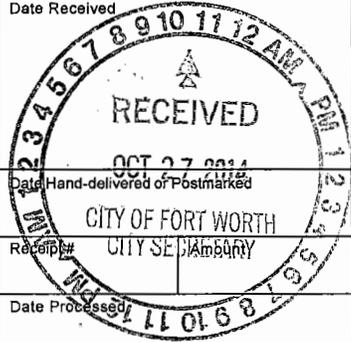


# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

CITY SECRETARY  
FT. WORTH, TX

FORM SPAC  
COVER SHEET PG 1

|  |  |   |                               |
|--|--|---|-------------------------------|
| The SPAC Instruction Guide explains how to complete this form.                           |  | 1 ACCOUNT #<br>(Ethics Commission Filers)   | 2 Total pages filed:<br><br>6 |
| 3 COMMITTEE NAME<br><br>Forward Fort Worth Partnership                                   |  | <b>OFFICE USE ONLY</b><br>Date Received<br><br>Date Hand-delivered or Postmarked<br>Receipt #<br>Date Processed<br>Date Imaged |                               |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> change of address                    | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 28<br>Fort Worth, Texas 76102   |   |                               |
| 5 CAMPAIGN TREASURER NAME<br><br>Michael J. and Rosie Moncrief, Co-Treasurers            | MS / MRS / MR FIRST MI<br>NICKNAME LAST SUFFIX   |   |                               |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)                            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>777 Taylor Street, Suite 1030<br>Fort Worth, Texas 76102  |   |                               |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS<br><br><input type="checkbox"/> change of address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 28<br>Fort Worth, Texas 76102   |   |                               |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 817 ) 878-3595   |   |                               |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR)<br><input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination |   |                               |
| 10 PERIOD COVERED  | Month Day Year      THROUGH      Month Day Year<br>09 / 26 / 2014      10 / 25 / 2014  |   |                               |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>11 / 04 / 2014  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |                               |
| <b>GOTO PAGE 2</b>   |  |   |                               |

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME** Forward Fort Worth Partnership **ACCOUNT # (Ethics Commission Filers)**

|  |  |  |                                  |                      |  |                |  |
|--|--|--|----------------------------------|----------------------|--|----------------|--|
| <b>13 COMMITTEE PURPOSE</b><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input checked="" type="checkbox"/> <b>SUPPORT</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>OPPOSE</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>ASSIST</b><br>(Officeholder) | <input type="checkbox"/> <b>CANDIDATE</b>          | <b>CANDIDATE / OFFICEHOLDER NAME</b><br><br>   |                                  |                      |  |                |  |
|  | <input type="checkbox"/> <b>OFFICEHOLDER</b>       | <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b><br><br>  |                                  |                      |  |                |  |
|  | <input checked="" type="checkbox"/> <b>MEASURE</b> | <table border="1"> <tr> <td><b>BALLOT IDENTIFICATION / #</b></td> <td><b>ELECTION DATE</b></td> </tr> <tr> <td></td> <td>Month Day Year</td> </tr> <tr> <td></td> <td>11 / 04 / 2014</td> </tr> </table> | <b>BALLOT IDENTIFICATION / #</b> | <b>ELECTION DATE</b> |  | Month Day Year |  |
| <b>BALLOT IDENTIFICATION / #</b>   | <b>ELECTION DATE</b>                               |  |                                  |                      |  |                |  |
|  | Month Day Year                                     |  |                                  |                      |  |                |  |
|  | 11 / 04 / 2014                                     |  |                                  |                      |  |                |  |

**DESCRIPTION** Support public-private partnership to construct a multi-purpose arena and adjacent facilities.

|                                |   |                |
|--------------------------------|---|----------------|
| <b>14 CONTRIBUTION TOTALS</b>  | 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)                                  | \$1,235,000.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$             |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$1,142,501.83 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$142,938.41   |
| <b>OUTSTANDING LOAN TOTALS</b> | 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 J. MONCRIEF and ROSIE MONCRIEF, this the 22nd day of OCTOBER, 2014, to certify which, witness my hand and seal of office.

*Kristina K. Traver*  
 Signature of officer administering oath

KRISTINA K. TRAYER  
 Printed name of officer administering oath

PERSONAL ASSISTANT  
 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 Schedule A:<br>2   |  |
| 2 FILER NAME<br>Forward Fort Worth Partnership  |  | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date<br>10/09/14  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Fine Line L.P.<br>6 Contributor address; City; State; Zip Code<br>201 Main Street, Suite 2700<br>Fort Worth, Texas 76102 | 7 Amount of contribution (\$)<br>\$200,000.00<br>(If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)<br>N/A  |  | 10 Employer (See Instructions)<br>N/A  |  |
| Date<br>10/09/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Thru Line L.P.<br>Contributor address; City; State; Zip Code<br>201 Main Street, Suite 2700<br>Fort Worth, Texas 76102     | Amount of contribution (\$)<br>\$200,000.00<br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>N/A  |  | Employer (See Instructions)<br>N/A   |  |
| Date<br>10/15/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Fine Line L.P.<br>Contributor address; City; State; Zip Code<br>201 Main Street, Suite 2700<br>Fort Worth, Texas 76102     | Amount of contribution (\$)<br>\$250,000.00<br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>N/A  |  | Employer (See Instructions)<br>N/A   |  |
| Date<br>10/15/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Thru Line L.P.<br>Contributor address; City; State; Zip Code<br>201 Main Street, Suite 2700<br>Fort Worth, Texas 76102     | Amount of contribution (\$)<br>\$250,000.00<br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>N/A  |  | Employer (See Instructions)<br>N/A   |  |
| Date<br>10/15/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Edward P. Bass<br>Contributor address; City; State; Zip Code<br>201 Main Street, Suite 2700<br>Fort Worth, Texas 76102     | Amount of contribution (\$)<br>\$225,000.00<br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Investments  |  | Employer (See Instructions)<br>Self  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The Instruction Guide explains how to complete this form.       |   | 1 Total pages Schedule A:  |  |
| 2 FILER NAME<br>Foward Fort Worth Partnership                   |   | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date<br>10/15/14  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Event Facilities Fort Worth, Inc.<br>6 Contributor address; City; State; Zip Code<br>115 West 2nd Street, Suite 210<br>Fort Worth, Texas 76102 | 7 Amount of contribution (\$)<br>\$100,000.00<br><br>(If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)<br>N/A    |   | 10 Employer (See Instructions)<br>N/A  |  |
| Date<br>10/22/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dee J. Kelly<br>Contributor address; City; State; Zip Code<br>201 Main Street, Suite 2500<br>Fort Worth, Texas 76102                             | Amount of contribution (\$)<br>\$ 10,000.00<br><br>(If travel outside of Texas, complete Schedule T)   | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)<br>Attorney |   | Employer (See Instructions)<br>Kelly Hart & Hallman LLP  |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>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#: _____)<br><br>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#: _____)<br><br>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 SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
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.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>1</b> Total pages Schedule F: <b>2</b>                    |  | <b>2</b> FILER NAME<br>Forward Fort Worth Partnership   |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)  |  |
| <b>4</b> Date<br>10/09/14                                    |  | <b>5</b> Payee name<br>The Eppstein Group   |  |  |  |
| <b>6</b> Amount (\$)<br>\$ 87,398.30                         |  | <b>7</b> Payee address; City; State; Zip Code<br>4055 International Plaza, Suite 600<br>Fort Worth, Texas 76109 |  |  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              |  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Consulting Expense                   |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>Advertising; Grassroots/Campaign Svcs<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought Office held  |  |
| Date<br>10/09/14   |  | Payee name<br>Kelly Hart & Hallman LLP  |  |  |  |
| Amount (\$)<br>\$ 3,619.46                                   |  | Payee address; City; State; Zip Code<br>201 Main Street, Suite 2500<br>Fort Worth, Texas 76102                  |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Legal Services                                  |  | Description (If travel outside of Texas, complete Schedule T)<br>Attorneys' Fees<br><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<br>10/10/14   |  | Payee name<br>The Eppstein Group  |  |  |  |
| Amount (\$)<br>\$348,233.01                                  |  | Payee address; City; State; Zip Code<br>4055 International Plaza, Suite 600<br>Fort Worth, Texas 76109          |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Consulting Expense                              |  | Description (If travel outside of Texas, complete Schedule T)<br>Advertising; Grassroots/Campaign Svcs<br><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<br>10/15/14   |  | Payee name<br>The Eppstein Group  |  |  |  |
| Amount (\$)<br>\$656,022.50                                  |  | Payee address; City; State; Zip Code<br>4055 International Plaza, Suite 600<br>Fort Worth, Texas 76109          |  |  |  |
| PURPOSE OF EXPENDITURE                                       |  | Category (See categories listed at the top of this schedule)<br>Consulting Expense                              |  | Description (If travel outside of Texas, complete Schedule T)<br>Advertising; Grassroots/Campaign Svcs<br><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  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

|                                       |   |   |
|---------------------------------------|---|---|
| <b>1</b> Total pages Schedule F:<br>2 | <b>2</b> FILER NAME<br>Forward Fort Worth Partnership | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---|---|

|                           |   |
|---------------------------|---|
| <b>4</b> Date<br>10/17/14 | <b>5</b> Payee name<br>The Eppstein Group |
|---------------------------|---|

|                                      |   |
|--------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$ 47,228.56 | <b>7</b> Payee address; City; State; Zip Code<br>4055 International Plaza, Suite 600<br>Fort Worth, Texas 76109 |
|--------------------------------------|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br>Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T)<br>Advertising; Grassroots/Campaign Svcs<br><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 | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T)<br><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 | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T)<br><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 | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T)<br><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**