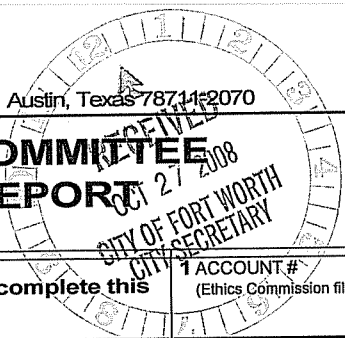


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1



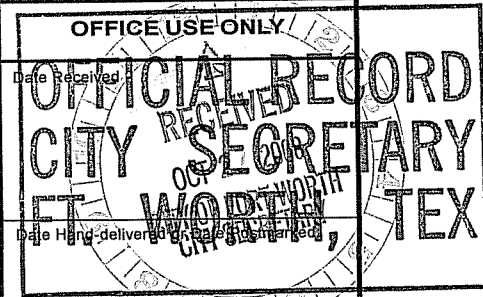
The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 COMMITTEE NAME

Ft. Worth Citizens for Economic Progress



4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

7401 North Beach
Ft. Worth, TX 76137

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Mr. Michael

NICKNAME LAST SUFFIX

Nowels

Receipt #	Amount
Date Processed	
Date Imaged	

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7401 North Beach
Fort Worth, TX 76137

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Same as above

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

()

9 REPORT TYPE

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded \$500 limit |
| <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Dissolution (attach PAC-DR) |
| | <input type="checkbox"/> Runoff | <input type="checkbox"/> 10th day after campaign treasurer termination |

10 PERIOD COVERED

Month Day Year Month Day Year

10 / 4 / 08 THROUGH 10 / 25 / 08

11 ELECTION

ELECTION DATE
Month Day Year

11 / 4 / 08

ELECTION TYPE

- Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

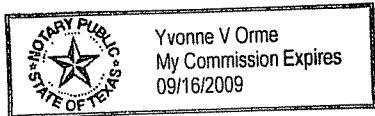
FORM SPAC COVER SHEET PG 2

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

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <table style="width: 100%; border: none;"> <tr> <td style="border: none;">BALLOT IDENTIFICATION / #</td> <td style="border: none; text-align: right;">ELECTION DATE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;"> Month Day Year 11 / 4 / 08 </td> </tr> </table> DESCRIPTION local option	BALLOT IDENTIFICATION / #	ELECTION DATE		Month Day Year 11 / 4 / 08
	BALLOT IDENTIFICATION / #	ELECTION DATE				
		Month Day Year 11 / 4 / 08				
	<input checked="" type="checkbox"/> MEASURE	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">BALLOT IDENTIFICATION / #</td> <td style="border: none; text-align: right;">ELECTION DATE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;"> Month Day Year 11 / 4 / 08 </td> </tr> </table>	BALLOT IDENTIFICATION / #	ELECTION DATE		Month Day Year 11 / 4 / 08
BALLOT IDENTIFICATION / #	ELECTION DATE					
	Month Day Year 11 / 4 / 08					
<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #					

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)	\$ 37,500
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,500
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.

Michael R. Nowels

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Nowels, this the 25 day of October, 20 08, to certify which, witness my hand and seal of office.

Yvonne V. Orme Yvonne V. Orme 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 10/6/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillwood Alliance Group	7 Amount of contribution (\$) 15,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13600 Heritage Parkway, Suite 200 Ft. Worth, TX 76177			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/14/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LNR CPI Presidio Retail, LLC	Amount of contribution (\$) 20,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4350 Von Karman Ave., Suite 300 Newport Beach, CA 92660			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/17/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trademark Property Company	Amount of contribution (\$) 2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 Commerce Street, Suite 3635 Ft. Worth, TX			
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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
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2 FILER NAME Ft. Worth Citizens for Economic Progress	3 ACCOUNT # (Ethics Commission filers)
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4 Date 10/17/08	5 Payee name Texas Petition Strategies 6 Payee address; City; State; Zip Code 1201 W. Abrams Arlington, TX 76013	7 Amount (\$) 37,500
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8 Purpose of payment (See instructions regarding type of information required.) consulting	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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 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 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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED