

# 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 #<br>(Ethics Commission Filers)  | 2 Total pages filed:<br>11   |
| 3 COMMITTEE NAME<br><br>Forward Fort Worth Partnership  |  | OFFICE USE ONLY<br>Date Received <b>RECEIVED</b><br><b>JAN 13 2015</b><br>CITY OF FORT WORTH<br>CITY SECRETARY   |  |
| 4 COMMITTEE ADDRESS<br><br><input checked="" type="checkbox"/> change of address                    | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>201 Main St., Suite 2500, Ft. Worth, TX<br>76102                 | Date Hand-delivered or Postmarked  | Receipt #<br>Amount  |
| 5 CAMPAIGN TREASURER NAME<br><br>Michael J. & Rosie Moncrief, Co-Treasurers                         | MS / MRS / MR FIRST MI<br>NICKNAME LAST SUFFIX   | 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<br>777 Taylor St., Suite 1030, Ft. Worth, TX 76102 |  |  |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS<br><br><input checked="" type="checkbox"/> change of address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>201 Main St., Suite 2500, Ft. Worth, TX 76102                    |  |  |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(817 ) 332-2500  |  |  |
| 9 REPORT TYPE   | <input checked="" type="checkbox"/> January 15<br><input type="checkbox"/> July 15   | <input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election<br><input type="checkbox"/> Runoff                     | <input type="checkbox"/> Exceeded \$500 limit<br><input checked="" type="checkbox"/> Dissolution (attach PAC-DR)<br><input type="checkbox"/> 10th day after campaign treasurer termination |
| 10 PERIOD COVERED   | Month Day Year<br>10 / 26 / 2014   | THROUGH  | Month Day Year<br>12 / 31 / 2014   |
| 11 ELECTION   | ELECTION DATE<br>Month Day Year<br>/ /   | ELECTION TYPE<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Runoff<br><input type="checkbox"/> General<br><input type="checkbox"/> Special |  |

**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)

|  |  |  |
|--|--|--|
| <p><b>13 COMMITTEE PURPOSE</b></p> <p>(Attach lists on plain paper to complete this report if necessary.)</p> <p><input checked="" type="checkbox"/> <b>SUPPORT</b><br/>(Candidate or Measure)</p> <p><input type="checkbox"/> <b>OPPOSE</b><br/>(Candidate or Measure)</p> <p><input type="checkbox"/> <b>ASSIST</b><br/>(Officeholder)</p> | <p><input type="checkbox"/> <b>CANDIDATE</b></p> <p><input type="checkbox"/> <b>OFFICEHOLDER</b></p> <p><input checked="" type="checkbox"/> <b>MEASURE</b></p> | <p><b>CANDIDATE / OFFICEHOLDER NAME</b></p> <hr/> <p><b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b></p> <hr/> <p><b>BALLOT IDENTIFICATION / #</b> Prop 1,2,3</p> <p style="text-align: right;"><b>ELECTION DATE</b><br/>Month Day Year<br/>11 / 04 / 2014</p> <p><b>DESCRIPTION</b> Support public-private partnership to construct a multi-purpose arena and adjacent facilities</p> |
|--|--|--|

|                                |   |               |
|--------------------------------|---|---------------|
| <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)                                  | \$ 326,650.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 285,872.20 |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 18,233.36  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$            |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$            |

**15 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said MICHAEL J. MONCRIEF, this the 12th day of JANUARY, 20 15, 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 of 5

2 FILER NAME

Forward Fort Worth Partnership

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
10/29/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
R. Denny Alexander

6 Contributor address; City; State; Zip Code  
4200 S. Hulen St.  
Ft. Worth, TX 76109

7 Amount of contribution (\$)  
\$ 100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Owner

10 Employer (See Instructions)  
R. Denny Alexander & Co.

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John Avila

Contributor address; City; State; Zip Code  
2600 W. 7th St., #1833  
Ft. Worth, TX 76107

Amount of contribution (\$)  
\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President and CEO

Employer (See Instructions)  
Byrne Construction Services

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bill Boecker

Contributor address; City; State; Zip Code  
3566 Hamilton Ave.  
Ft. Worth, TX 76107

Amount of contribution (\$)  
\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President and CEO

Employer (See Instructions)  
Fine Line Diversified Realty

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert W. Brown, M.D.

Contributor address; City; State; Zip Code  
4100 Clarke Ave.  
Ft. Worth, TX 76107

Amount of contribution (\$)  
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Doctor

Employer (See Instructions)  
Retired

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lee Christie

Contributor address; City; State; Zip Code  
500 W. 7th St., Suite 600  
Ft. Worth, TX 76102

Amount of contribution (\$)  
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Pope Hardwicke Christie

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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 of 5

2 FILER NAME

Forward Fort Worth Partnership

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
10/29/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Randy Gideon

7 Amount of contribution (\$)  
\$ 500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
3812 Monticello Dr.  
Ft. Worth, TX 76107

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Architect

10 Employer (See Instructions)  
Self

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert C. Grable

Amount of contribution (\$)  
\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
201 Main St., Suite 2500  
Ft. Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Kelly Hart & Hallman LLP

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marty Leonard

Amount of contribution (\$)  
\$ 250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1411 Shady Oaks Lane  
Ft. Worth, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
N/A

Employer (See Instructions)  
N/A

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tim McKinney

Amount of contribution (\$)  
\$ 250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1509 Northcrest Court  
Ft. Worth, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President and CEO

Employer (See Instructions)  
United Way of Tarrant County

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bill Meadows

Amount of contribution (\$)  
\$ 500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
3904 Hamilton Ave.  
Ft. Worth, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Insurance

Employer (See Instructions)  
HUB International Insurance Services

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 5

2 FILER NAME

Forward Fort Worth Partnership

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
10/29/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mike Moncrief Campaign

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code  
777 Taylor St., Suite 1030  
Ft. Worth, TX 76102

\$1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
N/A

10 Employer (See Instructions)  
N/A

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Greg Morse

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
2600 Colonial Parkway  
Ft. Worth, TX 76109

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
CEO

Employer (See Instructions)  
Worthington National Bank

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Erle Nye

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
12211 Creek Forrest  
Dallas, TX 75230

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tim Petrus

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
3736 Country Club Circle  
Ft. Worth, TX 76109

\$ 250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Acquisitions Consultant

Employer (See Instructions)  
XTO Energy

Date  
10/29/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Theodore Takata

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
3736 Clarke Ave.  
Ft. Worth, TX 76107

\$ 250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Doctor

Employer (See Instructions)  
Consultants in Cardiology

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
4 of 5

2 FILER NAME

Forward Fort Worth Partnership

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
10/29/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Wes Turner

7 Amount of contribution (\$)  
\$ 500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
2721 Colonial Parkway  
Ft. Worth, TX 76109

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Chairman

10 Employer (See Instructions)  
Fort Worth Chamber

Date  
11/05/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Charles M. Groomer

Amount of contribution (\$)  
\$5,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6324 Sky Lark  
Ft. Worth, TX 76180

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Event Facilities Fort Worth, Inc.

Date  
11/05/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jeff Hooper

Amount of contribution (\$)  
\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
421 W. 3rd St., Suite 900  
Ft. Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Capital H Strategies

Date  
11/05/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Oncor Electric Delivery Company LLC

Amount of contribution (\$)  
\$1,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1616 Woodall Rodgers Freeway  
Dallas, TX 75202

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
N/A

Employer (See Instructions)  
N/A

Date  
11/05/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John H. Pinkerton

Amount of contribution (\$)  
\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
209 West 2nd St., #327  
Ft. Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Thompson Knight

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
5 of 5

2 FILER NAME

Forward Fort Worth Partnership

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
11/14/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Omni American Bank

6 Contributor address; City; State; Zip Code  
1320 S. University #900  
Ft. Worth, TX 76107

7 Amount of contribution (\$)  
\$ 1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
N/A

10 Employer (See Instructions)  
N/A

Date  
11/14/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
TTI, Inc.

Contributor address; City; State; Zip Code  
2441 Northeast Parkway  
Ft. Worth, TX 76106

Amount of contribution (\$)  
\$ 1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
N/A

Employer (See Instructions)  
N/A

Date  
11/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Fine Line L.P.

Contributor address; City; State; Zip Code  
201 Main St., Suite 2700  
Ft. Worth, TX 76102

Amount of contribution (\$)  
\$155,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
N/A

Employer (See Instructions)  
N/A

Date  
11/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Thru Line L.P.

Contributor address; City; State; Zip Code  
201 Main St., Suite 2700  
Ft. Worth, TX 76102

Amount of contribution (\$)  
\$155,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
N/A

Employer (See Instructions)  
N/A

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>1</b> Total pages Schedule F:<br>1 of 2                 |   | <b>2</b> FILER NAME<br>Forward Fort Worth Partnership   |  | <b>3</b> ACCOUNT # (Ethics Commission Filers) |  |
| <b>4</b> Date<br>11/24/14                                  |   | <b>5</b> Payee name<br>The Eppstein Group   |  |   |  |
| <b>6</b> Amount (\$)<br>\$274,537.45                       |   | <b>7</b> Payee address; City; State; Zip Code<br>4055 International Plaza, Suite 600<br>Ft. Worth, TX 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 |   |  |
|  | Candidate / Officeholder name   |   | Office sought  | Office held                                   |  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH |   |   |  |   |  |
| Date<br>11/24/14   |   | Payee name<br>Kelly Hart & Hallman LLP  |  |   |  |
| Amount (\$)<br>\$ 1,260.00                                 |   | Payee address; City; State; Zip Code<br>201 Main St., Suite 2500<br>Ft. Worth, TX 76102                     |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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                                  |   |  |
|  | Candidate / Officeholder name   |   | Office sought  | Office held                                   |  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH |   |   |  |   |  |
| Date<br>12/01/14   |   | Payee name<br>Kelly Hart & Hallman LLP  |  |   |  |
| Amount (\$)<br>\$ 7,986.86                                 |   | Payee address; City; State; Zip Code<br>201 Main St., Suite 2500<br>Ft. Worth, TX 76102                     |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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                                  |   |  |
|  | Candidate / Officeholder name   |   | Office sought  | Office held                                   |  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH |   |   |  |   |  |
| Date<br>12/17/14   |   | Payee name<br>The Eppstein Group  |  |   |  |
| Amount (\$)<br>\$ 362.81                                   |   | Payee address; City; State; Zip Code<br>4055 International Plaza, Suite 600<br>Ft. Worth, TX 76109          |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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            |   |  |
|  | Candidate / Officeholder name   |   | Office sought  | Office held                                   |  |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH |   |   |  |   |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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:<br>2 of 2 | <b>2</b> FILER NAME<br>Forward Fort Worth Partnership | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|--|---|---|

|                           |   |
|---------------------------|---|
| <b>4</b> Date<br>12/30/14 | <b>5</b> Payee name<br>Kelly Hart & Hallman LLP |
|---------------------------|---|

|                                     |  |
|-------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$ 1,725.08 | <b>7</b> Payee address; City; State; Zip Code<br>201 Main St., Suite 2500<br>Ft. Worth, TX 76102 |
|-------------------------------------|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Legal Services | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>Attorneys' Fees<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 |
|-------------|--------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | 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 |
|-------------|--------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | 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 |
|-------------|--------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | 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

# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

## SCHEDULE J

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule J:<br><b>1</b>           |
| 2 FILER NAME<br>Forward Fort Worth Partnership            |  | 3 ACCOUNT # (Ethics Commission Filers)          |
| 4 Date Returned<br>12/30/14                               | 5 Original payee name<br>The Eppstein Group<br>6 Original payee address; City; State; Zip Code<br>4055 International Plaza, Suite 600<br>Ft. Worth, TX 76109 | 7 Amount Returned (\$)<br><br><b>\$1,750.15</b> |
| Date Returned   | Original payee name<br>.....<br>Original payee address; City; State; Zip Code  | Amount Returned (\$)                            |
| Date Returned   | Original payee name<br>.....<br>Original payee address; City; State; Zip Code  | Amount Returned (\$)                            |
| Date Returned   | Original payee name<br>.....<br>Original payee address; City; State; Zip Code  | Amount Returned (\$)                            |
| Date Returned   | Original payee name<br>.....<br>Original payee address; City; State; Zip Code  | Amount Returned (\$)                            |
| Date Returned   | Original payee name<br>.....<br>Original payee address; City; State; Zip Code  | Amount Returned (\$)                            |
| Date Returned   | Original payee name<br>.....<br>Original payee address; City; State; Zip Code  | Amount Returned (\$)                            |
| Date Returned   | Original payee name<br>.....<br>Original payee address; City; State; Zip Code  | Amount Returned (\$)                            |
| Date Returned   | Original payee name<br>.....<br>Original payee address; City; State; Zip Code  | Amount Returned (\$)                            |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**