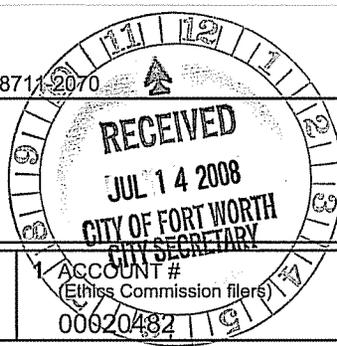


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1



The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00920482

2 PAGE #
1 of 14

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

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

Date Hand Delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Robert L.
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
01/01/2008 06/30/2008

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)
Mayor, Ft. Worth

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$	0.00
--	----	------

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES	\$	29,144.67
---------------------------------	----	-----------

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	182,814.97
--	----	------------

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.

(X)

[Handwritten 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 11th day of JULY, 2008, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

KRISTINA K. TRAVER
Print name of officer administering oath

ADMIN. ASST.
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/8 Report: 3/14

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name Air Center Helicopters, Inc.	7 Amount (\$)
04/28/2008	6 Payee address; City; State; Zip Code 150 Aviation Way, Hangar 17N Fort Worth, TX 76106-2757	\$2,100.00

8 Purpose of payment (See instructions regarding type of information required.) Transportation (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:
--	---

Date	Payee name Associa Cares	Amount (\$)
01/30/2008	Payee address; City; State; Zip Code 5401 N. Central Expressway Suite 300 Dallas, TX 75205	\$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	Payee name Banc of America Leasing	Amount (\$)
01/07/2008	Payee address; City; State; Zip Code P.O. Box 7023 Troy, MI 48007-7023	\$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	Payee name Banc of America Leasing	Amount (\$)
05/20/2008	Payee address; City; State; Zip Code P.O. Box 7023 Troy, MI 48007-7023	\$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:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/8 Report: 4/14
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 02/22/2008	5 Payee name Bank of Texas 6 Payee address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	7 Amount (\$) \$1,940.00
8 Purpose of payment (See instructions regarding type of information required.) Income taxes on political accounts (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:
Date 05/28/2008	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 03/28/2008	Payee name Chris Turner Campaign Payee address; City; State; Zip Code P.O. Box 171138 Arlington, TX 76003	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 05/09/2008	Payee name Citizens for Better Fort Worth Payee address; City; State; Zip Code 777 Taylor St., Suite 900 Fort Worth, TX 76102	Amount (\$) \$1,000.00
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.		1 PAGE # Schedule: 3/8 Report: 5/14
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 05/01/2008	5 Payee name Code Blue Golf Tournament 6 Payee address; City; State; Zip Code P.O. Box 40012 Fort Worth, TX 76140	7 Amount (\$) \$750.00
8 Purpose of payment (See instructions regarding type of information required.) Donation (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:
Date 05/09/2008	Payee name Community Foundation of North Texas Payee address; City; State; Zip Code 306 West 7th Street, Suite 306 Fort Worth, TX 76102	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Chesapeake Scholarship Fund 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 01/30/2008	Payee name De Leon Campaign Committee Payee address; City; State; Zip Code P.O. Box 470743 Fort Worth, TX 76147	Amount (\$) \$200.00
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 05/09/2008	Payee name Fort Worth Latino Police Officers Association Payee address; City; State; Zip Code P.O. Box 4858 Fort Worth, TX 76164	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Scholarship 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.		1 PAGE # Schedule: 4/8 Report: 6/14
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 05/28/2008	5 Payee name Fort Worth Sister Cities International 6 Payee address; City; State; Zip Code 808 Throckmorton Street Fort Worth, TX 76102-6315	7 Amount (\$) \$1,500.00
8 Purpose of payment (See instructions regarding type of information required.) Donation (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:
Date 02/11/2008	Payee name Fort Worth Stockyards Business Association Payee address; City; State; Zip Code 2458 N. Main St. Fort Worth, TX 76164	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Membership dues (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 01/04/2008	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 04/08/2008	Payee name Hedgepeth, Jane Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$) \$195.00
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/8 Report: 7/14
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 02/12/2008	5 Payee name Kay Bailey Hutchison for Senate Committee 6 Payee address; City; State; Zip Code P.O. Box 130 Austin, TX 78767	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Contribution (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:
Date 04/29/2008	Payee name Leadership Fort Worth Payee address; City; State; Zip Code P.O. Box 11371 Fort Worth, TX 76110	Amount (\$) \$2,000.00
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 03/05/2008	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 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 05/12/2008	Payee name League of Women Voters of Texas Payee address; City; State; Zip Code 1212 Guadalupe St., Suite 107 Austin, TX 78701	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.		1 PAGE # Schedule: 6/8 Report: 8/14
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 06/04/2008	5 Payee name Lonesome Dove 6 Payee address; City; State; Zip Code 2406 N. Main Street Fort Worth, TX 76106	7 Amount (\$) \$5,000.00
8 Purpose of payment (See instructions regarding type of information required.) Community welcoming reception expense (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:
Date 02/11/2008	Payee name Marty & Pat's Frame Shoppe Payee address; City; State; Zip Code 5025 Camp Bowie Blvd. Fort Worth, TX 76107	Amount (\$) \$603.00
Purpose of payment (See instructions regarding type of information required.) Framing (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 02/13/2008	Payee name Performing Arts Fort Worth Payee address; City; State; Zip Code 330 East 4th St., Suite 300 Fort Worth, TX 76102-4021	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship (Children's Education Program of Performing Arts Fort Worth) (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 02/11/2008	Payee name Roy C. Brooks Campaign Payee address; City; State; Zip Code P.O. Box 16868 Fort Worth, TX 76162-0868	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.		1 PAGE # Schedule: 7/8 Report: 9/14
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 03/06/2008	5 Payee name Scott Johnson Campaign 6 Payee address; City; State; Zip Code 6072 Dripping Springs Drive Frisco, TX 75034	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Contribution (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:
Date 02/15/2008	Payee name Sheriff Dee Anderson Campaign Payee address; City; State; Zip Code P.O. Box 1773 Fort Worth, TX 76101	Amount (\$) \$200.00
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 04/08/2008	Payee name Special Olympics Texas Payee address; City; State; Zip Code P.O. Box 201087 Austin, TX 78720-1087	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:
Date 02/14/2008	Payee name Tarrant County Junior Livestock Association Payee address; City; State; Zip Code 6713 Telephone Road Fort Worth, TX 76135	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.

1 PAGE #
Schedule: 8/8 Report: 10/14

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name Texans for John Cornyn	7 Amount (\$)
01/31/2008	6 Payee address; City; State; Zip Code P.O. Box 13026 Austin, TX 78711	\$500.00

8 Purpose of payment (See instructions regarding type of information required.) Contribution (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:
--	---

Date	Payee name Texans for Senator John Cornyn	Amount (\$)
05/20/2008	Payee address; City; State; Zip Code 16714 Fitzhugh Rd. Dripping Springs, TX 78620	\$500.00

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:
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Date	Payee name YMCA of Metropolitan Fort Worth/Northwest YMCA	Amount (\$)
03/28/2008	Payee address; City; State; Zip Code 5315 Boat Club Rd. Fort Worth, TX 76135	\$125.00

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:
---	--

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 11/14
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 03/06/2008	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 (\$) \$5.82
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:
Date 04/08/2008	Business name Mike Moncrief Investments, Inc. Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$) \$4.69
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 05/09/2008	Business name Mike Moncrief Investments, Inc. Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$) \$2.54
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 06/04/2008	Business name Mike Moncrief Investments, Inc. Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$) \$3.56
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:

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 12/14
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date	5 Payor name Bank of Texas	8 Amount (\$) \$33.42
02/29/2008	6 Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	
	7 Reason for credit Interest on accounts	
Date	Payor name Bank of Texas	Amount (\$)
02/29/2008	Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	\$189.36
	Reason for credit Interest on accounts	
Date	Payor name Bank of Texas	Amount (\$)
03/31/2008	Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	\$466.67
	Reason for credit Interest on accounts	
Date	Payor name Bank of Texas	Amount (\$)
03/31/2008	Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	\$29.43
	Reason for credit Interest on accounts	
Date	Payor name Bank of Texas	Amount (\$)
04/30/2008	Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	\$369.17
	Reason for credit Interest on accounts	

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 13/14

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payor name	8 Amount (\$)
05/31/2008	Bank of Texas 6 Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	\$351.38
	7 Reason for credit Interest on accounts	
06/30/2008	Bank of Texas Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	\$334.37
	Reason for credit Interest on accounts	
01/31/2008	Worth National Bank Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$15.19
	Reason for credit Interest on accounts	
01/31/2008	Worth National Bank Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$616.35
	Reason for credit Interest on accounts	
02/18/2008	Worth National Bank Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$8.19
	Reason for credit Interest on accounts	

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 14/14

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payor name	8 Amount (\$)
02/18/2008	Worth National Bank 6 Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$332.52
	7 Reason for credit Interest on accounts	

Michael J. Moncrief

July 14, 2008

HAND-DELIVERED

Ms. Marty Hendrix
City Secretary

Dear Ms. Hendrix,

Enclosed is Form C/OH, Candidate/Officeholder Campaign Finance Report, for time period 01/01/08 thru 06/30/08 for Michael J. Moncrief. Once this Report has been filed of record, please forward to me an acknowledged copy.

If you should have any questions regarding the enclosed, please contact me.

Sincerely,



Kris Traver
Administrative Assistant

777 Taylor Street
Suite 1030
Fort Worth, TX 76102
Phone 817-338-1225
Fax 817-338-9121