

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00999999

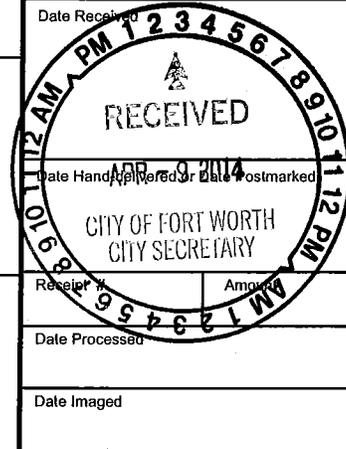
2 PAGE #
1 of 5

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

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
02/13/2014 THROUGH 03/31/2014

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

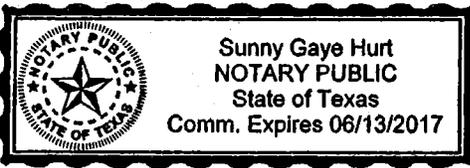
12 COMMITTEE NAME Voters Supporting Fort Worth's Future **ACCOUNT #** (Ethics Commission filers)
00999999

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 only)	<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 05/10/2014
	DESCRIPTION TO SUPPORT THE CITY OF FORT WORTH'S BOND ELECTION		

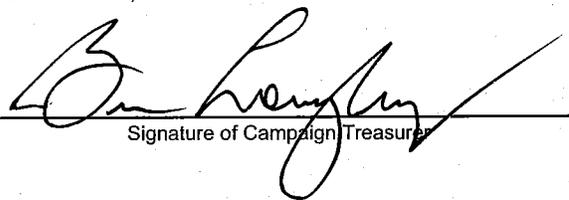
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00
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.



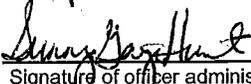
Sunny Gaye Hurt
NOTARY PUBLIC
State of Texas
Comm. Expires 06/13/2017



Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ben Laughry, this the 4th day of April, 20 14, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Sunny Gaye Hurt

Print name of officer administering oath

Notary Public

Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC ADDENDUM

Page 3 of 5

COMMITTEE NAME Voters Supporting Fort Worth's Future

ACCOUNT #
(Ethics Commission filers)
00999999

COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICE HOLDER NAME

OFFICE HOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

05/10/2014

ASSIST
(Officeholder only)

DESCRIPTION

TO SUPPORT THE CRIME CONTROL AND PREVENTION DISTRICT
ELECTION

**CORPORATE OR LABOR ORGANIZATION
CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 4/5

2 COMMITTEE NAME
Voters Supporting Fort Worth's Future

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date 03/31/2014	5 Corporation / Labor Organization name FORT WORTH CHAMBER OF COMMERCE
	6 Corporation / Labor Organization address; City; State; Zip Code 777 TAYLOR STREET SUITE 900 FORT WORTH, TX 76102

7 Amount of contribution (\$) \$1,100.00	8 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 03/26/2014	Corporation / Labor Organization name HALFF ASSOCIATES, INC.
	Corporation / Labor Organization address; City; State; Zip Code 1201 NORTH BOWSER ROAD RICHARDSON, TX 75081-2275

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: 1/1 Report: 5/5		2 FILER NAME Voters Supporting Fort Worth's Future		3 ACCOUNT # (TEC filers) 00999999
4 Date 03/11/2014	5 Payee name THE EPPSTEIN GROUP			
6 Amount (\$) \$17,500.00	7 Payee address City; State; Zip Code 4055 INTERNATIONAL PLAZA SUITE 600 FORT WORTH, TX 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ELECTION ASSESSMENT SURVEY	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held: