

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: 9				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received <i>April 23, 2021</i> <i>1:00PM</i> <i>J. Garcia</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	Mr.	Jack					
NICKNAME	LAST	SUFFIX					
	Stevens						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	116 N Broadway	Azle TX	76020				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	291-0811					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	self						
	NICKNAME	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	Same as above						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	()	Same as above					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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	Month	Day	Year	Month	Day	Year	
	03	23	2021	THROUGH	04	21	2021
11 ELECTION	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			
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.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		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)	\$ 28,975.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,123.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 36,401.03
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 3-17-44.
My address is 116 N Broadway Rd, Azle, Tx, 76020 Tarrant
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Tx, 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		\$ 28,975.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 22,123.97
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: 5
2 FILER NAME Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Jenkins	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 316 North Parkway Azle TX 76020		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Bennett	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code P.O. Box 957 Boyd TX 76023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew A & Annette Schatte	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code 5330 Montrose Blvd Houston TX 77005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Balloun	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code 12852 CR 1117 Cleburne TX 76033		
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: 5
2 FILER NAME Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Berg	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 348 Leeward Circle Azle TX 76020		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Granger Campaign Fund	Amount of contribution (\$) 10000.00
Contributor address; City; State; Zip Code 1701 River Run Ste 308 Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn & Michael Berry	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 6217 Genoa Rd Fort Worth TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwin & Patricia Ryan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5401 Benbridge Dr Fort Worth TX 76107		
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 Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy Ann Havran	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4804 Overton Hollow St. Fort Worth TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory S Ibanez	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3850 Washington Avenue Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassie M King	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3913 Micki Lynn Ave Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Melissa Kirtley	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code 4601 Crestline Rd Fort Worth TX 76107		
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

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2 FILER NAME Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Granger	7 Amount of contribution (\$) 5000.00
6 Contributor address; City; State; Zip Code 3100 West 7th Street #811 Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinity Lakes Partners, LLC	Amount of contribution (\$) 750.00
Contributor address; City; State; Zip Code PO Box 185104 Fort Worth TX 76181		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade C & Karla Donnell	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code PO Box 159 Paradise TX 76073		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santo J & Sandra Forte	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 137 Timberlake Azle TX 76020		
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 Jack Stevens		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Parker	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code PO Box 618 Azle TX 76098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusty & Terri Gibson	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 110 Timarron Ct Weatherford TX 76085		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen & Larry Anfin	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 7020 Castle Creek Ct Fort Worth TX 76132		
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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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: 1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Payee name Tim Reeves Consulting	
6 Amount (\$) 4123.97	7 Payee address; 815-A Brazos St	City; State; Zip Code Austin TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Signs
	(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
Date 4/19/2021	Payee name Tim Reeves Consulting	
Amount (\$) 18,000.00	Payee address; 815-A Brazos St	City; State; Zip Code Austin TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Campaign Mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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