

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
00020482

2 PAGE #
1 of 16

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY



Date Received

Receipt # Amount

Date Hand-delivered or Date Postmarked

Date Processed

Date Imaged

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

5 CAMPAIGN TREASURER NAME

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

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
777 Taylor Street, Suite 1030
Fort Worth, TX 76102

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 338-1225

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07/01/2010 12/31/2010

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

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

12 OFFICE SOUGHT (if known)

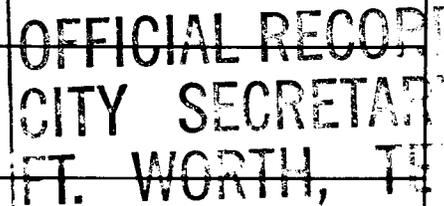
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Moncrief, Michael J.

15 ACCOUNT # (Ethics Commission filers)
00020482

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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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	\$	33,652.45
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	171,084.92
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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.

(X)

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL J. MONCRIEF, this the 10th day of JANUARY, 2011, 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 EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/12 Report: 3/16		2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (TEC filers) 00020482	
4 Date 12/13/2010		5 Payee name Air Center Helicopters, Inc.			
6 Amount (\$) \$1,095.00		7 Payee address City; State; Zip Code 150 Aviation Way, Hangar 17N Fort Worth, TX 76106-2757			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transportation, Texas Motor Speedway race ceremonies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/13/2010		Payee name American Heart Association			
Amount (\$) \$200.00		Payee address City; State; Zip Code 930 W. First St., #400 Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2010 Heart Walk team sponsorship	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/13/2010		Payee name Bobby Bragan Youth Foundation			
Amount (\$) \$100.00		Payee address City; State; Zip Code 3116 W. 6th Street, Suite 200 Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for 2010 Lifetime Achievement Award Gala to support scholarship program	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/01/2010		Payee name Catholic Charities, Diocese of Ft. Worth			
Amount (\$) \$300.00		Payee address City; State; Zip Code 2701 Burchill Rd. N. Fort Worth, TX 76105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/12 Report: 4/16		2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (TEC filers) 00020482	
4 Date 08/11/2010		5 Payee name Charles Goodnight Scholarship Fund			
6 Amount (\$) \$5,000.00		7 Payee address City; State; Zip Code 4218 Gateway Drive, Suite 140 Colleyville, TX 76034			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to support scholarship fund	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/22/2010		Payee name Charlie Geren Campaign			
Amount (\$) \$250.00		Payee address City; State; Zip Code P.O. Box 1440 Fort Worth, TX 76101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Charlie Geren	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/13/2010		Payee name Chris Turner Campaign			
Amount (\$) \$250.00		Payee address City; State; Zip Code P.O. Box 171138 Arlington, TX 76003			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Chris Turner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/23/2010		Payee name City of Fort Worth - Pet Adoption Program			
Amount (\$) \$100.00		Payee address City; State; Zip Code Attn: Lea Scalf 502 Caraway Lane Eules, TX 76039			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to support Ft. Worth pet adoptions	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/12 Report: 5/16		2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (TEC filers) 00020482	
4 Date 07/01/2010		5 Payee name Cook Children's Health Foundation			
6 Amount (\$) \$500.00		7 Payee address City; State; Zip Code 801 7th Avenue Fort Worth, TX 76104			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Table sponsor for 5th Annual Pickin' for Preemies benefiting Neonatal Intensive Care Unit	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/07/2010		Payee name First Tee of Fort Worth			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code P.O. Box 4767 Fort Worth, TX 76164			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to Moving FOREward Capital Campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/15/2010		Payee name Fort Worth Cats Baseball Club			
Amount (\$) \$2,350.00		Payee address City; State; Zip Code P.O. Box 4411 Fort Worth, TX 76164			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Officeholder entertainment/development expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Season tickets and parking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/22/2010		Payee name Fort Worth Police Officers' Award Foundation			
Amount (\$) \$500.00		Payee address City; State; Zip Code P.O. Box 17659 Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to support city police	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/12 Report: 6/16	2 FILER NAME Moncrief, Michael J.	3 ACCOUNT # (TEC filers) 00020482
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4 Date 11/17/2010	5 Payee name Fort Worth Promotion and Development Fund
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6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code P.O. Box 8040 Fort Worth, TX 76124
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship donation, The Party in Fort Worth 2011
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/27/2010	Payee name Fort Worth Sister Cities International
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code 808 Throckmorton Street Fort Worth, TX 76102-6315
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Tickets for Mayor's International Dinner 2010 to support Sister Cities International programs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2010	Payee name Fort Worth Sister Cities International
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code 610 Grove Street Fort Worth, TX 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to Partners for Peace annual giving campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/11/2010	Payee name FW Chamber Foundation - USS Fort Worth
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code P.O. Box 246 Fort Worth, TX 76101
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to scholarship fund established in honor of Navy Secretaries from Ft. Worth
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/12 Report: 7/16	2 FILER NAME Moncrief, Michael J.	3 ACCOUNT # (TEC filers) 00020482
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4 Date 08/11/2010	5 Payee name FW Chamber Foundation - USS Fort Worth
6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code P.O. Box 246 Fort Worth, TX 76101

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for U.S.S. Ft. Worth's christening, commissioning and additional ship improvements
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/20/2010	Payee name FW Chamber Foundation - USS Fort Worth
Amount (\$) \$700.00	Payee address City; State; Zip Code P.O. Box 246 Fort Worth, TX 76101

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Air and bus transportation for USS Fort Worth christening events, Marinette WI, 12/3-4/10
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2010	Payee name H.A.N.K. Helping Another Next of Kin
Amount (\$) \$1,500.00	Payee address City; State; Zip Code P.O. Box 33634 Fort Worth, TX 76162

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship donation to support police organization
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/20/2010	Payee name Hedgepeth, Jane
Amount (\$) \$243.75	Payee address City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign finance reporting services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/12 Report: 8/16	2 FILER NAME Moncrief, Michael J.	3 ACCOUNT # (TEC filers) 00020482
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4 Date 09/22/2010	5 Payee name Historic Fort Worth, Inc.
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 1110 Penn Street Fort Worth, TX 76102

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership donation
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2010	Payee name Humane Society of North Texas
Amount (\$) \$100.00	Payee address City; State; Zip Code 1840 E. Lancaster Fort Worth, TX 76103-2196

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to support animal shelter
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2010	Payee name J. D. Johnson Campaign
Amount (\$) \$200.00	Payee address City; State; Zip Code P.O. Box 136021 Fort Worth, TX 76136

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to J. D. Johnson
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2010	Payee name John Whitmire for Senate Campaign
Amount (\$) \$200.00	Payee address City; State; Zip Code P.O. Box 7271 Houston, TX 77248

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to John Whitmire
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
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Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/12 Report: 9/16		2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (TEC filers) 00020482	
4 Date 09/15/2010		5 Payee name Judith Zaffirini Campaign			
6 Amount (\$) \$200.00		7 Payee address City; State; Zip Code P.O. Box 627 Laredo, TX 78042			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Judith Zaffirini	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/26/2010		Payee name Kenny Marchant for Congress			
Amount (\$) \$200.00		Payee address City; State; Zip Code P.O. Box 110187 Carrollton, TX 75011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Kenny Marchant	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/03/2010		Payee name Kids Who Care Inc.			
Amount (\$) \$200.00		Payee address City; State; Zip Code 1300 Gentry Street Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/22/2010		Payee name Lena Pope Home, Inc.			
Amount (\$) \$250.00		Payee address City; State; Zip Code 3131 Sanguinet St. Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to support childrens' services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
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Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/12 Report: 10/16	2 FILER NAME Moncrief, Michael J.	3 ACCOUNT # (TEC filers) 00020482
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4 Date 10/12/2010	5 Payee name Marc Veasey Campaign
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6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code P.O. Box 50131 Fort Worth, TX 76105
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Marc Veasey
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/13/2010	Payee name Mark Shelton Campaign
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Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 12008 Fort Worth, TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2010	Payee name Mark Shelton Campaign
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Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 12008 Fort Worth, TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Mark Shelton
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/13/2010	Payee name National Cowgirl Museum and Hall of Fame
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Amount (\$) \$250.00	Payee address City; State; Zip Code 1720 Gendy Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 35th Annual Hall of Fame Induction Luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/12 Report: 11/16		2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (TEC filers) 00020482	
4 Date 10/01/2010		5 Payee name Pickens, T. Boone			
6 Amount (\$) \$347.00		7 Payee address City; State; Zip Code 8117 Preston Road Suite 260 Dallas, TX 75225			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out Of District		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Air transportation for visit to Amarillo 9/28/10 (based on commercial airfare)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/20/2010		Payee name Pierce, Brian			
Amount (\$) \$1,556.70		Payee address City; State; Zip Code 4014 Tave Court Arlington, TX 76016			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraiser invitation package design and printing services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/07/2010		Payee name Planned Parenthood of North Texas, Inc.			
Amount (\$) \$200.00		Payee address City; State; Zip Code 301 South Henderson Fort Worth, TX 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/01/2010		Payee name Presbyterian Night Shelter			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code P.O. Box 2645 Fort Worth, TX 76113			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/12 Report: 12/16		2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (TEC filers) 00020482	
4 Date 10/27/2010		5 Payee name Rodney Ellis Campaign			
6 Amount (\$) \$250.00		7 Payee address City; State; Zip Code P.O. Box 56386 Houston, TX 77256			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Rodney Ellis	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/11/2010		Payee name Roy C. Brooks Campaign			
Amount (\$) \$250.00		Payee address City; State; Zip Code P.O. Box 16868 Fort Worth, TX 76162-0868			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/13/2010		Payee name Senator Jane Nelson Campaign			
Amount (\$) \$250.00		Payee address City; State; Zip Code P.O. Box 608 Grapevine, TX 76099			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/01/2010		Payee name Speedway Children's Charities			
Amount (\$) \$2,500.00		Payee address City; State; Zip Code P.O. Box 500 Fort Worth, TX 76101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event sponsorship donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/12 Report: 13/16	2 FILER NAME Moncrief, Michael J.	3 ACCOUNT # (TEC filers) 00020482
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4 Date 11/17/2010	5 Payee name Tarrant Area Food Bank
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code P.O. Box 11527 Fort Worth, TX 76110
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/21/2010	Payee name Tarrant County Blue
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Amount (\$) \$500.00	Payee address City; State; Zip Code P.O. Box 1659 Fort Worth, TX 76101
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Tarrant Literacy Coalition
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/14/2010	Payee name Tillman's Roadhouse
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Amount (\$) \$2,810.00	Payee address City; State; Zip Code 2933 Crockett St. Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gift cards: Holiday gifts to city council, department heads, and city staff
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/13/2010	Payee name Trinity Habitat for Humanity
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Amount (\$) \$100.00	Payee address City; State; Zip Code 3345 S. Jones Street Fort Worth, TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to support Trinity Habitat for Humanity
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/12 Report: 14/16	2 FILER NAME Moncrief, Michael J.	3 ACCOUNT # (TEC filers) 00020482
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4 Date 09/15/2010	5 Payee name Truitt for District 98
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code P.O. Box 886 Keller, TX 76244
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Vicki Truitt
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/03/2010	Payee name Union Gospel Mission of Tarrant County
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Amount (\$) \$200.00	Payee address City; State; Zip Code 1321 E. Lancaster Avenue Fort Worth, TX 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/22/2010	Payee name Wendy Davis Campaign
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Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 12431 Fort Worth, TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution to Wendy Davis
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 15/16
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date	5 Payor name Southwest Bank	8 Amount (\$)
07/30/2010	6 Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$133.12
	7 Reason for credit Interest on accounts	
08/31/2010	Payor name Southwest Bank	Amount (\$)
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$142.13
	Reason for credit Interest on accounts	
09/30/2010	Payor name Southwest Bank	Amount (\$)
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$133.37
	Reason for credit Interest on accounts	
10/29/2010	Payor name Southwest Bank	Amount (\$)
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$129.04
	Reason for credit Interest on accounts	
11/30/2010	Payor name Southwest Bank	Amount (\$)
	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$129.16
	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: 16/16

2 FILER NAME Moncrief, Michael J.

3 ACCOUNT # (Ethics Commission filers)
00020482

<p>4 Date 12/31/2010</p>	<p>5 Payor name Southwest Bank</p> <p>.....</p> <p>6 Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162</p>	<p>8 Amount (\$) \$119.34</p>
	<p>7 Reason for credit Interest on accounts</p>	