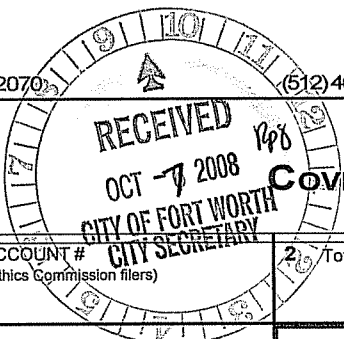


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT



FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: 8

3 COMMITTEE NAME
Ft. Worth Citizens for Economic Progress

OFFICE USE ONLY	
Date Received	
OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX	
Receipt #	Amount
Date Processed	
Date Imaged	

4 COMMITTEE ADDRESS
7401 North Beach
Ft. Worth, TX 76137

5 CAMPAIGN TREASURER NAME
Mr. Michael Nowels

6 CAMPAIGN TREASURER'S STREET ADDRESS
7401 North Beach
Fort Worth, TX 76137

7 CAMPAIGN TREASURER'S MAILING ADDRESS
Same as above

8 CAMPAIGN TREASURER PHONE
()

9 REPORT TYPE
 January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
7 / 1 / 08 THROUGH 10 / 3 / 08

11 ELECTION
ELECTION DATE: 11 / 04 / 08
ELECTION TYPE: Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

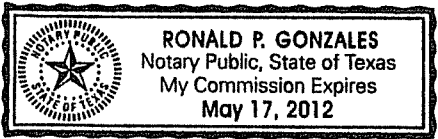
FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Ft. Worth Citizens for Economic Progress **ACCOUNT #**
(Ethics Commission filers)

<p>13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)</p> <p><input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)</p> <p><input type="checkbox"/> OPPOSE (Candidate or Measure)</p> <p><input type="checkbox"/> ASSIST (Officeholder)</p>	<p><input type="checkbox"/> CANDIDATE</p>	<p>CANDIDATE / OFFICEHOLDER NAME</p>
	<p><input type="checkbox"/> OFFICEHOLDER</p>	<p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</p>
	<p><input checked="" type="checkbox"/> MEASURE</p>	<p>BALLOT IDENTIFICATION / #</p> <p style="text-align: right;">ELECTION DATE Month Day Year 11 / 4 / 08</p>
	<p>DESCRIPTION local option</p>	

14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,000
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 10,000
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 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.

[Signature]
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Nowells, this the 6th day of October, 2008, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 1	
2 FILER NAME Ft. Worth Citizens for Economic Progress		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/3/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinker International	7 Amount of contribution (\$) 10,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code LBJ Freeway Dallas, TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Ft. Worth Citizens for Economic Progress		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/3/08	5 Payee name Texas Petition Strategies <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 1201 W. Abrams Arlington, TX 76013	7 Amount (\$) 10,000
8 Purpose of payment (See instructions regarding type of information required.) Consulting and petition		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED