

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**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: 20

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Jenny
NICKNAME LAST SUFFIX
Stewart

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
501 Samuels Ave, Apt 240 Fort Worth, TX 76102

CSO REC'D
APR 3 '25 PM 1:18

Change of Address

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
Linda
NICKNAME LAST SUFFIX
Allen

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

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
1 / 15 / 25 THROUGH 4 / 3 / 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

Additional Pages

GENERAL

COMMITTEE ADDRESS

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

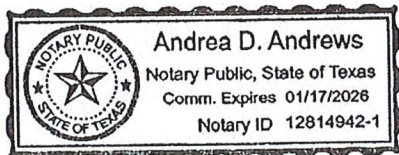
15 C/OH NAME Jenny Stewart		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,392.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,756.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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 Stewart
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jenny Stewart this the 3 day of April, 2025, to certify which, witness my hand and seal of office.

Andrea D. Andrews Andrea D. Andrews Office Manager
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 Jenny Stewart		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,125.65
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 266.59
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 56,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,756.90
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 8
2 FILER NAME Jenny Stewart		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haydn H Cutler <hr/> 6 Contributor address; City; State; Zip Code 3825 Camp Bowie Fort Worth, TX 76107	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE		9 Employer (See Instructions)
Date 2/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynne Johnson <hr/> Contributor address; City; State; Zip Code 1600 Texas St # 21101 Fort Worth, TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James P Lattimore <hr/> Contributor address; City; State; Zip Code 1200 Summit Ave #770 Fort Worth, TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) The Lattimore Company
Date 1/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Lee Waters <hr/> Contributor address; City; State; Zip Code 1600 Texas St # 2905 Fort Worth, TX 76102	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Harwood <hr/> 6 Contributor address; City; State; Zip Code 1600 Texas St #1513 Fort Worth, TX 76102	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Flippo <hr/> Contributor address; City; State; Zip Code 561 E Boswell Rd Saginaw, TX 76131	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Alcon Labratories
Date 1/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Constance Smith <hr/> Contributor address; City; State; Zip Code 1600 Texas St #2703 Fort Worth, TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin Bahnman <hr/> Contributor address; City; State; Zip Code 1600 Texas St #31601 Fort Worth, TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Harris <hr/> 6 Contributor address; City; State; Zip Code 501 Samuels Ave #440 Fort Worth, TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Development		9 Employer (See Instructions) Hillwood
Date 3/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Cox <hr/> Contributor address; City; State; Zip Code 501 Samuels Ave #640 Fort Worth, TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Starr <hr/> Contributor address; City; State; Zip Code 501 Samuels Ave #310 Fort Worth, TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Crimson Energy
Date 3/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen Beal <hr/> Contributor address; City; State; Zip Code 501 Samuels Ave #420 Fort Worth, TX 76102	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John A Grant	7 Amount of contribution (\$) 100.00
3/27/25	6 Contributor address; City; State; Zip Code 2425 Medford Ct E Fort Worth, TX 76109	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Grant Engineering
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford Burgher	Amount of contribution (\$)
3/27/25	Contributor address; City; State; Zip Code 1703 Catalina Ct, Fort Worth, TX 76107	300.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Burgher Haggard Accounting
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micheal Cook	Amount of contribution (\$)
3/27/25	Contributor address; City; State; Zip Code 1315 Fairmount Ave Fort Worth, TX 76104	50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley Turner	Amount of contribution (\$)
3/25/25	Contributor address; City; State; Zip Code 4949 Westbriar Dr Fort Worth, TX 76109	250.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Fort Worth Report

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Stewart	7 Amount of contribution (\$)
3/25/25	6 Contributor address; City; State; Zip Code 1600 Texas St #31601 Fort Worth, TX 76102	350.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrey Korneev	Amount of contribution (\$)
3/25/25	Contributor address; City; State; Zip Code 7315 Gibson Cemetary Rd #103 Mansfield, TX 76063	200.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Real Estate
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer & Nails PAC	Amount of contribution (\$)
3/12/25	Contributor address; City; State; Zip Code 100 E 15th St #900 Fort Worth, TX 76102	1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgina Hurren	Amount of contribution (\$)
1/30/25	Contributor address; City; State; Zip Code 1600 Texas St #2604 Fort Worth, TX 76102	175.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Barker <hr/> 6 Contributor address; City; State; Zip Code 3245 Lubbock Ave Fort Worth, TX 76109	7 Amount of contribution (\$) 52.40
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Dirks <hr/> Contributor address; City; State; Zip Code 45 East End Ave, 6H New York, NY 10028	Amount of contribution (\$) 260.73
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self
Date 3/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Kessler <hr/> Contributor address; City; State; Zip Code 626 Roaring Springs Rd Fort Worth, TX 76114	Amount of contribution (\$) 260.73
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) DKM Properties
Date 3/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger B Norman <hr/> Contributor address; City; State; Zip Code 3200 Riverfront Dr Fort Worth, TX 76107	Amount of contribution (\$) 260.73
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Norman Norman P.C.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Davis	7 Amount of contribution (\$) 100.00
3/2/25	6 Contributor address; City; State; Zip Code 4273 Barcelona Dr Fort Worth, TX 76133	
8 Principal occupation / Job title (See Instructions) Product Man		9 Employer (See Instructions) Caterpillar
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Allen	Amount of contribution (\$)
2/17/25	Contributor address; City; State; Zip Code 5328 Boat Club Rd Fort Worth, TX 76135	260.73
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) State Farm
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Sturgeon	Amount of contribution (\$)
2/8/25	Contributor address; City; State; Zip Code 5940 Eden Haltom City, TX 76117	104.48
Principal occupation / Job title (See Instructions) <i>REAL ESTATE</i>		Employer (See Instructions) <i>INVESTOR</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Normand	Amount of contribution (\$)
2/7/25	Contributor address; City; State; Zip Code 3000 S Cooper St Arlington, TX 76015	521.15
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) State Farm

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludie Heineman <hr/> 6 Contributor address; City; State; Zip Code 1600 Texas St #30202 Fort Worth, TX 76102	7 Amount of contribution (\$) 52.40
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy Dickey <hr/> Contributor address; City; State; Zip Code 1600 Texas St Fort Worth, TX 76102	Amount of contribution (\$) 130.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Bird <hr/> Contributor address; City; State; Zip Code 640 Taylor St Fort Worth, TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Jetta
Date 1/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby McGee <hr/> Contributor address; City; State; Zip Code 201 Main St #11310 Fort Worth, TX 76102	Amount of contribution (\$) 1041.98
Principal occupation / Job title (See Instructions) Private Equity		Employer (See Instructions) Mission Consumer Capital

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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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Stewart <hr/> 6 Contributor address; City; State; Zip Code 13402 Haslet Ct Haslet, TX 76052	7 Amount of contribution (\$) 2083.65
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) STATE FARM
Date 1/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betsy Price <hr/> Contributor address; City; State; Zip Code 3008 Overton Park West Fort Worth, TX 76109	Amount of contribution (\$) 521.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Baker <hr/> Contributor address; City; State; Zip Code 3245 Lubbock Ave Fort Worth, TX 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff R Boggess <hr/> Contributor address; City; State; Zip Code 1937 Dartmoor Ct Fort Worth, TX 76110	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Jenny Stewart		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 266.59	
5 Date 4/1/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Kidwell 7 Contributor address; City; State; Zip Code 1301 E Belknap St Fort Worth, TX 76102	8 Amount of Contribution \$ 266.59 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Food/Beverage
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Cowtown Brewing Company	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 1
2 FILER NAME Jenny Stewart		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 56,000.00
5 Date of loan 3/14/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Stewart	9 Loan Amount (\$) 6,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 501 Samuels Ave, Apt 240 Fort Worth, TX 76102	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Agent		13 Employer (See Instructions) State Farm
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input 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 3/27/25	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Stewart	Loan Amount (\$) 50,000.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 501 Samuels Ave, Apt 240 Fort Worth, TX 76102	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) State Farm
Description of Collateral <input type="checkbox"/> none		<input checked="" 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.

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: 6	2 FILER NAME Jenny Stewart	3 Filer ID (Ethics Commission Filers)
4 Date 1/14/25	5 Payee name T-Mobile	
6 Amount (\$) 367.07	7 Payee address; City; State; Zip Code 12920 SE 38th St Bellevue, WA 98006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Phone
	(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 1/21/25	Payee name Griffin Communications	
Amount (\$) 4750.00	Payee address; City; State; Zip Code 151 Atwater Cove Austin, TX 78737	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description General Consulting
	<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 1/22/25	Payee name Primal Fundraising	
Amount (\$) 2,000.00	Payee address; City; State; Zip Code 5706 E Mockingbird Ln #115-382 Dallas, TX 76206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Fundraising Consulting
	<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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/25	5 Payee name Susser Bank	
6 Amount (\$) 3.00	7 Payee address; City; State; Zip Code 4200 S Hulen St, Suite 110, Fort Worth TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Service Charge
	(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 1/29/25	Payee name City of Fort Worth	
Amount (\$) 100.00	Payee address; City; State; Zip Code 100 Fort Worth Trl, Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee
	<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 2/14/25	Payee name T-Mobile	
Amount (\$) 366.98	Payee address; City; State; Zip Code 12920 SE 38th St Bellevue, WA 98006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Phone
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 2/19/25	5 Payee name Primal Fundraising
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6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 5706 E Mockingbird Ln #115-382 Dallas, TX 76206
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Fundraising Consulting
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/28/25	Payee name Susser Bank
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Amount (\$) 3.00	Payee address; City; State; Zip Code 4200 S Hulen St, Suite 110, Fort Worth TX 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Service Charge
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/18/25	Payee name TX Duck
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Amount (\$) 465.48	Payee address; City; State; Zip Code 7633 Somerville Place Rd Fort Worth, TX 76135
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Volunteer Shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3/13/25		5 Payee name Elkins Hardware			
6 Amount (\$) 227.00		7 Payee address; City; State; Zip Code 128 S Saginaw Blvd Saginaw, TX 76179			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs		
	<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 3/14/25		Payee name T-Mobile			
Amount (\$) 325.40		Payee address; City; State; Zip Code 12920 SE 38th St Bellevue, WA 98006			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Phone		
	<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 3/17/25		Payee name Griffin Communications			
Amount (\$) 7,040.94		Payee address; City; State; Zip Code 151 Atwater Cove Austin, TX 78737			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description General Consulting		
	<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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SCHEDULE F1

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 3/21/25	5 Payee name The Home Depot	
6 Amount (\$) 75.45	7 Payee address; City; State; Zip Code 7100 N Freeway Fort Worth, TX 76137	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 3/24/25	Payee name The Home Depot	
Amount (\$) 129.58	Payee address; City; State; Zip Code 7100 N Freeway Fort Worth, TX 76137	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<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 3/31/25	Payee name Susser Bank	
Amount (\$) 3.00	Payee address; City; State; Zip Code 4200 S Hulen St, Suite 110, Fort Worth TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Service Charge
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/25	5 Payee name Hillary Shephard	
6 Amount (\$) 2,000.00	7 Payee address; City: State; Zip Code 5332 TRINITY RIVER TRL WEST WORTH VILLAGE, TX 76094	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description General Consulting
	(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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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