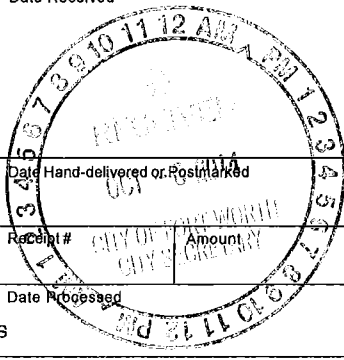


**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**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:  4
3 COMMITTEE NAME  Forward Fort Worth Partnership		<b>OFFICE USE ONLY</b> 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  <input type="checkbox"/> change of address	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 checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input 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                      THROUGH                      Month    Day    Year 08 / 14 / 2014                      09 / 25 / 2014		
11 ELECTION	ELECTION DATE Month    Day    Year 11 / 04 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GOTO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Forward Fort Worth Partnership	<b>ACCOUNT # (Ethics Commission Filers)</b>
--	---

<b>13 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b>  <b>ELECTION DATE</b> Month Day Year 11 / 04 / 2014
	<b>DESCRIPTION</b> Support public-private partnership to construct a multipurpose 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)	\$ 230,000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 179,559.79
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,440.21
<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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Signature]*  
 Signature of Campaign Treasurer

*[Signature]*  
 MICHAEL J. MONCRIEF and ROSIE MONCRIEF

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

*[Signature]* KRISTINA K. TRAVER PERSONAL ASSISTANT  
 Signature of officer administering oath Printed name of officer administering oath 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  (If travel outside of Texas, complete Schedule T)	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  (If travel outside of Texas, complete Schedule T)	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.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME Forward Fort Worth Partnership	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 08/27/2014	<b>5</b> Payee name The Eppstein Group	
<b>6</b> Amount (\$) \$65,000.00	<b>7</b> Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, Texas 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Advertising; Grassroots/Campaign Svcs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 09/25/2014	Payee name The Eppstein Group	
Amount (\$) \$114,559.79	Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, Texas 76109	
<b>PURPOSE OF EXPENDITURE</b>	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
	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) <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) <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**