

# 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 20

**3 CANDIDATE / OFFICEHOLDER NAME**

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

**OFFICE USE ONLY**

Date Received

**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

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX**

Date Received Date Postmarked

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION

Receipt # Amount

**6 CAMPAIGN TREASURER NAME**

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

Date Processed

Date Imaged

**7 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

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(817) 338-1225

**9 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)

**10 PERIOD COVERED**

Month Day Year THROUGH Month Day Year  
01/01/2005 06/30/2005

**11 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  
05/07/2005  Primary  Runoff  General  Special

**12 OFFICE**

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
Mayor, Ft. Worth Mayor, Ft. Worth

**14 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

15 C/OH NAME Moncrief, Michael J.

16 ACCOUNT # (Ethics Commission filers)  
00020482

### 17 NOTICE FROM POLITICAL COMMITTEE(S)

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

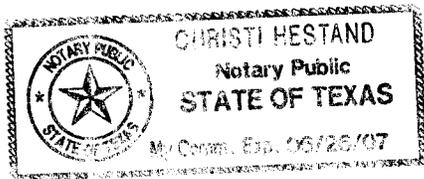
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,275.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	24,250.86
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	159,855.43
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

### 19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael J. Moncrief, this the 14 day of July, 2005, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Christi Hestand

Christi Hestand

Notary Public

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/6 Report: 3/20	
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482	
<b>4</b> Date 06/14/2005	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Acme Brick Company Good Government Fund  <b>6</b> Contributor address: City; State; Zip Code 2821 West 7th Street Fort Worth, TX 76107	<b>7</b> Amount of contribution (\$) \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 04/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Anthony, James E. (Mr.)  Contributor address: City; State; Zip Code 7900 Monticello Drive Granbury, TX 76049	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bodiford, Jerry  Contributor address: City; State; Zip Code 4044 Shorefront Dr. Fort Worth, TX 76135	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Calhoun, Ross B.  Contributor address: City; State; Zip Code 3709 Santiago Court Irving, TX 75062	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Conatser, Jerry R.  Contributor address: City; State; Zip Code 3708 Lake Powell Arlington, TX 76016	Amount of contribution (\$) \$1,000.00	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: 2/6 Report: 4/20	
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482	
4 Date 03/21/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cutler, Haydn H. Jr. ..... 6 Contributor address; City; State; Zip Code 1320 S. University Dr., Suite 1015 Fort Worth, TX 76107	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Davis, Kenneth Lester (Mr.) ..... Contributor address; City; State; Zip Code 109 Mariah Drive Fort Worth, TX 76087	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fort Worth Police Officers Association Committee for Public Safety ..... Contributor address; City; State; Zip Code 904 Collier Fort Worth, TX 76102	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Good Government Fund ..... Contributor address; City; State; Zip Code 201 Main Street, Suite 3200 Fort Worth, TX 76102	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hammer and Nails Club - Candidate ..... Contributor address; City; State; Zip Code 6464 Brentwood Stair Rd., Suite 100 Fort Worth, TX 76112	Amount of contribution (\$) \$2,500.00	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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 3/6 Report: 5/20	
<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020482	
<b>4 Date</b>  04/06/2005	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Hodges, Leland A. (Mr.)  ..... <b>6 Contributor address:</b> City; State; Zip Code 115 W. 7th St. Suite 1310 Fort Worth, TX 76102	<b>7 Amount of contribution (\$)</b>  \$500.00	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  04/06/2005	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Hodges, Leland A. III (Mr.)  ..... <b>Contributor address:</b> City; State; Zip Code 115 W. 7th Street Suite 1310 Fort Worth, TX 76102	<b>Amount of contribution (\$)</b>  \$200.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/24/2005	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Jones, T. E.  ..... <b>Contributor address:</b> City; State; Zip Code 1916 W. Lotus Ave. Fort Worth, TX 76111	<b>Amount of contribution (\$)</b>  \$700.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/06/2005	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Leonard, O. P. Jr. (Mr.)  ..... <b>Contributor address:</b> City; State; Zip Code P.O. Box 1718 Fort Worth, TX 76101	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  04/06/2005	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Leonard, Virginia M. (Ms.)  ..... <b>Contributor address:</b> City; State; Zip Code P.O. Box 1718 Fort Worth, TX 76101	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/6 Report: 6/20	
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482	
<b>4</b> Date 03/24/2005	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leonhart, Robert H.  <b>6</b> Contributor address: City: State: Zip Code 6358 Elm Crest Ct. Fort Worth, TX 76132	<b>7</b> Amount of contribution (\$) \$300.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 06/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Maddux, John H. (Mr.)  Contributor address: City: State: Zip Code 2120 Ridgmar Blvd. Suite 14 Fort Worth, TX 76116-2200	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martin, Jacky D.  Contributor address: City: State: Zip Code 473 Schooner Azle, TX 76020	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McBride, Gray  Contributor address: City: State: Zip Code P.O. Box 1199 Fort Worth, TX 76101	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McBride, Gray  Contributor address: City: State: Zip Code P.O. Box 1199 Fort Worth, TX 76101	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 5/6 Report: 7/20	
<b>2 FILER NAME</b> Moncrief, Michael J.		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00020482	
<b>4 Date</b>  06/14/2005	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Moayedi, Mehrdad  <b>6 Contributor address:</b> City; State; Zip Code 3901 Airport Fwy. Suite 200 Bedford, TX 76021	<b>7 Amount of contribution (\$)</b>  \$500.00	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  06/14/2005	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) PSEL PAC  <b>Contributor address:</b> City; State; Zip Code 201 Main St., Suite 2500 Fort Worth, TX 76102	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/24/2005	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Sodd, Gary W.  <b>Contributor address:</b> City; State; Zip Code 4515 Michelle Dr. Arlington, TX 76016	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  03/24/2005	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Stovall, Jerry  <b>Contributor address:</b> City; State; Zip Code 1802 Greenwood Rd. Weatherford, TX 76088	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  06/14/2005	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Struhs, Tom  <b>Contributor address:</b> City; State; Zip Code 205 Pecan Street Fort Worth, TX 76102	<b>Amount of contribution (\$)</b>  \$1,000.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/6 Report: 8/20	
<b>2</b> FILER NAME    Moncrief, Michael J.		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00020482	
<b>4</b> Date  06/14/2005	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#.....) Wright, Robert L. (Mr.)  ..... <b>6</b> Contributor address:    City:    State:    Zip Code 1600 Syracuse Drive Richardson, TX 75081	<b>7</b> Amount of contribution (\$)  \$300.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/9 Report: 9/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  05/03/2005	<b>5</b> Payee name American Red Cross  <b>6</b> Payee address; City; State; Zip Code P.O. Box 961013 Fort Worth, TX 76161-0013	<b>7</b> Amount (\$)  \$200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/24/2005	Payee name Becky Haskin Campaign  Payee address; City; State; Zip Code 304 Havenwood Lane N. Fort Worth, TX 76112	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/01/2005	Payee name Carter Metropolitan CME Church  Payee address; City; State; Zip Code 4400 Quails Lane Fort Worth, TX 76119	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/25/2005	Payee name Citizens Support Group for the Ft. Worth Police Mounted Patrol  Payee address; City; State; Zip Code P.O. Box 150 Fort Worth, TX 76101	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/9 Report: 10/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  01/31/2005	<b>5</b> Payee name City of Fort Worth  <b>6</b> Payee address; City; State; Zip Code ..... 1000 Throckmorton Street Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$1,042.53
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Furniture lease		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/07/2005	Payee name City of Fort Worth  Payee address; City; State; Zip Code ..... 1000 Throckmorton Street Fort Worth, TX 76102	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Filing fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/28/2005	Payee name City of Fort Worth  Payee address; City; State; Zip Code ..... 1000 Throckmorton Street Fort Worth, TX 76102	Amount (\$)  \$1,042.53
Purpose of payment (See instructions regarding type of information required.) Office furniture lease		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/24/2005	Payee name Collections  Payee address; City; State; Zip Code ..... 708 S. Saginaw Blvd. Saginaw, TX 76179	Amount (\$)  \$866.00
Purpose of payment (See instructions regarding type of information required.) Gifts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/9 Report: 11/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  01/17/2005	<b>5</b> Payee name Commissioner Dionne Bagsby Retirement Reception Sponsorship Fund  ..... <b>6</b> Payee address; City; State; Zip Code 777 Taylor Street, Suite 900 Fort Worth, TX 76102-4997	<b>7</b> Amount (\$)  \$150.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reception sponsorship		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/10/2005	Payee name Donavan R. Wheatfall Campaign  ..... Payee address; City; State; Zip Code P.O. Box 50782 Fort Worth, TX 76119	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/14/2005	Payee name Fort Worth Baseball Club LLC  ..... Payee address; City; State; Zip Code P.O. Box 4411 Fort Worth, TX 76164	Amount (\$)  \$960.00
Purpose of payment (See instructions regarding type of information required.) Season tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/15/2005	Payee name Fort Worth Baseball Club LLC  ..... Payee address; City; State; Zip Code P.O. Box 4411 Fort Worth, TX 76164	Amount (\$)  \$960.00
Purpose of payment (See instructions regarding type of information required.) Season tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/9 Report: 12/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  05/16/2005	<b>5</b> Payee name Fort Worth Black Law Enforcement Officers Assn.  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 1078 Fort Worth, TX 76101	<b>7</b> Amount (\$)  \$200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation to scholarship banquet		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/14/2005	Payee name Fort Worth Sister Cities International  ..... Payee address; City; State; Zip Code 808 Throckmorton Street Fort Worth, TX 76102-6315	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Wheelchairs for Peace donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/15/2005	Payee name Fort Worth Sister Cities International  ..... Payee address; City; State; Zip Code 808 Throckmorton Street Fort Worth, TX 76102-6315	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/31/2005	Payee name Hedgepeth, Jane  ..... Payee address; City; State; Zip Code 1339 Bonham Terrace Austin, TX 78704	Amount (\$)  \$337.50
Purpose of payment (See instructions regarding type of information required.) Reporting services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/9 Report: 13/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  02/28/2005	<b>5</b> Payee name HispanA Inc.  <b>6</b> Payee address; City; State; Zip Code DIF Estatal Guanajuato Paseo de la Presa No. 89 A Guanajuato, GTO, MEXICO, ZZ 36000	<b>7</b> Amount (\$)  \$1,250.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/03/2005	Payee name HOPE Farms  Payee address; City; State; Zip Code 865 Atlanta St. Fort Worth, TX 76104	Amount (\$)  \$1,500.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/31/2005	Payee name I. M. Terrell Alumni Association  Payee address; City; State; Zip Code 1411 E. 18th St. Fort Worth, TX 76102	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) Historical marker luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/23/2005	Payee name J. D. Johnson Campaign  Payee address; City; State; Zip Code P.O. Box 136021 Fort Worth, TX 76136	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/9 Report: 14/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  04/15/2005	<b>5</b> Payee name Joe P. Ross Appreciation Fund  <b>6</b> Payee address; City; State; Zip Code ..... c/o EECU P.O. Box 1777 Fort Worth, TX 76101	<b>7</b> Amount (\$)  \$500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/01/2005	Payee name Kay Granger Campaign Fund  Payee address; City; State; Zip Code ..... P.O. Box 17447 Fort Worth, TX 76102-0447	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought Office held:
Date  02/04/2005	Payee name Kinko's  Payee address; City; State; Zip Code ..... 6020 Camp Bowie Blvd. Fort Worth, TX 76116	Amount (\$)  \$87.00
Purpose of payment (See instructions regarding type of information required.) Reception expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought Office held:
Date  02/28/2005	Payee name Ladies Auxiliary of the Boys and Girls Club  Payee address; City; State; Zip Code ..... c/o Addison Moss 3101 Avon Drive Arlington, TX 76015	Amount (\$)  \$75.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/9 Report: 15/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  05/03/2005	<b>5</b> Payee name League of Women Voters  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 98050 Washington, DC 20090-8050	<b>7</b> Amount (\$)  \$200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Annual fund donation		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/14/2005	Payee name League of Women Voters of Tarrant County  ..... Payee address; City; State; Zip Code 3212 Collinsworth St. Fort Worth, TX 76107	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Sustaining membership donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/03/2005	Payee name Mercy Med Flight  ..... Payee address; City; State; Zip Code 200 Texas Way Fort Worth, TX 76106	Amount (\$)  \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/09/2005	Payee name Ralph McCloud Scholarship Fund - FWMBCoC  ..... Payee address; City; State; Zip Code 1150 S. Freeway Suite 211 Fort Worth, TX 76104	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/9 Report: 16/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  03/29/2005	<b>5</b> Payee name Robert Cluck Campaign  <b>6</b> Payee address; City; State; Zip Code 4102 Shady Valley Drive Arlington, TX 76012	<b>7</b> Amount (\$)  \$250.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/31/2005	Payee name Tarrant County Junior Livestock Association  Payee address; City; State; Zip Code 6713 Telephone Road Fort Worth, TX 76135	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/27/2005	Payee name Texans for Henry Bonilla  Payee address; City; State; Zip Code P.O. Box 192741 Dallas, TX 75219	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/29/2005	Payee name The Eppstein Group  Payee address; City; State; Zip Code 4055 International Plaza, Suite 520 Fort Worth, TX 76109	Amount (\$)  \$3,750.00
Purpose of payment (See instructions regarding type of information required.) Consulting fees and expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 9/9 Report: 17/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  05/09/2005	<b>5</b> Payee name The Eppstein Group  <b>6</b> Payee address; City; State; Zip Code 4055 International Plaza, Suite 520 Fort Worth, TX 76109	<b>7</b> Amount (\$)  \$3,750.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Consulting fees and expenses		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/02/2005	Payee name Worth National Bank  Payee address; City; State; Zip Code 801 Cherry Street Fort Worth, TX 76102	Amount (\$)  \$72.00
Purpose of payment (See instructions regarding type of information required.) Income taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/08/2005	Payee name YMCA of Metropolitan Fort Worth/Northwest YMCA  Payee address; City; State; Zip Code 5315 Boat Club Rd. Fort Worth, TX 76135	Amount (\$)  \$125.00
Purpose of payment (See instructions regarding type of information required.) Youth programs donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 18/20
2 FILER NAME Moncrief, Michael J.		3 ACCOUNT # (Ethics Commission filers) 00020482
4 Date  01/10/2005	5 Payee name Designing Texas Catalog  6 Payee address; City; State; Zip Code 251 O'Connor Ridge Blvd., Suite 200 Irving, TX 75038	8 Amount (\$)  \$427.53
	7 Purpose of expenditure Gifts	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 19/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  02/04/2005	<b>5</b> Business name Mike Moncrief Investments, Inc.  <b>6</b> Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$1.11
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for office postage		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/05/2005	Business name Mike Moncrief Investments, Inc.  Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$)  \$3.92
Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/10/2005	Business name Mike Moncrief Investments, Inc.  Business address; City; State; Zip Code 777 Taylor Street, Suite 1030 Fort Worth, TX 76102	Amount (\$)  \$0.74
Purpose of payment (See instructions regarding type of information required.) Reimbursement for postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**CREDITS (optional)****SCHEDULE K**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 20/20
<b>2</b> FILER NAME Moncrief, Michael J.		<b>3</b> ACCOUNT # (Ethics Commission filers) 00020482
<b>4</b> Date  01/18/2005	<b>5</b> Payor name Moncrief, Michael J. ..... <b>6</b> Payor address: City: State: Zip Code Fort Worth Club Tower, Suite 1030 Fort Worth, TX 76102  <b>7</b> Reason for credit Reimbursement for employment tax refund misdeposited	<b>8</b> Amount (\$)  \$117.99
Date  06/14/2005	Payor name Texas Workforce Commission ..... Payor address: City: State: Zip Code 301 West 13th St. Fort Worth, TX 76102-4699  Reason for credit Refund of taxes paid	Amount (\$)  \$10.05