POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 56/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/14/2003	Onah Wiley 6425 Ridglea Crest Dr. Fort Worth TX 76116	200.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/18/2003	Wade W. Wiley III 6708 Brants Ln. Fort Worth TX 76116	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/05/2003	Diane L. Williams-Herter P.O. Box 639 Grandview TX 76050	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/14/2003	Thomas J. Williams 4408 Ranch View Road Fort Worth TX 76109	1000.00	
Principal occupation (Optional)	Employer (Optional)		
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)
11/12/2003	J. Don Williamson 1300 S. University Dr.,Suite 410 Fort Worth TX 76107	500.00	
Principal occupation (Optional)	Employer (Optional)		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 57/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/21/2003	Benjamin L. Willis 1912 Chambers Fort Worth TX 76102-5728	25.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/18/2003	Madonna Willkie 9927 Boat Club Road Fort Worth TX 76179	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/18/2003	Nancy Wilson-Webb P.O. Box 101744 Fort Worth TX 76185	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/18/2003	Maria Windham 404 Willow Ridge Ct. Fort Worth TX 76103	200.00	
Principal occupation (Optional)	Employer (Optional)		
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)
11/12/2003	Kristi Wiseman 2424 Colonial Parkway Fort Worth TX 76109	200.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 58/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/12/2003	Mrs. Jerry M. Wood 1117 Pineridge P.O. Box 331 Azle TX 76098	50.00	

9 Principal occupation (Optional)
10 Employer (Optional)

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)
11/12/2003	Paul D. Wood 1901 N. Highway 360 Grand Prairie TX 75050	1000.00	

Principal occupation (Optional)
Employer (Optional)

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)
11/14/2003	Don Woodard 1320 S. University Drive University Centre,Suite 721 Fort Worth TX 76107	50.00	

Principal occupation (Optional)
Employer (Optional)

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)
11/18/2003	Elena I. Yorio 208 Briar Haven Court Burleson TX 76028	500.00	

Principal occupation (Optional)
Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 59/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/23/2003	Matt Anderson 1424 E. Bankhead Weatherford TX 76086	90.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Event traffic control

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/18/2003	Aon Private Risk Management of Fort Worth 301 Commerce Street,Suite 2101 Fort Worth TX 76102	1163.40

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/02/2003	Catholic Charities Noche de Fiesta 2701 Burchill Rd. N. Fort Worth TX 76105	350.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/08/2003	Charlie Geren Campaign P.O. Box 1440 Fort Worth TX 76101	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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 60/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/23/2003	Michael Cote 6000 Carter Road Granbury TX 76048	200.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Fundraiser entertainment

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/09/2003	Fort Worth Hispanic Firefighters Association 6425 Whitman Avenue Fort Worth TX 76133	250.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/06/2003	Franklin Moss Campaign 5625 Eisenhower Drive Fort Worth TX 76112	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/23/2003	Don Fuller 2680 John T. Lane Midlothian TX 76065	90.00

Purpose of expenditure (See instructions regarding type of information required.)
Event traffic control

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 61/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/04/2003	Gittings 5110 Camp Bowie Blvd. Fort Worth TX 76107	138.56

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/18/2003	Glen Whitley Campaign 73009 Braemar Terrace Colleyville TX 76034	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/14/2003	Gonzalo Barrientos Scholarship Fund 502 West 13th St. Austin TX 78701	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/10/2003	Greenberg Smoked Turkeys P.O. Box 4818 Tyler TX 75712-4818	1140.00

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 62/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Jane Hedgepeth 1339 Bonham Terrace Austin TX 78704	400.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/08/2003	Howard Hill Insurance 901 West 7th St. Fort Worth TX 76102	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Office maintenance supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/29/2003	Humane Society of North Texas 1840 E. Lancaster Fort Worth TX 76103-2196	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/16/2003	Kim Mason-Christian 4106 Timberbrook Court Arlington TX 76015	77.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 63/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/26/2003	Minority Leaders & Citizens Council P.O. Box 3514 Fort Worth TX 76113	50.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/23/2003	OutWest Promotions 2718 Sonora Canyon Weatherford TX 76087	519.60

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/03/2003	Railhead Smokehouse P.O. Box 1440 Fort Worth TX 76101	2731.15

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/02/2003	SBC P.O. Box 930170 Dallas TX 75394-0012	167.49

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 64/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/02/2003	SBC P.O. Box 930170 Dallas TX 75394-0012	83.68

8 Purpose of expenditure (See instructions regarding type of information required.)
Telephone service

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/18/2003	SBC P.O. Box 930170 Dallas TX 75394-0012	152.16

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/29/2003	Scenic Fort Worth Park Project 5328 Collinwood Avenue Fort Worth TX 76107	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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/24/2003	Texas Workforce Commission P.O. Box 149080 Austin TX 78714-9080	259.43

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 65/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/24/2003	The Eppstein Group 4055 International Plaza,Suite 520 Fort Worth TX 76109	5000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Consulting fees and services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/11/2003	The Eppstein Group 4055 International Plaza,Suite 520 Fort Worth TX 76109	3630.06

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/26/2003	The Eppstein Group 4055 International Plaza,Suite 520 Fort Worth TX 76109	10000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/16/2003	The Eppstein Group 4055 International Plaza,Suite 520 Fort Worth TX 76109	490.37

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 66/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/02/2003	The Mulholland Company P.O. Box 161220 Fort Worth TX 76161	324.75

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/14/2003	Toby Goodman Campaign 1600 E. Lamar,Suite 250 Arlington TX 76011	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/21/2003	U.S. Postmaster 819 Taylor Street Fort Worth TX 76102-9997	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	U.S. Postmaster Business Mail Entry Unit 4600 Mark IV Parkway Fort Worth TX 76161-9622	150.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 67/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/13/2003	U.S. Postmaster 819 Taylor Street Fort Worth TX 76102-9997	74.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Postage stamps

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/02/2003	Worth National Bank 801 Cherry Street Fort Worth TX 76102	10.77

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/24/2003	Worth National Bank 801 Cherry Street Fort Worth TX 76102	293.76

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

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 68/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	8 Amount ($)
12/31/2003	Mike Moncrief Investments,Inc. 777 Taylor Street,Suite 1030 Fort Worth TX 76102	5500.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Staff time (reimbursement not intended)	☐ Reimbursement from political contributions intended

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: 69/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
07/02/2003	Mike Moncrief Investments,Inc. 777 Taylor Street,Suite 1030 Fort Worth TX 76102	36.90

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement for postage used

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/07/2003	Mike Moncrief Investments,Inc. 777 Taylor Street,Suite 1030 Fort Worth TX 76102	74.54

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for postage used

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
09/09/2003	Mike Moncrief Investments,Inc. 777 Taylor Street,Suite 1030 Fort Worth TX 76102	1.80

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for postage used

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

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 70/70

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code	7 Reason for credit	8 Amount ($)
07/03/2003	SBC P.O. Box 930170 Dallas TX 75394-0012	Refund for phone service	52.86
Date	Payor name / Payor address; City; State; Zip Code	Reason for credit	Amount ($)
11/07/2003	U.S. Postmaster Business Mail Entry Unit 4600 Mark IV Parkway Fort Worth TX 76161-9622	Postage refund	98.00