



# 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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,275.00
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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	\$	27,556.45
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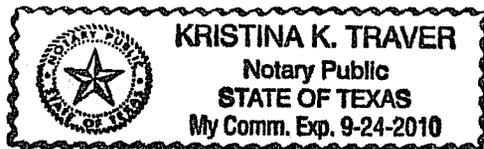
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	182,322.51
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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 10<sup>th</sup> day of APRIL, 2007, to certify which, witness my hand and seal of office.

*(Signature)*  
Signature of officer administering oath

KRISTINA K. TRAVER  
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: 1/5 Report: 3/23	
2 FILER NAME Moncrief, Michael J.			3 ACCOUNT # (Ethics Commission filers) 00020482		
4 Date  03/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bass, Edward P.		7 Amount of contribution (\$)  \$1,000.00		
6 Contributor address; City; State; Zip Code 201 Main Street, Suite 2700 Fort Worth, TX 76102					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  03/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fickes, Cathy		7 Amount of contribution (\$)  \$100.00		
6 Contributor address; City; State; Zip Code 4021 Hilltop Dr. Southlake, TX 76092					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/23	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date  03/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fickes, Gary	7 Amount of contribution (\$)  \$100.00	
6 Contributor address; City; State; Zip Code 4021 Hilltop Dr. Southlake, TX 76092			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  03/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Good Government Fund	7 Amount of contribution (\$)  \$2,000.00	
6 Contributor address; City; State; Zip Code 201 Main Street, Suite 3200 Fort Worth, TX 76102			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/5 Report: 5/23	
2 FILER NAME Moncrief, Michael J.			3 ACCOUNT # (Ethics Commission filers) 00020482		
4 Date  03/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hibbler, Charles III		7 Amount of contribution (\$)  \$25.00		
6 Contributor address; City; State; Zip Code 4940 Callhan St. Fort Worth, TX 76105					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  03/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hickman, Holt		7 Amount of contribution (\$)  \$1,000.00		
6 Contributor address; City; State; Zip Code 5800 Merrymount Rd. Fort Worth, TX 76107					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.				<b>1</b> PAGE # Schedule: 4/5 Report: 6/23	
<b>2</b> FILER NAME    Moncrief, Michael J.			<b>3</b> ACCOUNT #    (Ethics Commission filers) 00020482		
<b>4</b> Date  03/09/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) K-PAC  ..... <b>6</b> Contributor address;    City;    State;    Zip Code 201 Main St., Suite 2500 Fort Worth, TX 76102	<b>7</b> Amount of contribution (\$)  \$1,000.00			
<b>8</b> Principal occupation / Job title (See Instructions)			<b>9</b> Employer (See Instructions)		
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11</b> In-kind description (if applicable)		
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
<b>13</b> Departure city / location		<b>14</b> Departure date	<b>15</b> Destination city / location		<b>16</b> Arrival date
<b>17</b> Means of transportation			<b>18</b> Purpose of travel		
<b>4</b> Date  01/03/2007	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) O'Malley, Patrick W.  ..... <b>6</b> Contributor address;    City;    State;    Zip Code 4936 Bryce Ave. Dallas, TX 76107	<b>7</b> Amount of contribution (\$)  \$50.00			
<b>8</b> Principal occupation / Job title (See Instructions)			<b>9</b> Employer (See Instructions)		
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11</b> In-kind description (if applicable)		
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
<b>13</b> Departure city / location		<b>14</b> Departure date	<b>15</b> Destination city / location		<b>16</b> Arrival date
<b>17</b> Means of transportation			<b>18</b> Purpose of travel		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/23	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date  03/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PSEL PAC  6 Contributor address; City; State; Zip Code 201 Main St., Suite 2500 Fort Worth, TX 76102	7 Amount of contribution (\$)  \$2,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

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

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 1/13 Report: 8/23	
<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020482	
<b>4 Date</b>  01/23/2007	<b>5 Payee name</b> AIDS Outreach Center  ..... <b>6 Payee address; City; State; Zip Code</b> 801 West Cannon Fort Worth, TX 76104	<b>7 Amount</b> (\$)  \$200.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Donation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>  02/01/2007	<b>5 Payee name</b> Betsy Price Campaign  ..... <b>6 Payee address; City; State; Zip Code</b> P.O. Box 100066 Fort Worth, TX 76185-0066	<b>7 Amount</b> (\$)  \$200.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Contribution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 2/13 Report: 9/23**2** FILER NAME Moncrief, Michael J.**3** ACCOUNT # (Ethics Commission filers)  
00020482

<b>4</b> Date  03/08/2007	<b>5</b> Payee name Cassata High School ..... <b>6</b> Payee address; City; State; Zip Code 1400 Hemphill Street Fort Worth, TX 76104	<b>7</b> Amount (\$)  \$1,000.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Donation**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  03/01/2007	<b>5</b> Payee name Center for Public Policy Priorities ..... <b>6</b> Payee address; City; State; Zip Code 900 Lydia Street Austin, TX 78702	<b>7</b> Amount (\$)  \$250.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Luncheon donation**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/13 Report: 10/23

**2** FILER NAME Moncrief, Michael J.

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

<b>4</b> Date	<b>5</b> Payee name City of Fort Worth	<b>7</b> Amount (\$)
01/24/2007	<b>6</b> Payee address; City; State; Zip Code 1000 Throckmorton Street Fort Worth, TX 76102	\$1,042.53

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Office furniture lease

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:  
Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date	<b>5</b> Payee name City of Fort Worth	<b>7</b> Amount (\$)
02/08/2007	<b>6</b> Payee address; City; State; Zip Code 1000 Throckmorton Street Fort Worth, TX 76102	\$100.00

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Filing fee

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:  
Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/13 Report: 11/23	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date  03/27/2007	5 Payee name City of Fort Worth  6 Payee address; City; State; Zip Code 1000 Throckmorton Street Fort Worth, TX 76102	7 Amount (\$)  \$1,042.53	
8 Purpose of payment (See instructions regarding type of information required.) Office furniture lease  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  02/27/2007	5 Payee name Danny Scarth Campaign Fund  6 Payee address; City; State; Zip Code 505 Highwoods Trail Fort Worth, TX 76112	7 Amount (\$)  \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 5/13 Report: 12/23	
<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020482	
<b>4 Date</b>	<b>5 Payee name</b> Don Manning Scholarship Foundation	<b>7 Amount</b> (\$)	
03/26/2007	<b>6 Payee address; City; State; Zip Code</b> 1113 Shady River Court South Benbrook, TX 76126-2914	\$200.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Donation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>	<b>5 Payee name</b> Fort Worth Police Officers' Award Foundation	<b>7 Amount</b> (\$)	
03/12/2007	<b>6 Payee address; City; State; Zip Code</b> P.O. Box 17659 Fort Worth, TX 76102	\$500.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Awards dinner donation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

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

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 6/13 Report: 13/23	
<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020482	
<b>4 Date</b>  01/30/2007	<b>5 Payee name</b> H.A.N.K. Helping Another Next of Kin  ..... <b>6 Payee address; City; State; Zip Code</b> P.O. Box 33634 Fort Worth, TX 76162	<b>7 Amount (\$)</b>  \$2,500.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Sponsorship donation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>  01/12/2007	<b>5 Payee name</b> Hedgepeth, Jane  ..... <b>6 Payee address; City; State; Zip Code</b> 1339 Bonham Terrace Austin, TX 78704	<b>7 Amount (\$)</b>  \$375.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Reporting services  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/13 Report: 14/23	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date  03/08/2007	5 Payee name Jungus Jordan ..... 6 Payee address; City; State; Zip Code 5316 Starry Court Fort Worth, TX 76123	7 Amount (\$)  \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Donation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date  03/13/2007	5 Payee name Kay Granger Campaign Fund ..... 6 Payee address; City; State; Zip Code 715 Jones Street, Suite 101 Fort Worth, TX 76102	7 Amount (\$)  \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 8/13 Report: 15/23**2** FILER NAME Moncrief, Michael J.**3** ACCOUNT # (Ethics Commission filers)  
00020482**4** Date**5** Payee name  
Kay Granger Campaign Fund**7** Amount  
(\$)

04/02/2007

**6** Payee address; City; State; Zip Code  
715 Jones Street, Suite 101  
Fort Worth, TX 76102

\$500.00

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Contribution**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date**5** Payee name  
Kids Who Care Inc.**7** Amount  
(\$)

03/13/2007

**6** Payee address; City; State; Zip Code  
1300 Gentry Street  
Fort Worth, TX 76107

\$200.00

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Donation**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 9/13 Report: 16/23

**2** FILER NAME Moncrief, Michael J.

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

<b>4</b> Date	<b>5</b> Payee name League of Women Voters of Tarrant County	<b>7</b> Amount (\$)
02/14/2007	<b>6</b> Payee address; City; State; Zip Code 3212 Collinsworth St. Fort Worth, TX 76107	\$100.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Membership donation	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date	<b>5</b> Payee name Special Olympics Texas	<b>7</b> Amount (\$)
03/26/2007	<b>6</b> Payee address; City; State; Zip Code P.O. Box 131567 Houston, TX 77219-1567	\$100.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 10/13 Report: 17/23	
<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020482	
<b>4 Date</b>	<b>5 Payee name</b> Tarrant County Blue	<b>7 Amount</b> (\$)	
03/12/2007	<b>6 Payee address; City; State; Zip Code</b> P.O. Box 1659 Fort Worth, TX 76101	\$1,000.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Membership donation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>	<b>5 Payee name</b> Texans for Senator John Cornyn	<b>7 Amount</b> (\$)	
03/13/2007	<b>6 Payee address; City; State; Zip Code</b> 16714 Fitzhugh Rd. Dripping Springs, TX 78620	\$500.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Contribution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 11/13 Report: 18/23**2** FILER NAME Moncrief, Michael J.**3** ACCOUNT # (Ethics Commission filers)  
00020482

<b>4</b> Date  01/25/2007	<b>5</b> Payee name The Eppstein Group  <b>6</b> Payee address; City; State; Zip Code 4055 International Plaza, Suite 520 Fort Worth, TX 76109	<b>7</b> Amount (\$)  \$10,000.00
---------------------------------	---	--

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Polling services Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

<b>4</b> Date  03/12/2007	<b>5</b> Payee name The Eppstein Group  <b>6</b> Payee address; City; State; Zip Code 4055 International Plaza, Suite 520 Fort Worth, TX 76109	<b>7</b> Amount (\$)  \$5,000.00
---------------------------------	---	---

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Polling services Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 12/13 Report: 19/23	
<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020482	
<b>4 Date</b>  03/26/2007	<b>5 Payee name</b> The Gladney Fund  ..... <b>6 Payee address; City; State; Zip Code</b> 6300 John Ryan Drive Fort Worth, TX 76132	<b>7 Amount (\$)</b>  \$100.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Donation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>  03/26/2007	<b>5 Payee name</b> Visiting Nurse Association of Tarrant County  ..... <b>6 Payee address; City; State; Zip Code</b> 6300 Ridglea Place, Suite 801 Fort Worth, TX 76116	<b>7 Amount (\$)</b>  \$100.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Donation  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.				<b>1</b> PAGE # Schedule: 13/13 Report: 20/23	
<b>2</b> FILER NAME Moncrief, Michael J.			<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482		
<b>4</b> Date  03/26/2007	<b>5</b> Payee name Wendy Davis Campaign ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 12431 Fort Worth, TX 76110			<b>7</b> Amount (\$)  \$500.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location		<b>14</b> Arrival date
<b>15</b> Means of transportation			<b>16</b> Purpose of travel		
<b>4</b> Date  03/22/2007	<b>5</b> Payee name Worth National Bank ..... <b>6</b> Payee address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102			<b>7</b> Amount (\$)  \$290.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Income taxes  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location		<b>14</b> Arrival date
<b>15</b> Means of transportation			<b>16</b> Purpose of travel		

# 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: 21/23	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date  02/08/2007	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 (\$)  \$2.43	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  03/08/2007	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 (\$)  \$3.96	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

# CREDITS (optional)

# SCHEDULE K

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 1/2 Report: 22/23
<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020482
<b>4 Date</b>	<b>5 Payor name</b> Worth National Bank	<b>8 Amount (\$)</b>
01/31/2007	<b>6 Payor address; City; State; Zip Code</b> 801 Cherry Street Fort Worth, TX 76102	\$46.65
	<b>7 Reason for credit</b> Interest on accounts	
Date	Payor name Worth National Bank	Amount (\$)
01/31/2007	Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$191.80
	Reason for credit Interest on accounts	
Date	Payor name Worth National Bank	Amount (\$)
02/28/2007	Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$38.17
	Reason for credit Interest on accounts	
Date	Payor name Worth National Bank	Amount (\$)
02/28/2007	Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$173.75
	Reason for credit Interest on accounts	
Date	Payor name Worth National Bank	Amount (\$)
03/31/2007	Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	\$41.53
	Reason for credit Interest on accounts	

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 23/23
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date  03/31/2007	5 Payor name Worth National Bank ..... 6 Payor address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102  7 Reason for credit Interest on accounts	8 Amount (\$)  \$193.77

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Michael J. Moncrief



April 12, 2007

HAND-DELIVERED

Ms. Marty Hendrix  
City Secretary

Dear Ms. Hendrix,

Enclosed is Form C/OH, Candidate/Officeholder Campaign Finance Report, for time period 1/1/07 through 4/2/07 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,

A handwritten signature in cursive script that reads "Kris Traver".

Kris Traver  
Administrative Assistant

04-12-07 A09:30 IN

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