

# 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)  
00000440

2 PAGE #  
1 of 10

3 COMMITTEE NAME  
Fort Worth Fire Fighters Committee for Equal Benefits

**OFFICE USE ONLY**

Date Received

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

4 COMMITTEE ADDRESS  
 Change of Address  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
417 N. Retta St.  
Fort Worth, TX 76111-4002

Receipt # Amount

5 CAMPAIGN TREASURER NAME  
MS / MRS / MR FIRST MI  
Mr. John  
NICKNAME LAST SUFFIX  
Michael Glynn Jr.

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  
417 N. Retta St.  
Fort Worth, TX 76111-4002

7 CAMPAIGN TREASURER'S MAILING ADDRESS  
 Change of Address  
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
417 N. Retta St.  
Fort Worth, TX 76111-4002

8 CAMPAIGN TREASURER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
(817) 831-0406

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  
Month Day Year Month Day Year  
08/15/2007 THROUGH 09/27/2007

11 ELECTION  
ELECTION DATE ELECTION TYPE  
Month Day Year  
11/06/2007  
 Primary  Runoff  General  Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

## FORM SPAC COVER SHEET PG 2

**12 COMMITTEE NAME** Fort Worth Fire Fighters Committee for Equal Benefits

**ACCOUNT #** (Ethics Commission filers)  
00000440

**13 COMMITTEE PURPOSE**

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT  
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

OPPOSE  
(Candidate or Measure)

Prop. 1

11/06/2007

ASSIST  
(Officeholder only)

MEASURE

DESCRIPTION

Collective Bargaining for Fort Worth Fire Fighters

**14 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 94,380.13

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 84,380.13

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

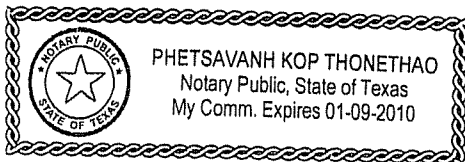
**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

**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.



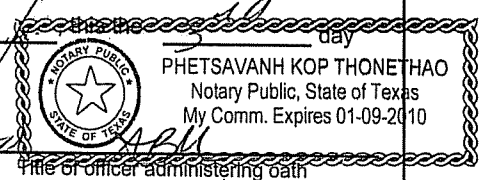
AFFIX NOTARY STAMP / SEAL ABOVE

*[Signature]*  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said John M Glynn on the 11th day of October, 2007, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

PHETSAVANH KOP THONETHAO  
Print name of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 3/10	
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440	
<b>4</b> Date  08/20/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Fire Fighters Committee for Responsible Government  ..... <b>6</b> Contributor address; City; State; Zip Code 417 N. Retta St. Fort Worth, TX 76111-4002	<b>7</b> Amount of contribution (\$)  \$10,000.00	<b>8</b> In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Fire Fighters Committee for Responsible Government  ..... Contributor address; City; State; Zip Code 417 N. Retta St. Fort Worth, TX 76111-4002	Amount of contribution (\$)  \$30,000.00	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/20/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Professional Fire Fighters Association  ..... Contributor address; City; State; Zip Code 417 N. Retta St. Fort Worth, TX 76111-4002	Amount of contribution (\$)  \$54,380.13	In-kind contribution description (if applicable)          (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/6 Report: 4/10
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440
<b>4</b> Date  08/22/2007	<b>5</b> Payee name Alfrido, Frank (Mr.)  ..... <b>6</b> Payee address; City; State; Zip Code 8645 Madison Dr. North Richland Hills, TX 76180-3670	<b>7</b> Amount (\$)  \$304.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Bishop, Jeremy (Mr.)  ..... Payee address; City; State; Zip Code 3737 Byers Ave. Fort Worth, TX 76107	Amount (\$)  \$775.20
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Brewer, Clint (Mr.)  ..... Payee address; City; State; Zip Code 205 N. Long Rifle Dr. Fort Worth, TX 76108	Amount (\$)  \$471.20
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Cerda, Javier (Mr.)  ..... Payee address; City; State; Zip Code 2235 Washington Ave. Fort Worth, TX 76110-1960	Amount (\$)  \$304.00
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/6 Report: 5/10
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440
<b>4</b> Date  08/22/2007	<b>5</b> Payee name Cornish, Cade (Mr.)  ..... <b>6</b> Payee address; City; State; Zip Code 5340 Westminster Ct. N. Fort Worth, TX 76133	<b>7</b> Amount (\$)  \$281.20
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Escobar, Chris (Mr.)  ..... Payee address; City; State; Zip Code 1741 Cynthia Lane Hurst, TX 76054	Amount (\$)  \$402.80
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Forrestal, Tom (Mr.)  ..... Payee address; City; State; Zip Code 2555 Walsh Ct. Fort Worth, TX 76109-1057	Amount (\$)  \$91.20
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Frank, Matt (Mr.)  ..... Payee address; City; State; Zip Code 137 Portales Dr. Aledo, TX 76008	Amount (\$)  \$311.60
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/6 Report: 6/10
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440
<b>4</b> Date  08/22/2007	<b>5</b> Payee name Gibson, Rob (Mr.)  <b>6</b> Payee address; City; State; Zip Code 2302 Mistletoe Drive Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$121.60
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Grindstaff, Jason (Mr.)  Payee address; City; State; Zip Code 21160 S. FM 4 Lipan, TX 76462	Amount (\$)  \$38.00
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Harvey, Christian (Mr.)  Payee address; City; State; Zip Code 7317 Londonerry Dr. North Richland Hills, TX 76180	Amount (\$)  \$190.00
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Hermosillo, Mackey (Mr.)  Payee address; City; State; Zip Code 217 E. Cunningham Crowley, TX 76036	Amount (\$)  \$114.00
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/6 Report: 7/10
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440
<b>4</b> Date  08/22/2007	<b>5</b> Payee name Jones, Darren (Mr.)  ..... <b>6</b> Payee address; City; State; Zip Code 11513 Crystal Falls Drive Keller, TX 76148	<b>7</b> Amount (\$)  \$524.40
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Jones, Justin (Mr.)  ..... Payee address; City; State; Zip Code 6425 Darwood Ave. Fort Worth, TX 76116	Amount (\$)  \$729.60
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Mercado, Alberto (Mr.)  ..... Payee address; City; State; Zip Code 1861 Grand Ave. Fort Worth, TX 76106-8636	Amount (\$)  \$228.00
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Omberg, Kyle Jr. (Mr.)  ..... Payee address; City; State; Zip Code 1212 Rio Grande Dr. Benbrook, TX 76126	Amount (\$)  \$129.20
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/6 Report: 8/10
<b>2</b> FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000440
<b>4</b> Date  08/22/2007	<b>5</b> Payee name Pool, Josh (Mr.) ..... <b>6</b> Payee address; City; State; Zip Code 703 Terrace Dr. Weatherford, TX 76086	<b>7</b> Amount (\$)  \$144.40
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Rubalcaba, Joe (Mr.) ..... Payee address; City; State; Zip Code 7751 Arcadia Trail Fort Worth, TX 76137	Amount (\$)  \$440.80
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Schneider, Matt (Mr.) ..... Payee address; City; State; Zip Code 4913 Brianhill Dr. Fort Worth, TX 76135	Amount (\$)  \$478.80
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/22/2007	Payee name Soto, David (Mr.) ..... Payee address; City; State; Zip Code 5605 Reagan Rd. Colleyville, TX 76034	Amount (\$)  \$60.80
Purpose of payment (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 6/6 Report: 9/10
<b>2 FILER NAME</b> Fort Worth Fire Fighters Committee for Equal Benefits		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000440
<b>4 Date</b>  08/22/2007	<b>5 Payee name</b> Tate, Kayla (Ms.)  <b>6 Payee address; City; State; Zip Code</b> 612 West Woodcreek Ct. Granbury, TX 76049	<b>7 Amount (\$)</b>  \$83.60
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  08/22/2007	<b>Payee name</b> The Eppstein Group  <b>Payee address; City; State; Zip Code</b> 4055 International Plaza, Suite 600 Fort Worth, TX 76109	<b>Amount (\$)</b>  \$47,714.93
<b>Purpose of payment</b> (See instructions regarding type of information required.) Political Consultation Contract  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  09/25/2007	<b>Payee name</b> The Eppstein Group  <b>Payee address; City; State; Zip Code</b> 4055 International Plaza, Suite 600 Fort Worth, TX 76109	<b>Amount (\$)</b>  \$30,000.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) Political Consultation Contract  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  08/22/2007	<b>Payee name</b> Yates, Greg (Mr.)  <b>Payee address; City; State; Zip Code</b> 706 Crown Ct. Keller, TX 76248	<b>Amount (\$)</b>  \$440.80
<b>Purpose of payment</b> (See instructions regarding type of information required.) Signature Collecting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 10/10

**2** FILER NAME Fort Worth Fire Fighters Committee for Equal Benefits

**3** ACCOUNT # (Ethics Commission filers)  
00000440

**4** Date  
  
08/28/2007

**5** Payee name  
Chase Bank  
.....  
**6** Payee address; City; State; Zip Code  
401 N. Colonial St.  
Fort Worth, TX 76111

**8** Amount  
(\$)  
  
\$29.74

**7** Purpose of expenditure (See instructions regarding type of information required.)  
Check Order