



# 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)	\$	2,525.00
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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	\$	17,823.91
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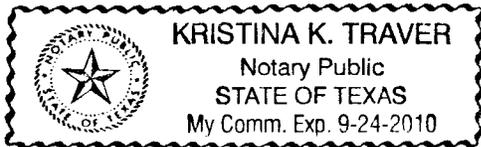
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	203,753.56
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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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL J. "MIKE" MONCRIEF, this the 7th day of JULY, 2010, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

KRISTINA K. TRAVER  
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.

<b>1</b> PAGE # Schedule: 1/10 Report: 4/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 02/09/2010	<b>5</b> Payee name A Wish With Wings, Inc.
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<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address City; State; Zip Code 917 West Sanford Arlington, TX 76012
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship donation
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/25/2010	Payee name American Heart Association Tarrant Division
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Amount (\$) \$200.00	Payee address City; State; Zip Code 2630 West Freeway, Suite 250 Fort Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Heart Walk team sponsorship
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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 06/25/2010	Payee name Angela Stanford Foundation
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Amount (\$) \$100.00	Payee address City; State; Zip Code P.O. Box 10006 Fort Worth, TX 76114
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation (Let Your Light Shine charity tournament)
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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 04/08/2010	Payee name Cassata High School
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Amount (\$) \$300.00	Payee address City; State; Zip Code 1400 Hemphill Street Fort Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Noche de Gracias
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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.

<b>1 PAGE #</b> Schedule: 2/10 Report: 5/16		<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT # (TEC filers)</b> 00020482	
<b>4 Date</b> 03/03/2010	<b>5 Payee name</b> Cervantes, Raymond				
<b>6 Amount (\$)</b> \$350.00	<b>7 Payee address City; State; Zip Code</b> 2908 Genessee Ct. Fort Worth, TX 76118				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reception photography		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 04/05/2010	<b>Payee name</b> Chet Edwards for Congress				
<b>Amount (\$)</b> \$500.00	<b>Payee address City; State; Zip Code</b> P.O. Box 23273 Waco, TX 76702-3273				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 06/14/2010	<b>Payee name</b> Chris Turner Campaign				
<b>Amount (\$)</b> \$250.00	<b>Payee address City; State; Zip Code</b> P.O. Box 171138 Arlington, TX 76003				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 06/04/2010	<b>Payee name</b> Code Blue Golf Tournament				
<b>Amount (\$)</b> \$750.00	<b>Payee address City; State; Zip Code</b> P.O. Box 40012 Fort Worth, TX 76140				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Team sponsorship and advertising on course		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1 PAGE #</b> Schedule: 3/10 Report: 6/16	<b>2 FILER NAME</b> Moncrief, Michael J.	<b>3 ACCOUNT # (TEC filers)</b> 00020482
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<b>4 Date</b> 03/11/2010	<b>5 Payee name</b> Fort Worth Cats Baseball		
<b>6 Amount (\$)</b> \$2,434.00	<b>7 Payee address</b> City; State; Zip Code P.O. Box 4411 Fort Worth, TX 76164		

<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Season tickets and parking
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/28/2010	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		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Awards dinner donation
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/03/2010	Payee name Fort Worth Sister Cities International		
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 808 Throckmorton Street Fort Worth, TX 76102-6315		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to annual budget
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/29/2010	Payee name Frank Moss Campaign		
Amount (\$) \$250.00	Payee address City; State; Zip Code 5625 Eisenhower Fort Worth, TX 76112		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1</b> PAGE # Schedule: 4/10 Report: 7/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 04/28/2010	<b>5</b> Payee name Gary Fickes Campaign
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address City; State; Zip Code 2875 Exchange Southlake, TX 76092
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution
	Candidate / Officeholder name Office sought: Office held:	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/18/2010	Payee name Hedgepeth, Jane
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Amount (\$) \$390.00	Payee address City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reporting services
	Candidate / Officeholder name Office sought: Office held:	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/05/2010	Payee name HOPE Farm, Inc.
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Amount (\$) \$100.00	Payee address City; State; Zip Code 865 Atlanta St. Fort Worth, TX 76104
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Birdies for Charity
	Candidate / Officeholder name Office sought: Office held:	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/25/2010	Payee name Humane Society of North Texas
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Amount (\$) \$100.00	Payee address City; State; Zip Code 1840 E. Lancaster Fort Worth, TX 76103-2196
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
	Candidate / Officeholder name Office sought: Office held:	

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.

<b>1</b> PAGE # Schedule: 5/10 Report: 8/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 04/28/2010	<b>5</b> Payee name Jim Lane Campaign Fund
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address City; State; Zip Code 204 W. Central Ave. Fort Worth, TX 76106
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/12/2010	Payee name Jim Lane Campaign Fund
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Amount (\$) \$500.00	Payee address City; State; Zip Code 204 W. Central Ave. Fort Worth, TX 76106
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 04/09/2010	Payee name Kay Granger Campaign Fund
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Amount (\$) \$500.00	Payee address City; State; Zip Code 715 Jones Street, Suite 101 Fort Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 03/29/2010	Payee name Kids Who Care Inc.
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Amount (\$) \$200.00	Payee address City; State; Zip Code 1300 Gentry Street Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation, Kids Who Care KidPower Fund
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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.

<b>1</b> PAGE # Schedule: 6/10 Report: 9/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 04/28/2010	<b>5</b> Payee name Kids Who Care Inc.
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 1300 Gentry Street Fort Worth, TX 76107
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Birdies for Charity
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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 04/09/2010	Payee name Lena Pope Home
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Amount (\$) \$250.00	Payee address City; State; Zip Code 3131 Sanguinet St. Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for Marty Leonard Community Chapel
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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 04/09/2010	Payee name Marty Leonard Campaign
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Amount (\$) \$250.00	Payee address City; State; Zip Code 1411 Shady Oaks Lane Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 05/12/2010	Payee name Marty Leonard Campaign
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1411 Shady Oaks Lane Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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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# 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.

<b>1</b> PAGE # Schedule: 7/10 Report: 10/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 03/29/2010	<b>5</b> Payee name Mayfest, Inc.	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 255 Bailey Ave. Fort Worth, TX 76107	

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/09/2010	Payee name Rodney Ellis Campaign	
Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 56386 Houston, TX 77256	

<b>9</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/04/2010	Payee name Sal Espino Campaign	
Amount (\$) \$250.00	Payee address City; State; Zip Code 3009 Race Street Fort Worth, TX 76111	

<b>10</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/09/2010	Payee name Simply Fondue	
Amount (\$) \$554.37	Payee address City; State; Zip Code 111 W. 4th St. Fort Worth, TX 76102	

<b>11</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2010 Fort Worth Auction Wrap-Up Thank-You Party
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Complete <b>ONLY</b> 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.

<b>1</b> PAGE # Schedule: 8/10 Report: 11/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 03/09/2010	<b>5</b> Payee name Southwest Bank
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<b>6</b> Amount (\$) \$243.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 2009 campaign income tax deposit
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/06/2010	Payee name Tarrant Area Food Bank
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Amount (\$) \$200.00	Payee address City; State; Zip Code P.O. Box 11527 Fort Worth, TX 76110
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<b>9</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation for summer food program
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/23/2010	Payee name Tarrant County Junior Livestock Association
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Amount (\$) \$200.00	Payee address City; State; Zip Code 6713 Telephone Road Fort Worth, TX 76135
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<b>10</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/11/2010	Payee name Tarrant Literacy Coalition
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Amount (\$) \$500.00	Payee address City; State; Zip Code P.O. Box 470744 Fort Worth, TX 76147
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<b>11</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Spelling bee sponsorship
----------------------------------	--	--

Complete <b>ONLY</b> 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.

<b>1</b> PAGE # Schedule: 9/10 Report: 12/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 05/20/2010	<b>5</b> Payee name Taste of the NFL
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address City; State; Zip Code 5100 Eden Ave., Suite 103 Edina, MN 55436
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to support Tarrant County and other food banks
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/04/2010	Payee name Texas Health Harris Methodist Foundation
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Amount (\$) \$100.00	Payee address City; State; Zip Code 6100 Western Place, Suite 1001 Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cancer program 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 03/29/2010	Payee name Texas Parks & Wildlife Foundation
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 4209 Ridgehaven Court Fort Worth, TX 76116
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Game Warden Training Center 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 01/05/2010	Payee name The Arc of Texas
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Amount (\$) \$100.00	Payee address City; State; Zip Code 8001 Centre Park Drive, Suite 100 Austin, TX 78754
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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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**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.

<b>1</b> PAGE # Schedule: 10/10 Report: 13/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 06/04/2010	<b>5</b> Payee name The Women's Center
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 1723 Hemphill Fort Worth, TX 76110
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/09/2010	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/09/2010	Payee name United Community Centers, Inc.
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Amount (\$) \$200.00	Payee address City; State; Zip Code 1200 E. Maddox Ave. Fort Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/02/2010	Payee name Visiting Nurse Association of Tarrant County
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Amount (\$) \$100.00	Payee address City; State; Zip Code 6300 Ridglea Place, Suite 801 Fort Worth, TX 76116
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation to Friends of VNA
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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.

<b>1</b> PAGE # Schedule: 1/1 Report: 14/16	<b>2</b> FILER NAME Moncrief, Michael J.	<b>3</b> ACCOUNT # (TEC filers) 00020482
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<b>4</b> Date 01/11/2010	<b>5</b> Business name Mike Moncrief Investments, Inc.
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<b>6</b> Amount (\$) \$1.05	<b>7</b> Business address City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for postage
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/03/2010	Business name Mike Moncrief Investments, Inc.
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Amount (\$) \$0.44	Business address City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for postage
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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 04/08/2010	Business name Mike Moncrief Investments, Inc.
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Amount (\$) \$1.05	Business address City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimbursement for postage
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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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/2 Report: 15/16
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date	<b>5</b> Payor name Southwest Bank	<b>8</b> Amount (\$)  \$151.17
01/29/2010	<b>6</b> Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	
	<b>7</b> Reason for credit Interest on accounts	
Date	Payor name Southwest Bank	Amount (\$)
02/26/2010	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$146.11
	Reason for credit Interest on accounts	
Date	Payor name Southwest Bank	Amount (\$)
03/31/2010	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$172.37
	Reason for credit Interest on accounts	
Date	Payor name Southwest Bank	Amount (\$)
04/30/2010	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$145.22
	Reason for credit Interest on accounts	
Date	Payor name Southwest Bank	Amount (\$)
05/28/2010	Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162	\$125.63
	Reason for credit Interest on accounts	

# CREDITS (optional)

# SCHEDULE K

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/2 Report: 16/16
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  06/30/2010	<b>5</b> Payor name Southwest Bank  <b>6</b> Payor address; City; State; Zip Code P.O. Box 962020 Fort Worth, TX 76162  <b>7</b> Reason for credit Interest on accounts	<b>8</b> Amount (\$)  \$146.29



## INTEROFFICE MEMORANDUM

**TO:** The Honorable Mayor Moncrief and Council Members

**FROM:** Marty Hendrix, City Secretary *M.H.*

**DATE:** June 17, 2010

**SUBJECT: JULY 15, 2010, SEMI-ANNUAL CAMPAIGN FINANCE REPORT**

Please be reminded that your semi-annual campaign finance report is due in our office on Thursday, July 15, 2010, by 5:00 p.m. The period covered is from the date on your last report through June 30, 2010.

As previously notified on May 12, 2010, the Texas Ethics Commission has adopted a rule relating to reporting the purpose of a political expenditure (Commission Rules Section 20.61). The following link can be used for more information on this new requirement:

<http://www.ethics.state.tx.us/legal/ch20pI.html#20.61>

While this rule applies to expenditures made on or after July 1, 2010, the forms have already been revised to start the new process and the Texas Ethics Commission is now encouraging all filers of this report to start using the updated form immediately.

Two blank forms are enclosed for your use as well as a copy of the new instruction guide. Your previous report is available on the City's webpage under the "Elections" link.

If you have any questions, please call me at 817-392-6161.

**City Secretary's Office**

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**Michael J. Moncrief**

July 15, 2010

HAND-DELIVERED

Ms. Marty Hendrix  
City Secretary

Dear Ms. Hendrix,

Enclosed is Form C/OH, Candidate/Officeholder Campaign Finance Report, for time period 01/01/10 thru 06/30/10 for Michael J. Moncrief. Once this Report has been filed of record, please forward to me an acknowledged copy.

If you should have any questions regarding the enclosed, please contact me.

Thank you.



Kris Traver  
Administrative Assistant

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