

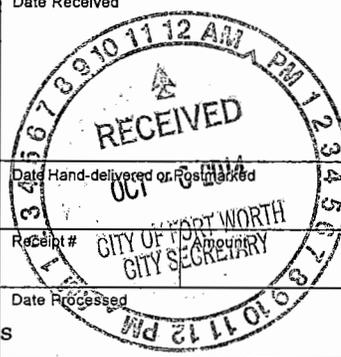
OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TX

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

<p>The SPAC Instruction Guide explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission Filers)</p>	<p>2 Total pages filed: 4</p>
<p>3 COMMITTEE NAME Forward Fort Worth Partnership</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p>  <p>Date Hand-delivered or Postmarked</p> <p>Receipt #</p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>4 COMMITTEE ADDRESS</p> <p><input type="checkbox"/> change of address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>P.O. Box 28 Fort Worth, Texas 76102</p>		
<p>5 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>Michael J. and Rosie Moncrief, Co-Treasurers</p> <p>NICKNAME LAST SUFFIX</p>		
<p>6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>777 Taylor Street, Suite 1030 Fort Worth, Texas 76102</p>		
<p>7 CAMPAIGN TREASURER'S MAILING ADDRESS</p> <p><input type="checkbox"/> change of address</p>	<p>STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>P.O. Box 28 Fort Worth, Texas 76102</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(817) 878-3595 ()</p>		
<p>9 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit</p> <p><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR)</p> <p><input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination</p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p>08 / 14 / 2014 THROUGH 09 / 25 / 2014</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p>11 / 04 / 14</p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>	

GOTO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME
Forward Fort Worth Partnership

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	CANDIDATE / OFFICEHOLDER NAME _____
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____
		ELECTION DATE Month / Day / Year 11 / 04 / 2014
DESCRIPTION Support public-private partnership to construct a multipurpose arena and adjacent facilities.		

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)	\$230,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$179,559.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,440.21
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

[Signature]

 MICHAEL J. MONCRIEF and
 ROSIE MONCRIEF

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 3rd day of OCTOBER, 2014, to certify which, witness my hand and seal of office.

[Signature]

 Signature of officer administering oath

KRISTINA K. TRAVER
 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: 1	
2 FILER NAME Forward Fort Worth Partnership		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund 6 Contributor address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, TX 76102	7 Amount of contribution (\$) \$65,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward P. Bass Contributor address; City; State; Zip Code 201 Main Street, Suite 2700 Fort Worth, TX 76102	Amount of contribution (\$) \$165,000.00	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 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	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.

1 Total pages Schedule F: 1	2 FILER NAME Forward Fort Worth Partnership	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 08/27/2014	5 Payee name The Eppstein Group
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6 Amount (\$) \$65,000.00	7 Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, Texas 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) Advertising; Grassroots/Campaign Svcs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/25/2014	Payee name The Eppstein Group
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Amount (\$) \$114,559.79	Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, Texas 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Advertising; Grassroots/Campaign Svcs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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