

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 # (Ethics Commission Filers)	2 Total pages filed: 6
3 COMMITTEE NAME Forward Fort Worth Partnership		OFFICE USE ONLY	
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		Date Received
			Date Hand-delivered or Postmarked
5 CAMPAIGN TREASURER NAME Michael J. and Rosie Moncrief, Co-Treasurers	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		Receipt # Amount
			Date Processed
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		Date Imaged
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 THROUGH Month Day Year 09 / 26 / 2014 10 / 25 / 2014		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014		

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.)☒ **SUPPORT**
(Candidate or Measure)☐ **OPPOSE**
(Candidate or Measure)☐ **ASSIST**
(Officeholder)☐ **CANDIDATE**☐ **OFFICEHOLDER**☒ **MEASURE**

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

 ELECTION DATE
 Month Day Year
 11 / 04 / 2014

 DESCRIPTION Support public-private partnership to
 construct a multi-purpose 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)

\$1,235,000.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$1,142,501.83

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$142,938.41

**OUTSTANDING
LOAN TOTALS**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.

(X)

Signature of Campaign Treasurer

(X)

 MICHAEL J. MONCRIEF and
 ROSIE MONCRIEF

 Sworn to and subscribed before me, by the said 22nd day of OCTOBER, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

 KRISTINA K. TRAYER
 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	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

☐ 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

☐ 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

☐ 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)

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)

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
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.

1 Total pages Schedule F: 2	2 FILER NAME Forward Fort Worth Partnership	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

4 Date 10/09/14	5 Payee name The Eppstein Group
---------------------------	---

6 Amount (\$) \$ 87,398.30	7 Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, Texas 76109
--------------------------------------	---

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
---	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/09/14	Payee name Kelly Hart & Hallman LLP
------------------	--

Amount (\$) \$ 3,619.46	Payee address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, Texas 76102
----------------------------	--

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
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/10/14	Payee name The Eppstein Group
------------------	----------------------------------

Amount (\$) \$348,233.01	Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, Texas 76109
-----------------------------	--

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
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/15/14	Payee name The Eppstein Group
------------------	----------------------------------

Amount (\$) \$656,022.50	Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, Texas 76109
-----------------------------	--

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
-------------------------------	--	---

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 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.

1 Total pages Schedule F: 2	2 FILER NAME Forward Fort Worth Partnership	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/17/14	5 Payee name The Eppstein Group	
6 Amount (\$) \$ 47,228.56	7 Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, Texas 76109	
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
	9 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	
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
	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	
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
	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	
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
	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