

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 38/53 Report: 40/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date: 09/08/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Pare, Mary Hanson

6 Contributor address; City; State; Zip Code
3604 Rogers Avenue
Fort Worth, TX 76109

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 09/08/2008
Full name of contributor out-of-state PAC (ID# _____)
Parrish, Ronald L.

Contributor address; City; State; Zip Code
1419 Thomas Place
Fort Worth, TX 76107-2431

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 09/26/2008
Full name of contributor out-of-state PAC (ID# _____)
Pavlik & Associates LP

Contributor address; City; State; Zip Code
6115 Camp Bowie Blvd., Suite 270
Fort Worth, TX 76116

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 09/18/2008
Full name of contributor out-of-state PAC (ID# _____)
Pentalpha Properties, Ltd.

Contributor address; City; State; Zip Code
4201 Camp Bowie Blvd.
Fort Worth, TX 76107

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 09/10/2008
Full name of contributor out-of-state PAC (ID# _____)
Petrus, Elaine J.

Contributor address; City; State; Zip Code
3736 Country Club Circle
Fort Worth, TX 76109

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 39/53 Report: 41/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)

00020482

4 Date

09/16/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Petty, Dan S.

6 Contributor address; City; State; Zip Code
P.O. Box 610246
Dallas, TX 75261

7 Amount of contribution (\$)

\$200.00

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

Full name of contributor out-of-state PAC (ID# _____)
Phillips, Gregory J.

Contributor address; City; State; Zip Code
1050 5th Avenue, Suite J
Fort Worth, TX 76104

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)

Date

Full name of contributor out-of-state PAC (ID# _____)
Pigman, Reed Jr.

Contributor address; City; State; Zip Code
200 Texas Way
Fort Worth, TX 76106-2782

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Poage, Betty J.

Contributor address; City; State; Zip Code
1309 Jaden Lane
Fort Worth, TX 76116

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Political Action Committee of Winstead PC

Contributor address; City; State; Zip Code
1201 Elm St.
5400 Renaissance Tower
Dallas, TX 75270

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/53 Report: 42/69	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Popplewell, R. C. 6 Contributor address; City; State; Zip Code 88537 I-20 Santo, TX 76472	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PSEL PAC Contributor address; City; State; Zip Code 201 Main St., Suite 2500 Fort Worth, TX 76102	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rabalais, F. W. Contributor address; City; State; Zip Code P.O. Box 1567 Fort Worth, TX 76101-1567	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Radio Shack Government Action Fund Contributor address; City; State; Zip Code 300 RadioShack Cr., CF3-331 Fort Worth, TX 76102-1964	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsay, Thomas W. Contributor address; City; State; Zip Code P.O. Box 101914 Fort Worth, TX 76185	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 41/53 Report: 43/69	
2 FILER NAME Moncrief, Michael J.			3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ransom, Scott B. 6 Contributor address; City; State; Zip Code 3720 Briarhaven Rd. Fort Worth, TX 76109	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reilly, Michael A. Contributor address; City; State; Zip Code 1017 S. FM Road 5 Aledo, TX 76008	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renfro, Doug Contributor address; City; State; Zip Code 1214 Briar Ridge Dr. Keller, TX 76248-8373	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richter, Mary M. Contributor address; City; State; Zip Code 7225 McNay Road Fort Worth, TX 76135	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roach, John V. II Contributor address; City; State; Zip Code 2805 Alton Rd. Fort Worth, TX 76109	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/53 Report: 44/69	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogers, Mary R. 6 Contributor address; City; State; Zip Code 5404 Northcrest Rd. Fort Worth, TX 76107	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Lisa S. Contributor address; City; State; Zip Code 1406 Post Oak Place Westlake, TX 76282	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutherford, Betty Contributor address; City; State; Zip Code 4919 Black Oak Lane Fort Worth, TX 76114-2933	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandford, W. A. Contributor address; City; State; Zip Code 601 W. Main Decatur, TX 76234	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandford, W. R. Contributor address; City; State; Zip Code 601 W. Main Decatur, TX 76234	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/53 Report: 45/69	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schafer, Dianne 6 Contributor address; City; State; Zip Code 8717 Overland Dr. Fort Worth, TX 76179	7 Amount of contribution (\$) \$100.00 	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <input type="checkbox"/>	
Date 09/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schaffer, Sara B. Contributor address; City; State; Zip Code 11 Lombardy Ter. Benbrook, TX 76132	Amount of contribution (\$) \$500.00 	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input type="checkbox"/>	
Date 09/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scroggie, William B. Contributor address; City; State; Zip Code 1108 South Henderson Fort Worth, TX 76104	Amount of contribution (\$) \$100.00 	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input type="checkbox"/>	
Date 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seibold, Jim Contributor address; City; State; Zip Code 4115 Shady Valley Dr. Arlington, TX 76013	Amount of contribution (\$) \$100.00 	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input type="checkbox"/>	
Date 09/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaffer, Richard Lee Contributor address; City; State; Zip Code 11816 Porcupine Dr. Keller, TX 76248	Amount of contribution (\$) \$50.00 	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input type="checkbox"/>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 44/53 Report: 46/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date 09/05/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Shingleton, Dennis P.

6 Contributor address; City; State; Zip Code
8600 Crosswind Dr.
Fort Worth, TX 76179

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 09/05/2008
Full name of contributor out-of-state PAC (ID# _____)
Shrider, D. Lou

Contributor address; City; State; Zip Code
8113 Rush St.
Fort Worth, TX 76116

Amount of contribution (\$) In-kind contribution description (if applicable)

\$150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/16/2008
Full name of contributor out-of-state PAC (ID# _____)
Sifuentes, A. Polly

Contributor address; City; State; Zip Code
9082 Saranac Trail
Fort Worth, TX 76118

Amount of contribution (\$) In-kind contribution description (if applicable)

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/21/2008
Full name of contributor out-of-state PAC (ID# _____)
Simons, Diane

Contributor address; City; State; Zip Code
1950 Silver Creek
Fort Worth, TX 76108

Amount of contribution (\$) In-kind contribution description (if applicable)

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/05/2008
Full name of contributor out-of-state PAC (ID# _____)
Sloane, Robert W. Jr.

Contributor address; City; State; Zip Code
2237 Wilshire Blvd.
Fort Worth, TX 76110

Amount of contribution (\$) In-kind contribution description (if applicable)

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/53 Report: 47/69	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Bennie A. 6 Contributor address; City; State; Zip Code 1936 Winter Dr. Roanoke, TX 76262	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Carol M. Contributor address; City; State; Zip Code 5331 Collinwood Ave. Fort Worth, TX 76107	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Jake W. Contributor address; City; State; Zip Code 1111 Calais Dr. Southlake, TX 76092	Amount of contribution (\$) \$275.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Jason C. N. Contributor address; City; State; Zip Code 2257 College Ave. Fort Worth, TX 76110-1939	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Tracey N. Contributor address; City; State; Zip Code 2300 W. Magnolia Ave. Fort Worth, TX 76110	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 47/53 Report: 49/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)

00020482

4 Date

09/16/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Surratt, Ronald H.

6 Contributor address; City; State; Zip Code
3856 Twin Sisters Ct.
Granbury, TX 76048

7 Amount of contribution (\$)

\$250.00

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

Full name of contributor out-of-state PAC (ID# _____)
Tanna, Amar K.

Contributor address; City; State; Zip Code
4301 Crestline Rd.
Fort Worth, TX 76107

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Tatum, Cynthia D.

Contributor address; City; State; Zip Code
4708 Lafayette Avenue
Fort Worth, TX 76107

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
TCB PAC

Contributor address; City; State; Zip Code
5757 Woodway, Suite 101W
Houston, TX 77057

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Terry, Gary W.

Contributor address; City; State; Zip Code
117 Shady Lake Ct.
Hurst, TX 76054

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/53 Report: 51/69	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tubb, L. C. Jr. 6 Contributor address; City; State; Zip Code P.O. Box 161639 Fort Worth, TX 76161	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Veasey, Tonya Contributor address; City; State; Zip Code 2033 Castleview Dr. Fort Worth, TX 76120	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, William H. Contributor address; City; State; Zip Code 13600 Heritage Parkway Fort Worth, TX 76177	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ward, Virginia Bell Contributor address; City; State; Zip Code 5704 Meadow Wood Lane Fort Worth, TX 76112	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Washington, Bernice J. Contributor address; City; State; Zip Code 4359 Highlander Dr. Dallas, TX 75287	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50/53 Report: 52/69	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weir, Victor A. II 6 Contributor address; City; State; Zip Code 806 Spring Drive Arlington, TX 76012	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wicker, Larry 6 Contributor address; City; State; Zip Code 801 Cherry St., Suite 2300 Fort Worth, TX 76102	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wier, N. Richard 6 Contributor address; City; State; Zip Code 2109 Hillcrest Fort Worth, TX 76107	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilcox, Jon T. 6 Contributor address; City; State; Zip Code 2718 Heritage Hills Dr. Fort Worth, TX 76109	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wiley, Onah 6 Contributor address; City; State; Zip Code 6425 Ridglea Crest Dr. Fort Worth, TX 76116	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 51/53 Report: 53/69	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wiley, Wade W. III 6 Contributor address; City; State; Zip Code 6708 Brants Ln. Fort Worth, TX 76116	7 Amount of contribution (\$) \$200.00 	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <input type="checkbox"/>	
Date 09/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilie, Kimberly Contributor address; City; State; Zip Code 1334 Smilax Avenue Fort Worth, TX 76111	Amount of contribution (\$) \$100.00 	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input type="checkbox"/>	
Date 09/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilkie, Valleau Jr. Contributor address; City; State; Zip Code 309 Main St. Fort Worth, TX 76102	Amount of contribution (\$) \$250.00 	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input type="checkbox"/>	
Date 09/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, J. Roger Contributor address; City; State; Zip Code P.O. Box 1382 Fort Worth, TX 76101	Amount of contribution (\$) \$1,000.00 	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input type="checkbox"/>	
Date 09/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williamson, J. Don Contributor address; City; State; Zip Code 1300 S. University Dr., Suite 410 Fort Worth, TX 76107	Amount of contribution (\$) \$250.00 	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <input type="checkbox"/>	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/53 Report: 54/69	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 09/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willis, Lyn 6 Contributor address; City; State; Zip Code 2405 Warner Road Fort Worth, TX 76110	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Willkie, Madonna Contributor address; City; State; Zip Code 9919 Boat Club Road Fort Worth, TX 76179	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson-Webb, Nancy Contributor address; City; State; Zip Code 3716 Fox Hollow Fort Worth, TX 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Windham, Maria Contributor address; City; State; Zip Code 404 Willow Ridge Ct. Fort Worth, TX 76103	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woodson, Doug Contributor address; City; State; Zip Code 4062 Mattison Ave. Fort Worth, TX 76107	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 53/53 Report: 55/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)

00020482

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Wright-Williams, Jhani

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/31/2008

6 Contributor address; City; State; Zip Code
3032 Tanglewood Park East
Fort Worth, TX 76109

\$50.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Yorio, Thomas

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/21/2008

Contributor address; City; State; Zip Code
208 Briar Haven Court
Burleson, TX 76028

\$200.00

(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: 1/11 Report: 56/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date 08/20/2008	5 Payee name American Heath Association 6 Payee address; City; State; Zip Code 2630 West Freeway, Suite 250 Fort Worth, TX 76102	7 Amount (\$) \$250.00
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8 Purpose of payment (See instructions regarding type of information required.) Start! Heart Walk Team 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:
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Date 10/28/2008	Payee name Amon Carter Museum Payee address; City; State; Zip Code 3501 Camp Bowie Blvd. Fort Worth, TX 76107	Amount (\$) \$1,000.00
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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:
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Date 08/15/2008	Payee name Baker Chapel African Methodist Episcopal Church Payee address; City; State; Zip Code 1050 East Humbolt St. Fort Worth, TX 76104	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.) 100th anniversary 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:
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Date 09/19/2008	Payee name Cervantes, Raymond Payee address; City; State; Zip Code 2908 Genessee Ct. Fort Worth, TX 76118	Amount (\$) \$375.00
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Purpose of payment (See instructions regarding type of information required.) Photography (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: 2/11 Report: 57/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date 09/09/2008	5 Payee name Charlie Geren Campaign 6 Payee address; City; State; Zip Code P.O. Box 1440 Fort Worth, TX 76101	7 Amount (\$) \$500.00
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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:
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Date 10/01/2008	Payee name Chris Turner Campaign Payee address; City; State; Zip Code P.O. Box 171138 Arlington, TX 76003	Amount (\$) \$200.00
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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 10/01/2008	Payee name Danny Scarth Campaign Fund Payee address; City; State; Zip Code 505 High Woods Trail Fort Worth, TX 76112	Amount (\$) \$250.00
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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 10/01/2008	Payee name De Leon Campaign Committee Payee address; City; State; Zip Code P.O. Box 470743 Fort Worth, TX 76147	Amount (\$) \$200.00
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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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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 3/11 Report: 58/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name Donovan, Daniel	7 Amount (\$)
09/19/2008	6 Payee address; City; State; Zip Code 3221 Donnelly Circle Apt. 1802 Fort Worth, TX 76107	\$150.00

8 Purpose of payment (See instructions regarding type of information required.) Event security	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Firefighters Golf Tournament Benefit	Amount (\$)
09/25/2008	Payee address; City; State; Zip Code 3602 Cliff View Loop Weatherford, TX 76087	\$200.00

Purpose of payment (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Fort Worth Cats Baseball	Amount (\$)
10/01/2008	Payee address; City; State; Zip Code P.O. Box 4411 Fort Worth, TX 76164	\$2,950.00

Purpose of payment (See instructions regarding type of information required.) Tickets and parking	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Fort Worth Promotion and Development Fund	Amount (\$)
10/28/2008	Payee address; City; State; Zip Code P.O. Box 8040 Fort Worth, TX 76124	\$1,500.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship donation	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/11 Report: 59/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date

10/28/2008

5 Payee name
Frank Moss Campaign
.....
6 Payee address; City; State; Zip Code
5625 Eisenhower
Fort Worth, TX 76112

7 Amount (\$)

\$250.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

Payee name
Hedgepeth, Jane
.....
Payee address; City; State; Zip Code
1339 Bonham Terrace
Austin, TX 78704

Amount (\$)

\$159.25

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

Payee name
Hedgepeth, Jane
.....
Payee address; City; State; Zip Code
1339 Bonham Terrace
Austin, TX 78704

Amount (\$)

\$211.25

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

Payee name
Judith Zaffirini Campaign
.....
Payee address; City; State; Zip Code
P.O. Box 627
Laredo, TX 78042

Amount (\$)

\$200.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/11 Report: 60/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date 08/03/2008	5 Payee name K & K Insurance Group, Inc. 6 Payee address; City; State; Zip Code P.O. Box 2338 Fort Wayne, IN 46801-2338	7 Amount (\$) \$383.00
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8 Purpose of payment (See instructions regarding type of information required.) Event insurance (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:
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Date 08/22/2008	Payee name Kathleen Hicks Campaign Payee address; City; State; Zip Code P.O. Box 15921 Fort Worth, TX 76119	Amount (\$) \$250.00
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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 10/28/2008	Payee name Kay Granger Campaign Fund Payee address; City; State; Zip Code 715 Jones Street, Suite 101 Fort Worth, TX 76102	Amount (\$) \$500.00
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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 09/25/2008	Payee name Marc Veasey Campaign Payee address; City; State; Zip Code P.O. Box 50131 Fort Worth, TX 76105	Amount (\$) \$250.00
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 6/11 Report: 61/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date 09/19/2008	5 Payee name Morgan, Chad 6 Payee address; City; State; Zip Code 421 Deer Pond Drive Willow Park, TX 76087	7 Amount (\$) \$150.00
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8 Purpose of payment (See instructions regarding type of information required.) Event security (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:
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Date 10/02/2008	Payee name National Latino Peace Officers Association - Fort Worth Chapter Payee address; City; State; Zip Code P.O. Box 4858 Fort Worth, TX 76164	Amount (\$) \$100.00
------------------------	--	-----------------------------

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:
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Date 09/19/2008	Payee name O'Connor, Kim Payee address; City; State; Zip Code 2108 E. Lake Drive Weatherford, TX 76087	Amount (\$) \$400.00
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Purpose of payment (See instructions regarding type of information required.) Event entertainment (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 10/14/2008	Payee name Quorum Report Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767	Amount (\$) \$297.69
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Purpose of payment (See instructions regarding type of information required.) Subscription (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: 7/11 Report: 62/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name Railhead Smokehouse	7 Amount (\$)
10/14/2008	6 Payee address; City; State; Zip Code P.O. Box 1440 Fort Worth, TX 76101	\$2,706.25

8 Purpose of payment (See instructions regarding type of information required.) Event catering	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

4 Date	5 Payee name Rotary Club of Fort Worth Endowment Fund	7 Amount (\$)
07/23/2008	6 Payee address; City; State; Zip Code 306 West 7th, Suite 715 Fort Worth, TX 76102-4928	\$2,500.00

8 Purpose of payment (See instructions regarding type of information required.) Spelling Bee sponsor	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

4 Date	5 Payee name Royce West Campaign	7 Amount (\$)
10/06/2008	6 Payee address; City; State; Zip Code 15851 Dallas Parkway Addison, TX 75001	\$200.00

8 Purpose of payment (See instructions regarding type of information required.) Contribution	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

4 Date	5 Payee name Sal Espino Campaign, Fort Worth City Council District 2	7 Amount (\$)
12/02/2008	6 Payee address; City; State; Zip Code 3009 Race Street Fort Worth, TX 76111	\$250.00

8 Purpose of payment (See instructions regarding type of information required.) Contribution	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 8/11 Report: 63/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name Senator Jane Nelson Campaign	7 Amount (\$)
07/31/2008	6 Payee address; City; State; Zip Code P.O. Box 608 Grapevine, TX 76099	\$250.00

8 Purpose of payment (See instructions regarding type of information required.) Contribution	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Senior Citizens Services	Amount (\$)
09/25/2008	Payee address; City; State; Zip Code 1000 Macon Street, Suite 203 Fort Worth, TX 76102	\$1,000.00

Purpose of payment (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Southwest Bank	Amount (\$)
09/15/2008	Payee address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$6.00

Purpose of payment (See instructions regarding type of information required.) Bank fee	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Southwest Bank	Amount (\$)
09/16/2008	Payee address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$14.50

Purpose of payment (See instructions regarding type of information required.) Check printing	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/11 Report: 64/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payee name Speedway Children's Charities	7 Amount (\$)
09/19/2008	6 Payee address; City; State; Zip Code P.O. Box 500 Fort Worth, TX 76101	\$2,500.00

8 Purpose of payment (See instructions regarding type of information required.) Benefit sponsorship (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:
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4 Date	5 Payee name Tarrant Area Food Bank	7 Amount (\$)
10/01/2008	6 Payee address; City; State; Zip Code P.O. Box 11527 Fort Worth, TX 76110	\$200.00

8 Purpose of payment (See instructions regarding type of information required.) Emergency relief 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:
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4 Date	5 Payee name Taylor's Rental Equipment Co.	7 Amount (\$)
09/24/2008	6 Payee address; City; State; Zip Code P.O. Box 470764 Fort Worth, TX 76147	\$81.19

8 Purpose of payment (See instructions regarding type of information required.) Equipment rental (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:
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4 Date	5 Payee name The Balcom Agency	7 Amount (\$)
08/29/2008	6 Payee address; City; State; Zip Code 1500 Ballinger at Rio Grande Fort Worth, TX 76102	\$2,050.10

8 Purpose of payment (See instructions regarding type of information required.) Invitation (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:
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 10/11 Report: 65/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date

07/08/2008

5 Payee name
The Eppstein Group

6 Payee address; City; State; Zip Code
4055 International Plaza, Suite 600
Fort Worth, TX 76109

7 Amount (\$)

\$2,427.41

8 Purpose of payment (See instructions regarding type of information required.)
Telephone calls

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

Payee name
Timesavers Data

Payee address; City; State; Zip Code
2222 Suffolk Drive, Suite 201
Fort Worth, TX 76133

Amount (\$)

\$1,122.86

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

Payee name
Timesavers Data

Payee address; City; State; Zip Code
2222 Suffolk Drive, Suite 201
Fort Worth, TX 76133

Amount (\$)

\$4,615.32

Purpose of payment (See instructions regarding type of information required.)
Invitation printing, mailshopping, and postage

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

Payee name
Truitt for District 98

Payee address; City; State; Zip Code
P.O. Box 886
Keller, TX 76244

Amount (\$)

\$250.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/11 Report: 66/69
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 07/08/2008	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code 819 Taylor Fort Worth, TX 76102	7 Amount (\$) \$190.00
8 Purpose of payment (See instructions regarding type of information required.) Box fee (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 11/21/2008	Payee name U.S. Postmaster Payee address; City; State; Zip Code 819 Taylor Fort Worth, TX 76102	Amount (\$) \$210.00
Purpose of payment (See instructions regarding type of information required.) Stamps (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/28/2008	Payee name Union Gospel Mission of Tarrant County Payee address; City; State; Zip Code 1321 E. Lancaster Avenue Fort Worth, TX 76102	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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: 67/69
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date 07/08/2008	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 (\$) \$1.85
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 09/04/2008	Business name Mike Moncrief Investments, Inc. Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$) \$1.26
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 10/15/2008	Business name Mike Moncrief Investments, Inc. Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$) \$99.56
Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage and misc. office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/14/2008	Business name Mike Moncrief Investments, Inc. Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$) \$7.14
Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage and misc. office supplies (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: 1/2 Report: 68/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payor name Bank of Texas	8 Amount (\$)
07/31/2008	6 Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	\$346.66
	7 Reason for credit Interest on accounts	
08/31/2008	Payor name Bank of Texas Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	Amount (\$) \$335.20
	Reason for credit Interest on accounts	
09/30/2008	Payor name Bank of Texas Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	Amount (\$) \$144.61
	Reason for credit Interest on accounts	
10/31/2008	Payor name Bank of Texas Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	Amount (\$) \$85.42
	Reason for credit Interest on accounts	
11/28/2008	Payor name Bank of Texas Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	Amount (\$) \$76.25
	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: 69/69

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

4 Date	5 Payor name Bank of Texas	8 Amount (\$)
12/31/2008	6 Payor address; City; State; Zip Code P.O. Box 29775 Dallas, TX 75229-0775	\$71.51
	7 Reason for credit Interest on accounts	
09/30/2008	Payor name Southwest Bank	Amount (\$)
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$117.80
	Reason for credit Interest on accounts	
10/31/2008	Payor name Southwest Bank	Amount (\$)
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$209.00
	Reason for credit Interest on accounts	
11/28/2008	Payor name Southwest Bank	Amount (\$)
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$175.36
	Reason for credit Interest on accounts	
12/31/2008	Payor name Southwest Bank	Amount (\$)
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$184.47
	Reason for credit Interest on accounts	