

FORM **COR-PAC****CORRECTION/AMENDMENT AFFIDAVIT
FOR POLITICAL COMMITTEE**

1 ACCOUNT #		2 Total pages filed: <u>7</u>		OFFICE USE ONLY	
3 COMMITTEE NAME Forward Fort Worth Partnership		Date Received <u>9 4 5 0 7</u>			
4 TREASURER NAME Michael J. and Rosie Moncrief, Co-Treasurers		RECEIVED OCT 30 2014 CITY OF FORT WORTH CITY SECRETARY		Date Hand-delivered or Postmarked	
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution Report <input type="checkbox"/> Other (specify _____)	
6 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year <u>09 / 26 / 2014</u> THROUGH <u>10 / 25 / 2014</u>		Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	

7 EXPLANATION OF CORRECTION

The previously filed report inadvertently failed to include two payments owed to PAC's consultant.

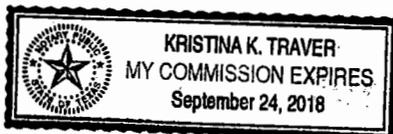
8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said MICHAEL J. MONCRIEF, this the 29th day of OCTOBER

20 14, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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)	2 Total pages filed: 6
3 COMMITTEE NAME Forward Fort Worth Partnership		OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 28 Fort Worth, Texas 76102		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Michael J. and Rosie Moncrief, Co-Treasurers NICKNAME LAST SUFFIX		
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 1030 Fort Worth, Texas 76102		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 28 Fort Worth, Texas 76102		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 878-3595		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 09 / 26 / 2014 THROUGH 10 / 25 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

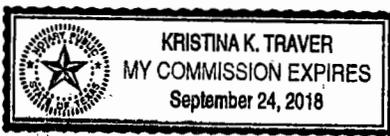
12 COMMITTEE NAME: Forward Fort Worth Partnership **ACCOUNT # (Ethics Commission Filers)**

<p>13 COMMITTEE PURPOSE</p> <p>(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)</p>	<p><input type="checkbox"/> CANDIDATE</p> <p><input type="checkbox"/> OFFICEHOLDER</p> <p><input checked="" type="checkbox"/> MEASURE</p>	<p>CANDIDATE / OFFICEHOLDER NAME</p> <hr/> <p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</p> <hr/> <p>BALLOT IDENTIFICATION / # ELECTION DATE</p> <p style="text-align: right;">Month / Day / Year 11 / 04 / 2014</p> <p>DESCRIPTION Support public-private partnership to construct a multi-purpose arena and adjacent facilities.</p>
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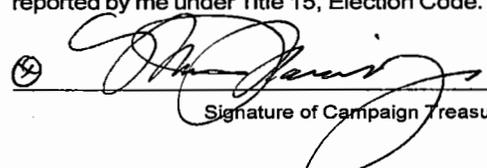
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$1,235,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$1,307,938.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	(\$ 22,497.98)
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.



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said MICHAEL J. MONCRIEF, this the 29th day of OCTOBER, 20 14, to certify which, witness my hand and seal of office.

Kristina K. Traver

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: 2	
2 FILER NAME Forward Fort Worth Partnership		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/09/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine Line L.P. 6 Contributor address; City; State; Zip Code 201 Main Street, Suite 2700 Fort Worth, Texas 76102	7 Amount of contribution (\$) \$200,000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) N/A	
Date 10/09/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thru Line L.P. Contributor address; City; State; Zip Code 201 Main Street, Suite 2700 Fort Worth, Texas 76102	Amount of contribution (\$) \$200,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 10/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine Line L.P. Contributor address; City; State; Zip Code 201 Main Street, Suite 2700 Fort Worth, Texas 76102	Amount of contribution (\$) \$250,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 10/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thru Line L.P. Contributor address; City; State; Zip Code 201 Main Street, Suite 2700 Fort Worth, Texas 76102	Amount of contribution (\$) \$250,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 10/15/14	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, Texas 76102	Amount of contribution (\$) \$225,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self	

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 FILER NAME Foward Fort Worth Partnership		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Event Facilities Fort Worth, Inc. 6 Contributor address; City; State; Zip Code 115 West 2nd Street, Suite 210 Fort Worth, Texas 76102	7 Amount of contribution (\$) \$100,000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) N/A	
Date 10/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee J. Kelly Contributor address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, Texas 76102	Amount of contribution (\$) \$ 10,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kelly Hart & Hallman LLP	
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: 2	2 FILER NAME Forward Fort Worth Partnership	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/09/14	5 Payee name The Eppstein Group
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6 Amount (\$) \$ 87,398.30	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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/09/14	Payee name Kelly Hart & Hallman LLP
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Amount (\$) \$ 3,619.46	Payee address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, Texas 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Legal Services	Description (If travel outside of Texas, complete Schedule T) Attorneys' Fees <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 10/10/14	Payee name The Eppstein Group
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Amount (\$) \$348,233.01	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 10/15/14	Payee name The Eppstein Group
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Amount (\$) \$656,022.50	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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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.

1 Total pages Schedule F: 2	2 FILER NAME Forward Fort Worth Partnership	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/17/14	5 Payee name The Eppstein Group
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6 Amount (\$) \$ 47,228.56	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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/25/14	Payee name The Eppstein Group
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Amount (\$) \$127,306.15	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 10/25/14	Payee name The Eppstein Group
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Amount (\$) \$ 38,130.24	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

KELLY HART

DANA STAYTON
dana.stayton@kellyhart.com

TELEPHONE: (817) 878-3595
FAX: (817) 878-9795

October 30, 2014

Ms. Mary J. Kayser
City Secretary
City Hall
1000 Throckmorton
Fort Worth, Texas 76102

Re: Forward Fort Worth Partnership

Dear Ms. Kayser:

Enclosed for submission is an original and one copy a Form SPAC, Specific-Purpose Committee Campaign Finance Report, and Correction/Amendment Affidavit for Political Committee, for Forward Fort Worth Partnership. Please process the original and stamp the copy as "Received" and return the copy to my courier.

We greatly appreciate your assistance with this matter. Please call me if you have any questions or comments.

Sincerely yours,



Dana Stayton

Enclosures

1764695

FORT WORTH OFFICE | 201 MAIN STREET, SUITE 2500 | FORT WORTH, TX 76102 | TELEPHONE: (817) 332-2500 | FAX: (817) 878-9280

AUSTIN OFFICE | 301 CONGRESS, SUITE 2000 | AUSTIN, TX 78701 | TELEPHONE: (512) 495-6400 | FAX: (512) 495-6401

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