

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM SPAC
COVER SHEET PG 1

The **SPAC INSTRUCTION GUIDE** explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00999999

2 PAGE #
1 of 9

3 COMMITTEE NAME
Voters Supporting Fort Worth's Future

OFFICE USE ONLY



4 COMMITTEE ADDRESS
 Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
777 Taylor Street
Suite 900
Fort Worth, TX 76102

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Mr. Ben D.
.....
NICKNAME LAST SUFFIX
Loughry

Receipt #
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
777 Taylor Street
Suite 900
Fort Worth, TX 76102

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 Change of Address
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
777 Taylor Street
Suite 900
Fort Worth, TX 76102

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 336-2491

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

10 PERIOD COVERED
Month Day Year Month Day Year
05/01/2014 THROUGH 07/15/2014

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year
05/10/2014
 Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM SPAC
COVER SHEET PG 2

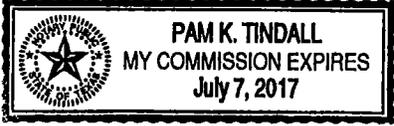
12 COMMITTEE NAME Voters Supporting Fort Worth's Future	ACCOUNT # (Ethics Commission filers) 00999999
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
<input type="checkbox"/> OPPOSE (Candidate or Measure)		ELECTION DATE Month Day Year 05/10/2014
<input type="checkbox"/> ASSIST (Officeholder only)		DESCRIPTION TO SUPPORT THE CITY OF FORT WORTH'S BOND ELECTION

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)	\$ 14,943.32
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 31.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 35,702.52
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

Ben D. Laughrey
Signature of Campaign Treasurer

with permission by Patricia T. Steelman

Sworn to and subscribed before me, by the said Ben D. Laughrey with permission by Patricia T. Steelman, this the 15th day of July, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

**FORM SPAC
ADDENDUM**

Page 3 of 9

COMMITTEE NAME Voters Supporting Fort Worth's Future

ACCOUNT #
(Ethics Commission filers)
00999999

<p>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 only)</p>	<p><input type="checkbox"/> CANDIDATE</p> <p><input type="checkbox"/> OFFICE HOLDER</p>	CANDIDATE / OFFICE HOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<p><input checked="" type="checkbox"/> MEASURE</p>	<p>BALLOT IDENTIFICATION / #</p> <p style="text-align: right;">ELECTION DATE Month Day Year 05/10/2014</p>	
		<p>DESCRIPTION</p> <p>TO SUPPORT THE CRIME CONTROL AND PREVENTION DISTRICT ELECTION</p>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 4/9

2 FILER NAME Voters Supporting Fort Worth's Future

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date
05/09/2014

5 Full name of contributor out-of-state PAC (ID# _____)
HAROLD MUCKELROY (Mr.)

6 Contributor address; City; State; Zip Code
5000 W VICKERY
FORT WORTH, TX 76107

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$80.00 | DONATED STORAGE UNIT

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
05/05/2014

Full name of contributor out-of-state PAC (ID# _____)
ROBY, NORMA (Ms.)

Contributor address; City; State; Zip Code
7578 MORRISON CT
FORT WORTH, TX 76112-4419

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$500.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 5/9	
2 COMMITTEE NAME Voters Supporting Fort Worth's Future		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date 05/12/2014	5 Corporation / Labor Organization name CAPITAL ONE 6 Corporation / Labor Organization address; City; State; Zip Code PO BOX 85508 RICHMOND, VA 23285-5508	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 05/05/2014	Corporation / Labor Organization name COMMUNITY BANK Corporation / Labor Organization address; City; State; Zip Code P.O. BOX 580 GRANBURY, TX 76048	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 05/28/2014	Corporation / Labor Organization name FORT WORTH CHAMBER OF COMMERCE Corporation / Labor Organization address; City; State; Zip Code 777 TAYLOR STREET SUITE 900 FORT WORTH, TX 76102	Amount of contribution (\$) \$1,113.32	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 06/30/2014	Corporation / Labor Organization name FORT WORTH CHAMBER OF COMMERCE Corporation / Labor Organization address; City; State; Zip Code 777 TAYLOR STREET SUITE 900 FORT WORTH, TX 76102	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) STAFF TIME TO SUPPORT THE PASSAGE OF THE BOND MEASURES
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 05/05/2014	Corporation / Labor Organization name FORT WORTH POLICE OFFICER'S ASSOCIATION Corporation / Labor Organization address; City; State; Zip Code 904 COLLIER STREET FORT WORTH, TX 76102	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 05/05/2014	Corporation / Labor Organization name HICKMAN INVESTMENTS, LTD. Corporation / Labor Organization address; City; State; Zip Code 6777 CAMP BOWIE BLVD SUITE 600 FORT WORTH, TX 76116-7195	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 6/9	
2 COMMITTEE NAME Voters Supporting Fort Worth's Future		3 ACCOUNT # (Ethics Commission filers) 00999999	
4 Date 05/15/2014	5 Corporation / Labor Organization name HILLWOOD ALLIANCE GROUP, L.P. 6 Corporation / Labor Organization address; City; State; Zip Code 3090 OLIVE STREET SUITE 300 DALLAS, TX 75219	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 05/07/2014	Corporation / Labor Organization name SOUTHSIDE BANK Corporation / Labor Organization address; City; State; Zip Code 1201 S. BECKHAM TYLER, TX 75701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 7/9		2 FILER NAME Voters Supporting Fort Worth's Future		3 ACCOUNT # (TEC filers) 00999999	
4 Date 05/16/2014		5 Payee name FORT WORTH CHAMBER OF COMMERCE			
6 Amount (\$) \$5,175.00		7 Payee address City; State; Zip Code 777 TAYLOR STREET SUITE 900 FORT WORTH, TX 76102			
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) <input type="checkbox"/> POLITICAL ADVERTISING SUPPORTING MEASURES - NEWSPAPER	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/08/2014		Payee name FOUR COLOR PRESS			
Amount (\$) \$2,364.91		Payee address City; State; Zip Code 2904 CULLEN STREET FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ENVELOPE AND FLYERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/15/2014		Payee name THE EPPSTEIN GROUP			
Amount (\$) \$350.00		Payee address City; State; Zip Code 4055 INTERNATIONAL PLAZA SUITE 600 FORT WORTH, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING SUPPORTING MEASURES - YARD SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/15/2014		Payee name THE EPPSTEIN GROUP			
Amount (\$) \$2,381.50		Payee address City; State; Zip Code 4055 INTERNATIONAL PLAZA SUITE 600 FORT WORTH, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING SUPPORTING MEASURES - TELEPHONE MESSAGING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 8/9	2 FILER NAME Voters Supporting Fort Worth's Future	3 ACCOUNT # (TEC filers) 00999999
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4 Date 05/15/2014	5 Payee name THE EPPSTEIN GROUP
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6 Amount (\$) \$10,000.00	7 Payee address City; State; Zip Code 4055 INTERNATIONAL PLAZA SUITE 600 FORT WORTH, TX 76109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONSULTING EXPENSE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/21/2014	Payee name THE EPPSTEIN GROUP
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Amount (\$) \$14,899.72	Payee address City; State; Zip Code 4055 INTERNATIONAL PLAZA SUITE 600 FORT WORTH, TX 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL ADVERTISING SUPPORTING MEASURES - MAILING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/18/2014	Payee name WEAVER
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Amount (\$) \$500.00	Payee address City; State; Zip Code 2821 WEST 7TH STREET SUITE 700 FORT WORTH, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TAX RETURN PREPARATION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

Page 9 of 9

The Instruction Guide explains how to complete this form.
** Complete only if 'Report Type' on page 1 is marked 'Dissolution' **

1 COMMITTEE NAME Voters Supporting Fort Worth's Future

2 ACCOUNT #
(Ethics Commission filers)
00999999

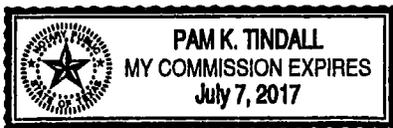
3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Ben D. Laughrey
Signature of campaign treasurer
with permission by Patricia K. Steelman

DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED



AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said *Ben D. Laughrey with permission by Patricia K. Steelman*, this the 15th day of July, 2014, to certify which, witness my hand and seal of office.

Samy Tindall
Signature of officer administering oath

PAM K. TINDALL
Printed name of officer administering oath

Notary Public
Title of officer administering oath