

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
56/63**2** FILER NAME
Michael J. Moncrief**3** ACCOUNT # (Ethics Commission filers)
00020482**4** Date
09/01/2004**5** Payee name
Catholic Charities Noche de Fiesta**7** Amount
(\$)
250.00**6** Payee address; City; State; Zip Code
2701 Burchill Rd. N.
Fort Worth TX 76105**8** Purpose of expenditure (See instructions regarding type of information required.)
Program advertisement**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
09/30/2004Payee name
Chuck Silcox CampaignAmount
(\$)
250.00Payee address; City; State; Zip Code
4221 Selkirk Drive West
Fort Worth TX 76109Purpose of expenditure (See instructions regarding type of information required.)
ContributionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
11/09/2004Payee name
City Club of Fort WorthAmount
(\$)
5011.46Payee address; City; State; Zip Code
301 Commerce Street
Fort Worth TX 76102Purpose of expenditure (See instructions regarding type of information required.)
Fundraiser receptionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/25/2004Payee name
City of Fort WorthAmount
(\$)
1042.53Payee address; City; State; Zip Code
1000 Throckmorton Street
Fort Worth TX 76102Purpose of expenditure (See instructions regarding type of information required.)
Office furniture leaseComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date
11/01/2004

5 Payee name
City of Fort Worth

7 Amount
(\$)
1042.53

6 Payee address; City; State; Zip Code
1000 Throckmorton Street
Fort Worth TX 76102

8 Purpose of expenditure (See instructions regarding type of information required.)
Office furniture lease

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/15/2004

Payee name
Collections

Amount
(\$)
686.31

Payee address; City; State; Zip Code
708 S. Saginaw Blvd.
Saginaw TX 76179

Purpose of expenditure (See instructions regarding type of information required.)
Gifts

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
11/08/2004

Payee name
Commissioner Dionne Bagsby Retirement Reception Sponsorship Fund

Amount
(\$)
150.00

Payee address; City; State; Zip Code
777 Taylor Street,Suite 900
Fort Worth TX 76102-4997

Purpose of expenditure (See instructions regarding type of information required.)
Retirement reception

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
12/13/2004

Payee name
Cowboy Santas

Amount
(\$)
1000.00

Payee address; City; State; Zip Code
4200 S. Freeway,Suite 2200
Fort Worth TX 76102

Purpose of expenditure (See instructions regarding type of information required.)
Donation

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 58/63
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 12/01/2004	5 Payee name Don Young Campaign ----- 6 Payee address; City; State; Zip Code 510 L St., Suite 580 Anchorage AK 99501-1954	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) Contribution		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/28/2004	Payee name Fort Worth Police & Fire Memorial Fund ----- Payee address; City; State; Zip Code P.O. Box 16889 Fort Worth TX 76162	Amount (\$) 5000.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/03/2004	Payee name Fort Worth Promotion and Development Fund ----- Payee address; City; State; Zip Code 13600 Heritage Parkway, Suite 200 Fort Worth TX 76177	Amount (\$) 2500.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorship donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/30/2004	Payee name Friends for Fort Worth Firefighters ----- Payee address; City; State; Zip Code 7051 Willowview St. Fort Worth TX 76133	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 08/02/2004	5 Payee name Jane Hedgepeth 6 Payee address; City; State; Zip Code 1339 Bonham Terrace Austin TX 78704	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Reporting services		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/18/2004	Payee name Jane Hedgepeth Payee address; City; State; Zip Code 1339 Bonham Terrace Austin TX 78704	Amount (\$) 137.50
Purpose of expenditure (See instructions regarding type of information required.) Reporting services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/05/2004	Payee name Christi Hestand Payee address; City; State; Zip Code 6433 Featherwind Fort Worth TX 76135	Amount (\$) 42.56
Purpose of expenditure (See instructions regarding type of information required.) Meeting expenses		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/30/2004	Payee name Christi Hestand Payee address; City; State; Zip Code 6433 Featherwind Fort Worth TX 76135	Amount (\$) 47.57
Purpose of expenditure (See instructions regarding type of information required.) Mailing labels		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 60/63
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 10/05/2004	5 Payee name Senator Brimer Re-Election Campaign ----- 6 Payee address; City; State; Zip Code 1600 W. 7th,Suite 650 Fort Worth TX 76102	7 Amount (\$) 250.00
8 Purpose of expenditure (See instructions regarding type of information required.) Contribution		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/22/2004	Payee name Senator Jane Nelson Campaign ----- Payee address; City; State; Zip Code P.O. Box 608 Grapevine TX 76099	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/06/2004	Payee name Tarrant NET ----- Payee address; City; State; Zip Code 3417 Wellington Road,Suite D Fort Worth TX 76116	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/14/2004	Payee name The Eppstein Group ----- Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	Amount (\$) 3750.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fees and services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 61/63
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 09/29/2004	5 Payee name The Eppstein Group 6 Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	7 Amount (\$) 952.60
8 Purpose of expenditure (See instructions regarding type of information required.) Stationery typesetting and printing		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/07/2004	Payee name The Eppstein Group Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	Amount (\$) 3750.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fees and expenses		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/08/2004	Payee name The Eppstein Group Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	Amount (\$) 2198.57
Purpose of expenditure (See instructions regarding type of information required.) Fundraiser design,typesetting,printing,and mailing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/18/2004	Payee name The Eppstein Group Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	Amount (\$) 292.28
Purpose of expenditure (See instructions regarding type of information required.) Fundraiser sponsor board		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 07/14/2004	5 Payee name The Treatment Center 6 Payee address; City; State; Zip Code 2030 Maurine St. Wichita Falls TX 76306	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) Donation		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/14/2004	Payee name Truitt for District 98 Payee address; City; State; Zip Code P.O. Box 886 Keller TX 76244	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/26/2004	Payee name U.S. Postmaster Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 160.00
Purpose of expenditure (See instructions regarding type of information required.) Box fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/14/2004	Payee name U.S. Postmaster Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 259.00
Purpose of expenditure (See instructions regarding type of information required.) Postage stamps		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 63/63
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 08/05/2004	5 Business name Mike Moncrief Investments, Inc. ----- 6 Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth TX 76102	7 Amount (\$) 0.74
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for office postage used	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/09/2004	Business name Mike Moncrief Investments, Inc. ----- Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth TX 76102	Amount (\$) 0.74
Purpose of payment (See instructions regarding type of information required.) Reimbursement for office postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	