

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS/MRS/MR FIRST: <i>Joyce</i> MI: _____ NICKNAME: _____ LAST: <i>Stevens</i> SUFFIX: _____	<div style="border: 2px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received: <i>1/13/2014</i></p> <p>FILED TARRANT COUNTY ELECTIONS ADMINISTRATION STEVENS AM 9:14</p> <p>Date Hand-delivered or Postmarked: _____</p> <p>Receipt # _____ Amount: _____</p> <p>Date Processed: _____</p> <p>Date Imaged: _____</p> </div>	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS/MRS/MR FIRST: <i>Joyce</i> MI: _____ NICKNAME: _____ LAST: <i>Stevens</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) _____ APT / SUITE # _____ CITY _____ STATE _____ ZIP CODE _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>9 / 27 / 2013</i> <i>12 / 31 / 2013</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 4 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Tarrant County Criminal Court #2</i>	

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME _____ **15 ACCOUNT # (Ethics Commission Filers)** _____

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	BY: _____ ELECTIONS ADMINISTRATION 2011 JAN 13 AM 9:44 FILED TARRANT COUNTY
	<input type="checkbox"/>	COMMITTEE ADDRESS	
	<input type="checkbox"/>	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 180.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8453.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 230.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8453.47

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joseph E. Stevens
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph E Stevens, this the 13th day of January, 20 14, to certify which, witness my hand and seal of office.

Nieves Aguirre Nieves Aguirre Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):
1

2 FILER NAME: *Joyce Stevens* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>11/19/2013</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Phemister</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>1907 Turf Club Drive Arlington TX 76017</i>	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation: *Retired* 10 Contributor's job title
School Principal

11 Contributor's employer/law firm: *AISD* 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <i>11/19/2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Cole</i>	Amount of contribution (\$) <i>\$80.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>PO Box 101066 Ft Worth TX 76185</i>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation: *Lawyer* Contributor's job title
Attorney

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <i>11/19/2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth LaGrone</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3404 Ambassador Row Arlington TX 76013</i>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation: *Retired* Contributor's job title
Teacher

Contributor's employer/law firm: *DISD* Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

RY: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
TARRANT COUNTY
2014 JAN 13 AM 9:44

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Joyce Stevens	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--------------------------------------	--

4 Date 11/04/2013	5 Payee name Mulhollands
-----------------------------	------------------------------------

6 Amount (\$) 20.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1332 N. Main St. Fort Worth TX 76164
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) 3 Name tags and magnetic badge attachments
--------------------------	--	--

Date 11/05/2013	Payee name Plan A & B Advisors, LLC
---------------------------	---

Amount (\$) 3523.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 420 Throckmorton St. Suite 200 Fort Worth TX 76102
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Design work for Logo, pushcards, name tags, bus cards & printing; Design website, Facebook & Twitter
------------------------	--	--

Date 11/19/2013	Payee name Cantina Laredo
---------------------------	-------------------------------------

Amount (\$) 480.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 530 Throckmorton Fort Worth TX 76102
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Fundraising event
------------------------	--	---

Date 12/12/13	Payee name Plan A & B Advisors, LLC
-------------------------	---

Amount (\$) 849.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 420 Throckmorton St, Suite 200 Fort Worth, TX 76102
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Social Media Maintenance Design Campaign Banner
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

FILED
TARRANT COUNTY

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX (b) 45

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Joyce Stevens	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--------------------------------------	--

4 Date 12/05/2013	5 Payee name TC GOP
-----------------------------	-------------------------------

6 Amount (\$) 2500.00	7 Payee address; City: State: Zip Code 2405 Gravel Road Fort Worth, TX 76118
------------------------------	--

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee for place on Ballot
--------------------------	---	--

Date 12/17/2013	Payee name TC GOP
---------------------------	-----------------------------

Amount (\$) 350.00	Payee address; City: State: Zip Code 2405 Gravel Road Ft. Worth TX 76118
---------------------------	--

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 1/2 table - Lincoln Day Dinner
------------------------	--	--

Date 12/23/2013	Payee name Texas Conservative Unite PAC
---------------------------	---

Amount (\$) 729.99	Payee address; City: State: Zip Code 1921 Stonehill Dr. Fort Worth, TX 76247
---------------------------	--

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) table at Tarrant County conservative for straw poll
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City: State: Zip Code
-------------	--------------------------------------

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED