/ 2021	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				
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12 OFFICE	OFFICE HELD (if any) Board of Directors, Tarrant Regional Water District	13 OFFICE SOUGHT (if known) Board of Directors, Tarrant Regional Water District																				
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS														
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	COMMITTEE CAMPAIGN TREASURER ADDRESS																					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Jack Stevens		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 29,550.00
OUTSTANDING LOAN TOTALS	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 3-17-1944.
 My address is 116 N. BROADWAY RD, AZLE, TX, 76020, TARRANT.
(street) (city) (state) (zip code) (country)
 Executed in TARRANT County, State of TEXAS, on the 22 day of APRIL, 20 21.
(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	\$ 24,550.00
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: 6
2 FILER NAME Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janie Rector	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code 325 N Broadway Rd Azle TX 76020		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Wilkes	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 777 Main Street, Suite 3200 Forth Worth TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Stevens	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 522 Lantern Ctr Temple Terrace TX FL 33617		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Penshorn	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 452 Windjammer Ln Azle TX 76020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 6
2 FILER NAME Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Zuilhof	7 Amount of contribution (\$) 1000
6 Contributor address; City; State; Zip Code 500 Throckmorton St, #3012 Fort Worth TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Gavin	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 105 S Broadway Rd Azle TX 76020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Rector	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 1315 West 10th Street Fort Worth TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven L Parker	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code P.O. Box 618 Azle TX 760980618		
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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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landon Banks Enterprises, LLP 6 Contributor address; City; State; Zip Code 4880 Boat Club Rd, STE 100 Fort Worth TX 76135	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritco, LLC Contributor address; City; State; Zip Code 6650 Wells Burnett Rd Fort Worth TX 76135	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T & S Brace Contributor address; City; State; Zip Code 300 N Broadway Azle TX 76020	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindy Ellmer Contributor address; City; State; Zip Code 200 Congress Ave Unit 40FF Austin TX 78701	Amount of contribution (\$) 200
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

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: 6
2 FILER NAME Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CDM Smith Inc. PAC Account	7 Amount of contribution (\$) 2500
6 Contributor address; City; State; Zip Code 3050 Post Oak Blvd, Ste 300 Houston TX 770566585		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Hamilton	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 10432 Bradshaw Dr Fort Worth TX 761086961		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FWPOA Committee for Public Safety	Amount of contribution (\$) 2500
Contributor address; City; State; Zip Code 2502 Parkview Drive, Ste 600 Fort Worth TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haydn H Cutler, Jr	Amount of contribution (\$) 2500
Contributor address; City; State; Zip Code 3826 Camp Bowie Fort Worth TX 76107		
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Geren Campaign	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code PO Box 1440 Fort Worth TX 76101		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freese and Nichols PAC	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 4055 International Plaza, Ste 200 Fort Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha V Leonard	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 1411 Shady Oaks Lane Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia & Jeremy Lee Dale	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 1308 Spinnaker Ln Azle TX 760204921		
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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <p style="text-align: center;">Y N</p>	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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.