

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00020482	2 Total pages this report: 1/9
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
		Michael J.		Date Received
	Mike	Moncrief		OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Fort Worth Club Tower, Suite 1030				
<input type="checkbox"/> Change of Address	Fort Worth TX 76102				

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #	Amount
	NICKNAME	LAST	SUFFIX		
		Robert L.		Date Processed	
		Herchert		Date Imaged	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	777 Taylor Street, Suite 1030				
	Fort Worth TX 76102				

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	338-1225	

8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
			01/01/2003				03/24/2003

10 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year 05/03/2003	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Other -- Mayor, Fort Worth
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13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..	
	Name	
	Address/PO Box; Apt. / Suite #; City; State; Zip Code	
<input type="checkbox"/> additional pages		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Michael J. Moncrief

15 ACCOUNT # (Ethics Commission filers)
00020482

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
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EXPENDITURE TOTALS

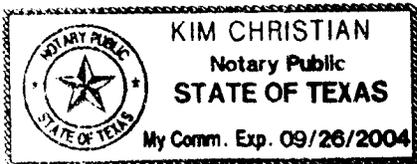
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 12501.33
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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19 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.

Michael J. Moncrief
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael J. Moncrief this the 2nd day of April, 2003, to certify which, witness my hand and seal of office.

Notary Public

Title of office administering oath

Kim Christian

Kim Christian
Signature of officer administering oath

Printed name of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/9
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 03/24/2003	5 Payee name Accelerated Office Systems 6 Payee address; City; State; Zip Code P.O. Box 1261 Arlington TX 76004	7 Amount (\$) 268.75
8 Purpose of expenditure (See instructions regarding type of information required.) Copier lease		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/17/2003	Payee name Adolescent Pregnancy Prevention, Inc. Payee address; City; State; Zip Code 2501 Parkview Drive, Suite 300 Fort Worth TX 76102	Amount (\$) 1500.00
Purpose of expenditure (See instructions regarding type of information required.) Event sponsorship donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/13/2003	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 630069 Dallas TX 75263-0069	Amount (\$) 10.02
Purpose of expenditure (See instructions regarding type of information required.) Wireless service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/06/2003	Payee name Frank Moss Campaign Payee address; City; State; Zip Code P.O. Box 12431 Fort Worth TX 76110	Amount (\$) 200.00
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: 4/9
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 01/21/2003	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 03/17/2003	Payee name League of Women Voters of Tarrant County Payee address; City; State; Zip Code 3212 Collinsworth St. Fort Worth TX 76107	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Membership donation	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 02/19/2003	Payee name Lynne Manny for FWISD President Campaign Payee address; City; State; Zip Code P.O. Box 17447 Fort Worth TX 76102	Amount (\$) 200.00
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 02/20/2003	Payee name Martin Frost Campaign Committee Payee address; City; State; Zip Code P.O. Box 4219 Dallas TX 75208	Amount (\$) 1000.00
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: 5/9
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 03/17/2003	5 Payee name Partners Together for Health 6 Payee address; City; State; Zip Code 2500 Circle Drive,Suite 300 Fort Worth TX 76119	7 Amount (\$) 2500.00
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 02/13/2003	Payee name Stand Guard Payee address; City; State; Zip Code P.O. Box 62291 New Orleans LA 70162	Amount (\$) 5.40
Purpose of expenditure (See instructions regarding type of information required.) Office water cooler rental		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/22/2003	Payee name Staples Payee address; City; State; Zip Code 1600 S. University Dr. Fort Worth TX 76107	Amount (\$) 838.76
Purpose of expenditure (See instructions regarding type of information required.) Office supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/08/2003	Payee name Storage USA/White Settlement Payee address; City; State; Zip Code 990 Highway 183 Fort Worth TX 76114	Amount (\$) 89.50
Purpose of expenditure (See instructions regarding type of information required.) Storage lease		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: 6/9
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 01/21/2003	5 Payee name Texas State Directory Press ----- 6 Payee address; City; State; Zip Code P.O. Box 12186 Austin TX 78711-2186	7 Amount (\$) 92.77
8 Purpose of expenditure (See instructions regarding type of information required.) Directories	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 02/13/2003	Payee name The Learning Center of North Texas ----- Payee address; City; State; Zip Code 1701 River Run Road,Suite 710 Fort Worth TX 76107	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	
Date 01/08/2003	Payee name United States Treasury ----- Payee address; City; State; Zip Code Internal Revenue Service Center Ogden UT 84201	Amount (\$) 56.00
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	
Date 03/24/2003	Payee name Worth National Bank ----- Payee address; City; State; Zip Code 801 Cherry Street Fort Worth TX 76102	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign office petty cash	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/9
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 01/08/2003	5 Payee name Camp Bowie Color Labs 6 Payee address; City; State; Zip Code 3204-B Camp Bowie Blvd. Fort Worth TX 76107 7 Purpose of expenditure (See instructions regarding type of information required.) Film developing/printing (Governor for a Day)	8 Amount (\$) 625.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/24/2003	Payee name Mike Moncrief Investments, Inc. Payee address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth TX 76102 Purpose of expenditure (See instructions regarding type of information required.) Staff time (reimbursement not intended)	Amount (\$) 1278.90 <input type="checkbox"/> Reimbursement from political contributions intended
Date 01/08/2003	Payee name P.S. The Letter Payee address; City; State; Zip Code 5122 Camp Bowie Blvd. Fort Worth TX 76107 Purpose of expenditure (See instructions regarding type of information required.) Gift photo albums (Governor for a Day)	Amount (\$) 484.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 01/21/2003	Payee name P.S. The Letter Payee address; City; State; Zip Code 5122 Camp Bowie Blvd. Fort Worth TX 76107 Purpose of expenditure (See instructions regarding type of information required.) Gift photo albums (Governor for a Day)	Amount (\$) 548.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/19/2003	Payee name P.S. The Letter Payee address; City; State; Zip Code 5122 Camp Bowie Blvd. Fort Worth TX 76107 Purpose of expenditure (See instructions regarding type of information required.) Gift photo albums (Governor for a Day)	Amount (\$) 76.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/9
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 03/11/2003	5 Payee name Pioneer Packaging & Media Services 6 Payee address; City; State; Zip Code 4200 S. Hulen, Suite 318 Fort Worth TX 76015	8 Amount (\$) 434.67
7 Purpose of expenditure (See instructions regarding type of information required.) Video production/duplication expenses (Governor for a Day)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/11/2003	Payee name Pioneer Packaging & Media Services Payee address; City; State; Zip Code 4200 S. Hulen, Suite 318 Fort Worth TX 76015	Amount (\$) 590.50
Purpose of expenditure (See instructions regarding type of information required.) Video production/duplication expenses (Governor for a Day)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/11/2003	Payee name Superior Productions Payee address; City; State; Zip Code 131 E. Exchange, Suite 121 Fort Worth TX 76106	Amount (\$) 800.00
Purpose of expenditure (See instructions regarding type of information required.) Video production expenses (Governor for a Day)		<input checked="" type="checkbox"/> 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:
9/9

2 FILER NAME
Michael J. Moncrief

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date
01/21/2003

5 Business name
Mike Moncrief Investments, Inc.

7 Amount (\$)
1.11

6 Business address; City; State; Zip Code
777 Taylor Street, Suite 1030
Fort Worth TX 76102

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