

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 71/80
<b>2</b> FILER NAME Michael J. Moncrief		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date 04/14/2003	<b>5</b> Payee name Oakhurst Neighborhood Association ..... <b>6</b> Payee address; City; State; Zip Code 2327 Marigold Ave.  Fort Worth TX 76111	<b>7</b> Amount (\$) 40.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Ad insert fee		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 04/04/2003	Payee name SBC ..... Payee address; City; State; Zip Code P.O. Box 940012  Dallas TX 75394-0012	Amount (\$) 258.42
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 03/26/2003	Payee name Andy Shelton ..... Payee address; City; State; Zip Code 2913 West Bowie,Apt. A  Fort Worth TX 76109	Amount (\$) 29.08
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for office supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/31/2003	Payee name Andy Shelton ..... Payee address; City; State; Zip Code 2913 West Bowie,Apt. A  Fort Worth TX 76109	Amount (\$) 816.50
Purpose of expenditure (See instructions regarding type of information required.) Campaign work		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

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<b>2</b> FILER NAME Michael J. Moncrief		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date 04/15/2003	<b>5</b> Payee name Andy Shelton ..... <b>6</b> Payee address; City; State; Zip Code 2913 West Bowie,Apt. A  Fort Worth TX 76109	<b>7</b> Amount (\$) 816.50
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Campaign work		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/25/2003	Payee name Staples ..... Payee address; City; State; Zip Code 1600 S. University Dr.  Fort Worth TX 76107	Amount (\$) 158.14
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 03/31/2003	Payee name Stan Stavron ..... Payee address; City; State; Zip Code 5626 Byers Avenue  Fort Worth TX 76107	Amount (\$) 119.05
Purpose of expenditure (See instructions regarding type of information required.) Computer cable		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/31/2003	Payee name Tarrant County ..... Payee address; City; State; Zip Code 100 W. Weatherford,#B-9  Fort Worth TX 76102	Amount (\$) 90.00
Purpose of expenditure (See instructions regarding type of information required.) Precinct guide and maps		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: 73/80
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 04/02/2003	5 Payee name Tarrant County ..... 6 Payee address; City; State; Zip Code 100 W. Weatherford,#B-9 Fort Worth TX 76102	7 Amount (\$) 30.00
8 Purpose of expenditure (See instructions regarding type of information required.) Precinct guide		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/01/2003	Payee name Texas Bank ..... Payee address; City; State; Zip Code 300 West Seventh St. Fort Worth TX 76102	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Petty cash fund		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/08/2003	Payee name Texas Workforce Commission ..... Payee address; City; State; Zip Code P.O. Box 149080 Austin TX 78714-9080	Amount (\$) 7.58
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 03/26/2003	Payee name The Eppstein Group ..... Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	Amount (\$) 1182.09
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: 74/80
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission files) 00020482
4 Date 04/04/2003	5 Payee name The Eppstein Group ..... 6 Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	7 Amount (\$) 22466.30
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 04/08/2003	Payee name The Eppstein Group ..... Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	Amount (\$) 27161.83
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 04/14/2003	Payee name The Eppstein Group ..... Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	Amount (\$) 386.84
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 04/16/2003	Payee name The Eppstein Group ..... Payee address; City; State; Zip Code 4055 International Plaza,Suite 520 Fort Worth TX 76109	Amount (\$) 12500.00
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:  
75/80**2** FILER NAME  
Michael J. Moncrief**3** ACCOUNT # (Ethics Commission filers)  
00020482**4** Date  
04/21/2003**5** Payee name  
The Eppstein Group**7** Amount  
(\$)  
10169.77**6** Payee address; City; State; Zip Code  
4055 International Plaza, Suite 520  
Fort Worth TX 76109**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 heldDate  
04/22/2003Payee name  
The Eppstein GroupAmount  
(\$)  
50558.26Payee address; City; State; Zip Code  
4055 International Plaza, Suite 520  
Fort Worth TX 76109Purpose of expenditure (See instructions regarding type of information required.)  
Consulting fees and servicesComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
03/31/2003Payee name  
The Turner GroupAmount  
(\$)  
7500.00Payee address; City; State; Zip Code  
6908 Hunter Cove Drive  
Arlington TX 76001Purpose of expenditure (See instructions regarding type of information required.)  
Campaign management servicesComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
04/04/2003Payee name  
Cara ThomasAmount  
(\$)  
325.00Payee address; City; State; Zip Code  
703-B N. Oak St.  
Arlington TX 76011Purpose of expenditure (See instructions regarding type of information required.)  
Campaign workComplete 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: 76/80
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 04/16/2003	5 Payee name Cara Thomas ..... 6 Payee address; City; State; Zip Code 703-B N. Oak St. Arlington TX 76011	7 Amount (\$) 395.83
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign work		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/04/2003	Payee name Mary Turner ..... Payee address; City; State; Zip Code 812 Judd St. Fort Worth TX 76104	Amount (\$) 32.00
Purpose of expenditure (See instructions regarding type of information required.) Campaign work		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/26/2003	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 481.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/04/2003	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 296.00
Purpose of expenditure (See instructions regarding type of information required.) Stamps		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: 77/80
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 04/07/2003	5 Payee name U.S. Postmaster ..... 6 Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	7 Amount (\$) 4440.00
8 Purpose of expenditure (See instructions regarding type of information required.) Postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/08/2003	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 2590.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/10/2003	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 2738.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/14/2003	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 111.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		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: 78/80
2 FILER NAME Michael J. Moncrief		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 04/16/2003	5 Payee name U.S. Postmaster ..... 6 Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	7 Amount (\$) 222.00
8 Purpose of expenditure (See instructions regarding type of information required.) Postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/21/2003	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 296.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/22/2003	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 148.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/23/2003	Payee name U.S. Postmaster ..... Payee address; City; State; Zip Code 819 Taylor Street Fort Worth TX 76102-9997	Amount (\$) 555.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
79/80

**2** FILER NAME  
Michael J. Moncrief

**3** ACCOUNT # (Ethics Commission filers)  
00020482

**4** Date  
04/16/2003

**5** Payee name  
Marc A. Veasey

**7** Amount  
(\$)  
833.50

**6** Payee address; City; State; Zip Code  
5509 Blackmore Ave.  
Fort Worth TX 76107

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Campaign work

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

Date  
04/04/2003

Payee name  
Shirley Williams

Amount  
(\$)  
310.00

Payee address; City; State; Zip Code  
2425 North Glenn Dr.  
Fort Worth TX 76119

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

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

Date  
04/16/2003

Payee name  
Shirley Williams

Amount  
(\$)  
379.75

Payee address; City; State; Zip Code  
2425 North Glenn Dr.  
Fort Worth TX 76119

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

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

Date  
04/11/2003

Payee name  
Worth National Bank

Amount  
(\$)  
200.00

Payee address; City; State; Zip Code  
801 Cherry Street  
Fort Worth TX 76102

Purpose of expenditure (See instructions regarding type of information required.)  
Petty cash fund

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:  
80/80

**2** FILER NAME

Michael J. Moncrief

**3** ACCOUNT # (Ethics Commission filers)  
00020482

**4** Date  
04/23/2003

**5** Payee name  
Mike Moncrief Investments, Inc.

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

**8** Amount  
(\$)  
3320.46

**7** Purpose of expenditure (See instructions regarding type of information required.)  
Staff time (reimbursement not intended)

Reimbursement  
from political  
contributions  
intended