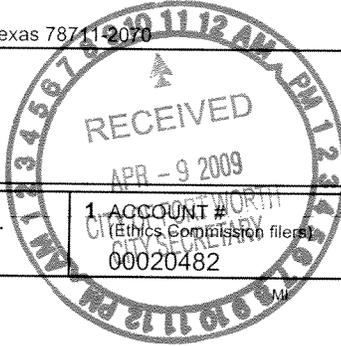


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1



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

1 ACCOUNT #
(Ethics Commission files)
00020482

2 PAGE #
1 of 8

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**

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

5 CAMPAIGN TREASURER NAME

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

Date Processed

Date Imaged

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
01/01/2009 03/30/2009

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05/09/2009

11 OFFICE

OFFICE HELD (if any)
Mayor, City of Ft. Worth

12 OFFICE SOUGHT (if known)
Mayor, City of 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

04-09-09 A10:27 IN

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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) **\$ 400.00**

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES **\$ 51,006.35**

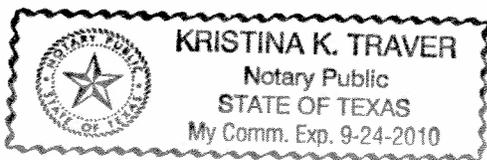
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 185,997.87**

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.

(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 6th day of APRIL, 2009, to certify which, witness my hand and seal of office.

(Handwritten 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: 1/1 Report: 3/8

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)

00020482

4 Date

03/26/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Gary Fickes Campaign

6 Contributor address; City; State; Zip Code
4021 Hilltop Dr.
Southlake, TX 76092

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/27/2009

Full name of contributor out-of-state PAC (ID# _____)
Pettit, David

Contributor address; City; State; Zip Code
2209 Irwin Avenue
Fort Worth, TX 76110

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. **1** PAGE #
Schedule: 1/3 Report: 4/8

2 FILER NAME Moncrief, Michael J. **3** ACCOUNT # (Ethics Commission filers)
00020482

4 Date 02/03/2009	5 Payee name City of Fort Worth 6 Payee address; City; State; Zip Code 1000 Throckmorton Street Fort Worth, TX 76102	7 Amount (\$) \$100.00
---------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------

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

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

Date 02/20/2009	Payee name Danny Scarth Campaign Fund Payee address; City; State; Zip Code 505 High Woods Trail Fort Worth, TX 76112	Amount (\$) \$250.00
------------------------	--------------------------------------------------------------------------------------------------------------------------------------	-----------------------------

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

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

Date 02/11/2009	Payee name Frank Moss Campaign Payee address; City; State; Zip Code 5625 Eisenhower Fort Worth, TX 76112	Amount (\$) \$250.00
------------------------	--------------------------------------------------------------------------------------------------------------------------	-----------------------------

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

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held:

Date 01/26/2009	Payee name Hedgepeth, Jane Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$) \$617.50
------------------------	----------------------------------------------------------------------------------------------------------------------	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Reporting services

(If travel outside of Texas, complete Schedule T)

** 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: 2/3 Report: 5/8

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name HillCo Partners	7 Amount (\$)
02/11/2009	6 Payee address; City; State; Zip Code 823 Congress Avenue, Suite 900 Austin, TX 78701	\$32,500.00

8 Purpose of payment (See instructions regarding type of information required.)
Research for proposed regional rail legislation

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

Office sought:
Office held:

(If travel outside of Texas, complete Schedule T)

Date	Payee name Joel Burns Campaign	Amount (\$)
02/11/2009	Payee address; City; State; Zip Code P.O. Box 12663 Fort Worth, TX 76110	\$250.00

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

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

Office sought:
Office held:

(If travel outside of Texas, complete Schedule T)

Date	Payee name Kathleen Hicks Campaign	Amount (\$)
03/13/2009	Payee address; City; State; Zip Code P.O. Box 15921 Fort Worth, TX 76119	\$250.00

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

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

Office sought:
Office held:

(If travel outside of Texas, complete Schedule T)

Date	Payee name League of Women Voters of Tarrant County	Amount (\$)
03/09/2009	Payee address; City; State; Zip Code 3212 Collinsworth St. Fort Worth, TX 76107	\$250.00

Purpose of payment (See instructions regarding type of information required.)
Membership donation

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

Office sought:
Office held:

(If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 6/8

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date

02/10/2009

5 Payee name
Southwest Bank

6 Payee address; City; State; Zip Code
P.O. Box 962020
Fort Worth, TX 76162

7 Amount
(\$)

\$1,537.00

8 Purpose of payment (See instructions regarding type of information required.)
2008 1120-POL tax deposit

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

03/29/2009

Payee name
The Election Group, LLC

Payee address; City; State; Zip Code
408 West 14th St.
Austin, TX 78701

Amount
(\$)

\$15,000.00

Purpose of payment (See instructions regarding type of information required.)
Campaign consulting services

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

(If travel outside of Texas, complete Schedule T)

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: 7/8

2 FILER NAME Moncrief, Michael J. 3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date 02/05/2009	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 (\$) \$0.42
--------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------

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 03/05/2009	Business name Mike Moncrief Investments, Inc. Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$) \$1.43
------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------

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: 1/1 Report: 8/8

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date 01/30/2009	5 Payor name Bank of Texas	8 Amount (\$) \$54.42
	6 Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	
7 Reason for credit Interest on accounts		

Date 02/27/2009	Payor name Bank of Texas	Amount (\$) \$40.25
	Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	
Reason for credit Interest on accounts		

Date 01/30/2009	Payor name Southwest Bank	Amount (\$) \$148.95
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	
Reason for credit Interest on accounts		

Date 02/27/2009	Payor name Southwest Bank	Amount (\$) \$133.98
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	
Reason for credit Interest on accounts		