

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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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)	\$	4,450.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
4. TOTAL POLITICAL EXPENDITURES	\$	31,001.80
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	155,996.79
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 4th day of MAY, 2007, to certify which, witness my hand and seal of office.

(Signature) KRISTINA K. TRAVER ADMIN. ASST.
Signature of officer administering oath Print name of officer administering oath 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: 1/4 Report: 3/10	
2 FILER NAME Moncrief, Michael J.			3 ACCOUNT # (Ethics Commission filers) 00020482		
4 Date 04/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Apartment Assoc. Tarrant Co. Political Action Committee 6 Contributor address; City; State; Zip Code 6350 Baker Blvd. Fort Worth, TX 76118-6219	7 Amount of contribution (\$) \$3,000.00			
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		
4 Date 04/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Congdon, James 6 Contributor address; City; State; Zip Code 6413 Fianna Hills Drive Fort Worth, TX 76132	7 Amount of contribution (\$) \$200.00			
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 2/4 Report: 4/10		
2 FILER NAME Moncrief, Michael J.			3 ACCOUNT # (Ethics Commission filers) 00020482		
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Goodwin, Jerry D.		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 6308 Estates Ln. Fort Worth, TX 76137					
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 04/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Peden, Bruce W.		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 3471 Sagecrest Terrace Fort Worth, TX 76109					
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: 3/4 Report: 5/10	
2 FILER NAME Moncrief, Michael J.			3 ACCOUNT # (Ethics Commission filers) 00020482		
4 Date 04/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pillar, Roxanne L.		7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 5620 Charlott St. Fort Worth, TX 76112					
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 04/05/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schell, James W.		7 Amount of contribution (\$) \$250.00		
6 Contributor address; City; State; Zip Code 901 Fort Worth Club Bldg. 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: 4/4 Report: 6/10	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 04/19/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zollars, Robert L. 6 Contributor address; City; State; Zip Code 3131 McKinney Ave., Suite 600 Dallas, TX 75204	7 Amount of contribution (\$) \$550.00	
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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 7/10

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date 04/23/2007	5 Payee name Carter Burdette Campaign 6 Payee address; City; State; Zip Code 4717 Lafayette Avenue Fort Worth, TX 76107-3723	7 Amount (\$) \$500.00
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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:
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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 04/05/2007	5 Payee name Chet Edwards for Congress 6 Payee address; City; State; Zip Code P.O. Box 23273 Waco, TX 76702-3273	7 Amount (\$) \$500.00
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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:
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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: 2/2 Report: 8/10	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 04/12/2007	5 Payee name The Eppstein Group 6 Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, TX 76109	7 Amount (\$) \$5,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Polling services <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 04/17/2007	5 Payee name The Eppstein Group 6 Payee address; City; State; Zip Code 4055 International Plaza, Suite 600 Fort Worth, TX 76109	7 Amount (\$) \$25,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Consulting fees and expenses <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	

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: 9/10

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date

04/05/2007

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 (\$)

\$1.80

8 Purpose of payment
(See instructions regarding type of information required.)
Reimbursement for postage

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 10/10
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 04/30/2007	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 account	8 Amount (\$) \$189.89
Date 04/30/2007	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 (\$) \$36.19