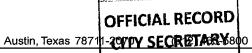
**SPECIFIC-PURPOSE COMMITTEE** 

**CAMPAIGN FINANCE REPORT** 



(TDD 1-800-735-2989)

FT. WORTH, TX

FORM SPAC COVER SHEET PG 1

The SPAC Instruction G	uide explains how to complete th	his form. 1 ACCOU	JNT # Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME				OFFICE USE ONLY
Forward Fort	Worth Partnership			Date Received
4 COMMITTEE ADDRESS  change of address  5 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX; APT / SUITE #;  P.O. Box 28 Fort Worth, Texas  MS/MRS/MR FIRST  Michael J. and Ros  NICKNAME LAST	76102	STATE; ZIP CODE  MI  Co-Treasurer  SUFFIX	Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	street address (NO PO BOX PLEASE): 777 Taylor Street, Fort Worth, Texas		CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER'S MAILING ADDRESS  change of address	P.O. Box 28 Fort Worth, Texas	APT/SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 878-3595		EXTENSION	
9 REPORT TYPE	January 15 X July 15	30th day before election 8th day before election Runoff		Exceeded \$500 limit  Dissolution (attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 08 14 2014		COUGH	Month Day Year 09 25 2014
11 ELECTION	ELECTION DATE Month Day Year  11 04 14	ELECTION TYPE Primary	Runoff 2	X General Special
	G	OTOPAGE 2		

### **SPECIFIC-PURPOSE COMMITTEE REPORT:** PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

ACCOUNT # (Ethics Commission File Forward Fort Worth Partnership  10 COMMITTEE PURPOSE (Attach lists on plain) paper to complete this report if necessary.)    CANDIDATE				
CANDIDATE   PURPOSE   CANDIDATE   CONTRIBUTION   CONTRIBUTION   CONTRIBUTION   CONTRIBUTION   CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN   PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED   CONTRIBUTIONS   CONTRIBU	12 COMMITTEE NAME			ACCOUNT # (Ethics Commission Filers)
PURPOSE (Attach lists on plain paper to complete this report if necessary.)  SUPPORT (Candidate or Measure)  OPFICE HOLDER  OPFICE SOUGHT (candidate) / OPFICE HELD (officeholder)  OPFICE HELD (officeholder)  OPFICE HELD (officeholder)  OPFICE HELD (officeholder)  DESCRIPTION SUpport public-private partnership to construct a multipurpose arena and adjacent facilities.  1. TOTAL POLITICAL CONTRIBUTIONS of \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED  EXPENDITURE TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  SUPPORT  OUTSTANDING  CONTRIBUTION  5. TOTAL POLITICAL EXPENDITURES  \$179,559.79  CONTRIBUTION BALANCE  OUTSTANDING  6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING  CONTRIBUTION BALANCE  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING  CONTRIBUTION SIDE OF THE REPORTING PERIOD  SUPPORT  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.	Forward Fort Wort	h Partnership		
paper to complete this report if necessary.)    SUPPORT (Candidate or Measure)			CANDIDATE / OFFICEHOLDER NAME	
Candidate or Measure    OFFICEHOLDER	paper to complete this	CANDIDATE		
Candidate of Measure   Candidate of Measure   BALLOT IDENTIFICATION /#   ELECTION DATE   Month   Day   Year   11   04   2014		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (offi	ceholder)
ASSIST (Officeholder)    ASSIST				
DESCRIPTION Support public-private partnership to construct a multipurpose arena and adjacent facilities.  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)  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  CONTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  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.  KRISTINA K. TRAVER	_	W MEASURE	Month 11	Day Year 04 / 2014
TOTALS    TOTAL POLITICAL CONTRIBUTIONS   \$230,000.00		IX) WEAGONE	construct a multipurpose a	ivate partnership to rena and adjacent
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  15. AFFIDAVIT  1 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.  KRISTINAK. TRAVER	• •			
4. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$50,440.21  OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  15. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  16. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17. 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.  KRISTINA K. TRAVER				\$230,000.00
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 50,440.21  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  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.  KRISTINA K. TRAVER		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$
OF THE REPORTING PERIOD  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.  KRISTINA K. TRAVER		4. TOTAL POLITICA	AL EXPENDITURES	\$179,559.79
LOAN TOTALS  LAST DAY OF THE REPORTING PERIOD  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.  KRISTINA K. TRAVER				\$ 50,440.21
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.  KRISTINA K. TRAVER				THE \$
September 24, 2018  Signature of Campaign Treasurer  Cascel Market J. Moncrief and  Sworn to and subscribed before me, by the said Rose Moncrief, this the  3rd day of OCTOBER, 20 4, to certify which, witness my hand and seal of office.	KRISTINA I MY COMMISS Septembe  AFFIX NOTARY STAMP / SE.  Sworn to and subscrib	ION EXPIRES r 24, 2018 AL ABOVE ed before me, by the s	report is true and correct and includes reported by me under Title 15, Election Signature of Campai MICHAEL J. MONCRIE MONCRIE	gn Treasurer  F and , this the
Mutha K. May KRISTINA K. TRAVER PERSONAL ASSISTANT Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Knitha K. D	larn Krist	TINA K.TRAVER PER	

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

(512) 463-5800

				<u></u>
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
Forward Fo	ort Worth Partnership	-		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/27/14	Good Government Fund.  6 Contributor address; City: State; Zip Code 201 Main Street, Suite 2500 Fort Worth, TX 76102		\$65,000.00	   
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/14	Edward P. Bass		\$165,000.00	
	Fort worth, IA 70102		(If travel outside o	 of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	i lexas, complete concumo 1,
	·		· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule T)
Fillicipal occup	Sation / Job title (Gee Histractions)	Employer (Gee ma	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		   	
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			CT Cabadula T\
Principal occup	estion / Joh title (Coo Instructions)	Employer (See Ins	·	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	aructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# SCHEDULE F

POLITICAL	EXPENDITURES		SCHEDULE <b>F</b>	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Salaries/Wages// Expense Solicitation/Fund Legal Services Travel In District Food/Beverage Expense Travel Out Of Dis Polling Expense Office Overhead/ Printing Expense The Instruction Guide explains how to	Contract Labor raising Expense trict Rental Expense	contract Labor  ising Expense  ict  contributions/Donations Made By Candidate/Officeholder/Political Committee  COTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME Forward Fort Worth Partnership		3 ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 08/27/2014	5 Payee name The Eppstein Group			
6 Amount (\$) \$65,000.00	7 Payee address; City; State; Zip Code 4055 International Plaza, Suite Fort Worth, Texas 76109	600		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	Adv <u>e</u> rtisin	(if travel outside of Texas, complete Schedule T) g; Grassroots/Campaign Svc stin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	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 Fort Worth, Texas 76109	600		
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule)  Consulting Expense	Advertising	(If travel outside of Texas, complete Schedule T)  g; Grassroots/Campaign Svc. stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	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)	_ `	(If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	stin, TX, officeholder living expense 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)	,	(If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	<del></del>	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED	