

# 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 PAGE #  
1 of 21

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST Michael J.  
NICKNAME LAST SUFFIX  
Mike Moncrief

**OFFICE USE ONLY**

Date Received

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX**

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
Fort Worth Club Tower, Suite 1030  
Fort Worth, TX 76102

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST Robert L. MI  
NICKNAME LAST SUFFIX  
Herchert

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

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
07/01/2007 12/31/2007

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
Mayor, Ft. Worth

12 OFFICE SOUGHT (if known)

13 NOTICE OF 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

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Moncrief, Michael J.

15 ACCOUNT # (Ethics Commission filers)  
00020482

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,800.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 36,531.29

CONTRIBUTION BALANCE

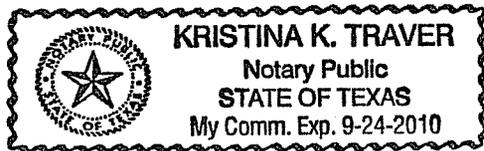
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 209,213.59

OUTSTANDING LOAN TOTALS

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

18 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.



*(Signature)*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL J. MONCRIEF, this the 12<sup>th</sup> day of JANUARY, 2008, to certify which, witness my hand and seal of office.

*(Signature)*  
Signature of officer administering oath

KRISTINA K. TRAYER  
Print name of officer administering oath

ADMIN. ASST.  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/21	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date  09/07/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews, Paul E. Jr.  6 Contributor address; City; State; Zip Code 3500 Elm Creek Court Fort Worth, TX 76109	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  07/13/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradley, Scott F.  Contributor address; City; State; Zip Code 10 Paigebrooke Lane Westlake, TX 76262	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  07/20/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carrington, Andrea  Contributor address; City; State; Zip Code 4501 Overton Ter. Fort Worth, TX 76109-2520	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  10/05/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Good Government Fund  Contributor address; City; State; Zip Code 201 Main Street, Suite 3200 Fort Worth, TX 76102	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  09/14/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larance, Bob  Contributor address; City; State; Zip Code 3000 Yucca Road Willow Park, TX 76097	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			



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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/12 Report: 5/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date 12/05/2007	<b>5</b> Payee name A Wish With Wings, Inc.  <b>6</b> Payee address; City; State; Zip Code 917 West Sanford Arlington, TX 76012	<b>7</b> Amount (\$) \$2,500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 09/28/2007	Payee name African American Firefighters Reaching Out  Payee address; City; State; Zip Code P.O. Box 185523 Fort Worth, TX 76181	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 09/11/2007	Payee name All Saints Catholic Church Diocese de Septiembre Fiesta  Payee address; City; State; Zip Code 214 N.W. 20th St. Fort Worth, TX 76106	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 12/04/2007	Payee name Alliance for Children  Payee address; City; State; Zip Code 908 Southland Avenue Fort Worth, TX 76104	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/12 Report: 6/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  09/14/2007	<b>5</b> Payee name Amon carter Museum  <b>6</b> Payee address; City; State; Zip Code 3501 Camp Bowie Blvd. Fort Worth, TX 76107	<b>7</b> Amount (\$)  \$1,000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/19/2007	Payee name Banc of America Leasing  Payee address; City; State; Zip Code P.O. Box 7023 Troy, MI 48007-7023	Amount (\$)  \$1,042.53
Purpose of payment (See instructions regarding type of information required.) Furniture lease  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/31/2007	Payee name Banc of America Leasing  Payee address; City; State; Zip Code P.O. Box 7023 Troy, MI 48007-7023	Amount (\$)  \$1,042.53
Purpose of payment (See instructions regarding type of information required.) Furniture lease  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/02/2007	Payee name Big Brothers Big Sisters of North Texas  Payee address; City; State; Zip Code 450 East John Carpenter Freeway Irving, TX 75062	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/12 Report: 7/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  08/07/2007	<b>5</b> Payee name Catholic Charities Noche de Fiesta  <b>6</b> Payee address; City; State; Zip Code 2701 Burchill Rd. N. Fort Worth, TX 76105	<b>7</b> Amount (\$)  \$400.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Advertisement  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/02/2007	Payee name Charlie Geren Campaign  Payee address; City; State; Zip Code P.O. Box 1440 Fort Worth, TX 76101	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/21/2007	Payee name Chet Edwards for Congress  Payee address; City; State; Zip Code P.O. Box 23273 Waco, TX 76702-3273	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/14/2007	Payee name Circle Theatre  Payee address; City; State; Zip Code 230 West Fourth St. Fort Worth, TX 76102	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Capital campaign donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/12 Report: 8/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  11/28/2007	<b>5</b> Payee name Committee to Elect David Farabee  <b>6</b> Payee address; City; State; Zip Code P.O. Box 1533 Wichita Falls, TX 76307	<b>7</b> Amount (\$)  \$200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/04/2007	Payee name Cowboy Santas  Payee address; City; State; Zip Code P.O. Box 17763 Fort Worth, TX 76102	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/07/2007	Payee name Day Resource Center  Payee address; City; State; Zip Code P.O. Box 2323 Fort Worth, TX 76113-2323	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/18/2007	Payee name Fort Worth Cats Baseball  Payee address; City; State; Zip Code P.O. Box 4411 Fort Worth, TX 76164	Amount (\$)  \$850.00
Purpose of payment (See instructions regarding type of information required.) Tickets and parking  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/12 Report: 9/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date 10/24/2007	<b>5</b> Payee name Fort Worth Cats Baseball  <b>6</b> Payee address; City; State; Zip Code P.O. Box 4411 Fort Worth, TX 76164	<b>7</b> Amount (\$)  \$1,700.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Tickets and parking  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 12/04/2007	Payee name Fort Worth Police Officers' Award Foundation  Payee address; City; State; Zip Code P.O. Box 17659 Fort Worth, TX 76102	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Awards dinner donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 12/04/2007	Payee name Fort Worth Promotion and Development Fund  Payee address; City; State; Zip Code P.O. Box 8040 Fort Worth, TX 76124	Amount (\$)  \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 07/26/2007	Payee name Fort Worth Sister Cities International  Payee address; City; State; Zip Code 808 Throckmorton Street Fort Worth, TX 76102-6315	Amount (\$)  \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/12 Report: 10/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  12/10/2007	<b>5</b> Payee name H.A.N.K. Helping Another Next of Kin  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 33634 Fort Worth, TX 76162	<b>7</b> Amount (\$)  \$2,500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/02/2007	Payee name Hedgepeth, Jane  ..... Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$)  \$325.00
Purpose of payment (See instructions regarding type of information required.) Reporting services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/12/2007	Payee name Hedgepeth, Jane  ..... Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$)  \$130.00
Purpose of payment (See instructions regarding type of information required.) Reporting services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/21/2007	Payee name John Carona Campaign  ..... Payee address; City; State; Zip Code P.O. Box 600035 Dallas, TX 75360-0035	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/12 Report: 11/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date 10/02/2007	<b>5</b> Payee name John Whitmire for Senate Campaign  <b>6</b> Payee address; City; State; Zip Code P.O. Box 7271 Houston, TX 77248	<b>7</b> Amount (\$) \$250.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/01/2007	Payee name League of Women Voters of Tarrant County  Payee address; City; State; Zip Code 3212 Collinsworth St. Fort Worth, TX 76107	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Membership donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 09/21/2007	Payee name Marc Veasey for State Representative  Payee address; City; State; Zip Code P.O. Box 50131 Fort Worth, TX 76105	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 11/14/2007	Payee name Meals on Wheels  Payee address; City; State; Zip Code 320 South Freeway Fort Worth, TX 76104	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/12 Report: 12/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  12/04/2007	<b>5</b> Payee name Metroport Meals on Wheels  <b>6</b> Payee address; City; State; Zip Code 428 N. Highway 377 Roanoke, TX 76262	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/04/2007	Payee name National Cowgirl Museum and Hall of Fame  Payee address; City; State; Zip Code 1720 Gendy Fort Worth, TX 76107	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/12/2007	Payee name Presbyterian Night Shelter  Payee address; City; State; Zip Code P.O. Box 2645 Fort Worth, TX 76113	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/18/2007	Payee name Presbyterian Night Shelter  Payee address; City; State; Zip Code P.O. Box 2645 Fort Worth, TX 76113	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 9/12 Report: 13/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  10/12/2007	<b>5</b> Payee name Quorum Report  <b>6</b> Payee address; City; State; Zip Code ..... P.O. Box 8 Austin, TX 78767	<b>7</b> Amount (\$)  \$297.69
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Subscription  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/17/2007	Payee name Senator Jane Nelson Campaign  Payee address; City; State; Zip Code ..... P.O. Box 608 Grapevine, TX 76099	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/11/2007	Payee name Speedway Children's Charities  Payee address; City; State; Zip Code ..... P.O. Box 500 Fort Worth, TX 76101	Amount (\$)  \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Benefit sponsorship  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/01/2007	Payee name TCU Athletics/ Baseball  Payee address; City; State; Zip Code ..... 3700 W. Berry St. Fort Worth, TX 76129	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Donation (supporter membership)  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 10/12 Report: 14/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  12/18/2007	<b>5</b> Payee name The Arc of Texas  <b>6</b> Payee address; City; State; Zip Code ..... 8001 Centre Park Drive, Suite 100 Austin, TX 78754	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/16/2007	Payee name The Eppstein Group  Payee address; City; State; Zip Code ..... 4055 International Plaza, Suite 600 Fort Worth, TX 76109	Amount (\$)  \$10,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting services and expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/04/2007	Payee name The Fort Worth Public Library Foundation  Payee address; City; State; Zip Code ..... 500 West Third St. Fort Worth, TX 76102	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/21/2007	Payee name Truitt for District 98  Payee address; City; State; Zip Code ..... P.O. Box 886 Keller, TX 76244	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 11/12 Report: 15/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  07/19/2007	<b>5</b> Payee name U.S. Postmaster  <b>6</b> Payee address; City; State; Zip Code 819 Taylor Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$188.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Box fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/01/2007	Payee name Union Gospel Mission of Tarrant County  Payee address; City; State; Zip Code 1321 E. Lancaster Avenue Fort Worth, TX 76102	Amount (\$)  \$300.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/11/2007	Payee name United Community Centers, Inc.  Payee address; City; State; Zip Code 1200 E. Maddox Ave. Fort Worth, TX 76104	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/02/2007	Payee name United States Treasury  Payee address; City; State; Zip Code Internal Revenue Service Center Ogden, UT 84201	Amount (\$)  \$15.29
Purpose of payment (See instructions regarding type of information required.) Political fund income taxes  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 12/12 Report: 16/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  12/13/2007	<b>5</b> Payee name Women's Center Capital Campaign  <b>6</b> Payee address; City; State; Zip Code ..... 4424 Bombay Court Fort Worth, TX 76116	<b>7</b> Amount (\$)  \$2,000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** 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.		<b>1</b> PAGE # Schedule: 1/2 Report: 17/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  07/11/2007	<b>5</b> Business name Mike Moncrief Investments, Inc.  <b>6</b> Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$28.44
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage and shipping  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/17/2007	Business name Mike Moncrief Investments, Inc.  Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$)  \$2.50
Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/11/2007	Business name Mike Moncrief Investments, Inc.  Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$)  \$1.99
Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/14/2007	Business name Mike Moncrief Investments, Inc.  Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$)  \$4.19
Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE # Schedule: 2/2 Report: 18/21
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date  12/27/2007	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 (\$)  \$3.13
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/3 Report: 19/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  07/31/2007	<b>5</b> Payor name Worth National Bank <hr/> <b>6</b> Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102 <hr/> <b>7</b> Reason for credit Interest on account	<b>8</b> Amount (\$)  \$24.74
Date  07/31/2007	Payor name Worth National Bank <hr/> Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102 <hr/> Reason for credit Interest on account	Amount (\$)  \$634.58
Date  08/31/2007	Payor name Worth National Bank <hr/> Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102 <hr/> Reason for credit Interest on account	Amount (\$)  \$20.75
Date  08/31/2007	Payor name Worth National Bank <hr/> Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102 <hr/> Reason for credit Interest on account	Amount (\$)  \$637.01
Date  09/30/2007	Payor name Worth National Bank <hr/> Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102 <hr/> Reason for credit Interest on account	Amount (\$)  \$20.00

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 20/21
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date	5 Payor name Worth National Bank	8 Amount (\$)  \$618.81
09/30/2007	6 Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	
	7 Reason for credit Interest on account	
Date	Payor name Worth National Bank	Amount (\$)
10/31/2007	Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$19.59
	Reason for credit Interest on account	
Date	Payor name Worth National Bank	Amount (\$)
10/31/2007	Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$641.81
	Reason for credit Interest on account	
Date	Payor name Worth National Bank	Amount (\$)
11/30/2007	Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$17.33
	Reason for credit Interest on account	
Date	Payor name Worth National Bank	Amount (\$)
11/30/2007	Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$610.31
	Reason for credit Interest on account	

**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/3 Report: 21/21
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  12/31/2007	<b>5</b> Payor name Worth National Bank ..... <b>6</b> Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102  <b>7</b> Reason for credit Interest on account	<b>8</b> Amount (\$)  \$16.58
Date  12/31/2007	Payor name Worth National Bank ..... Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102  Reason for credit Interest on account	Amount (\$)  \$619.29