

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)

2 Total pages filed:
15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: Franklin MI: D
NICKNAME: Frank LAST: Moss SUFFIX: Sr.

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 5625 Eisenhower Drive. CITY: Fort Worth, Texas 76112
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (817) PHONE NUMBER: 446-8101 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Kenneth MI: L.
NICKNAME: Ken LAST: Moss SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 7233 Muse Ct. CITY: Fort Worth, Texas 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 654-3291 EXTENSION:

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: 01 / 01 / 2013 THROUGH Month Day Year: 04 / 30 / 2013

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 11 / 2013
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): Fort Worth City Council DISTRICT 5

13 OFFICE SOUGHT (if known)

Fort Worth City Council DISTRICT 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Franklin (Frank) Moss

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,650.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1,275.97

4. TOTAL POLITICAL EXPENDITURES

\$ 12,658.53

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 11,313.11

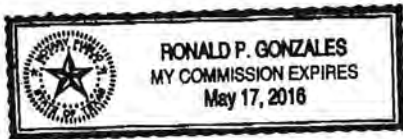
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

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.



Franklin D Moss

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin D Moss, this the 2nd day of May, 20 13, to certify which, witness my hand and seal of office.

Ronald P. Gonzales

Signature of officer administering oath

Ronald P. Gonzales

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1/5</i>	
2 FILER NAME <i>Franklin (Frank) MOSS</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>April 1, 2013</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Greater FORT WORTH ASSOCIATION of REALTORS</i>	7 Amount of contribution (\$) <i>1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <i>2650 Parkview Drive FORT WORTH, TEXAS 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>April 4, 2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Arnold Gachman</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>1229 Shady Oaks Lane FORT WORTH, TEXAS 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>April 4, 2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Winstona Scirloek-Chadwick</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>1219 Springbrook Cir. Desota, Texas 75115</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>April 10, 2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Margareth Craddock</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>4904 Dexter Ave. FORT WORTH, TEXAS 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>April 10, 2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Shannon Fletcher</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>5816 Levelland Dr. FORT WORTH, TEXAS 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2/5

2 FILER NAME

Franklin (Frank) Moss

3 ACCOUNT # (Ethics Commission Filers)

4 Date

April 12, 2013

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

Gerald B. Alley

6 Contributor address; City; State; Zip Code

1900 Ballpark way, ste 110
Arlington, Texas 76006

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

April 12, 2013

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

R.E. Bolen

Contributor address; City; State; Zip Code

4213 Candlewind Ln.
Fort Worth, Texas 76133

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April 12, 2013

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

Exxon Mobil PAC

Contributor address; City; State; Zip Code

5955 Las Colinas Blvd.
Irving, Texas 75037

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April 13, 2013

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

Edward P. Bass

Contributor address; City; State; Zip Code

201 Main Street, Suite 2700
Fort Worth, Texas 76102

Amount of contribution (\$)

1500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April 15, 2013

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

Fort Worth Firefighters Committee
for Responsible Government

Contributor address; City; State; Zip Code

3855 Tulsa Way
Fort Worth, Texas 76107

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

3/5

2 FILER NAME

Franklin (Frank) Moss

3 ACCOUNT # (Ethics Commission Filers)

4 Date

April 6, 2013

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

Judy G. Needham

6 Contributor address; City; State; Zip Code

7585 Surtside Dr.
Fort Worth, Texas 76136

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

April 16, 2013

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

Michael K. Berry

Contributor address; City; State; Zip Code

6217 Geneva Road
Fort Worth, Texas 76116

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April 16, 2013

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

Good Government Fund

Contributor address; City; State; Zip Code

201 Main Street, Suite 2500
Fort Worth, Texas 76102

Amount of contribution (\$)

3000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April 29, 2013

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

Joe Paniagua

Contributor address; City; State; Zip Code

8125 Mt. Shasta Circle
Fort Worth, Texas 76137

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April 22, 2013

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

Betsy Price

Contributor address; City; State; Zip Code

P.O. Box 100066
Fort Worth, Texas 76185

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4/5	
2 FILER NAME Franklin (Frank) Moss		3 ACCOUNT # (Ethics Commission Filers)	
4 Date April 24, 2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Toal	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 341 Nursery Lane FORT WORTH, TEXAS 76114		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date April 24, 2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hammer and Nail Club	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7001 Boulevard 26, Suite 323 FORT WORTH, TEXAS 76180		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date April 25, 2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) L. Allen Hodges, III	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 306 W. 7th Street, Suite 701 FORT WORTH, TEXAS 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date April 25, 2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Retired Firefighters and Widows Committee for Responsible Government	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1617 Tierney Road FORT WORTH, TEXAS 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date April 26, 2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greater Fort Worth Real Estate Council PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 Commerce St, Ste. 2400 FORT WORTH, TEXAS 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>5/5</i>	
2 FILER NAME <i>Franklin (Frank) Moss</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>April 30, 2013</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bell Helicopter Textron Political Committee</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 482 FORT WORTH, TEXAS 76101</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/8	2 FILER NAME Franklin (Frank) Moss	3 ACCOUNT # (Ethics Commission Filers)
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4 Date April 5, 2013	5 Payee name Dorothy Carey
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 4133 Burke Road Fort Worth, Texas 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Phone Bank.	(b) Description (If travel outside of Texas, complete Schedule T)
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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 April 5, 2013	Payee name Carrie M. Green
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Amount (\$) 200.00	Payee address; City; State; Zip Code 4208 Wilhelm Fort Worth, Texas 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T)
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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 April 5, 2013	Payee name Carthrenta Harris
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Amount (\$) 200.00	Payee address; City; State; Zip Code 3950 Garrison Ave. Fort Worth, Texas 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T)
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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 April 5, 2013	Payee name Mary Davidson
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Amount (\$) 240.00	Payee address; City; State; Zip Code 6901 Windward Way Forest Hill, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) phone Bank	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 218	2 FILER NAME Franklin (Frank) Moss	3 ACCOUNT # (Ethics Commission Filers)
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4 Date April 12, 2013	5 Payee name KHVN Radio
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6 Amount (\$) 990.00	7 Payee address; City; State; Zip Code 5787 South Hampton Road, Suite 285 Dallas, Texas 75232
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Radio Ads	(b) Description (If travel outside of Texas, complete Schedule T)
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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 April 12, 2013	Payee name Larry Hemphill
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Amount (\$) 500.00	Payee address; City; State; Zip Code 8028 Colfax Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTANT SERVICES	Description (If travel outside of Texas, complete Schedule T)
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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 April 12, 2013	Payee name Mary Davidson
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Amount (\$) 240.00	Payee address; City; State; Zip Code 6901 Windward Way Forest Hill, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T)
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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 April 12, 2013	Payee name Dorothy Cary
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Amount (\$) 160.00	Payee address; City; State; Zip Code 4133 Burke Road Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>3/8</i>	2 FILER NAME <i>Franklin (Frank) Moss</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>April 12, 2013</i>	5 Payee name <i>Catithreata Harris</i>
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6 Amount (\$) <i>200.00</i>	7 Payee address, City, State, Zip Code <i>3950 Garrison Fort Worth, Texas 76119</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Phone Bank</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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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 <i>April 12, 2013</i>	Payee name <i>Carrie M. Green</i>
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Amount (\$) <i>200.00</i>	Payee address, City, State, Zip Code <i>4208 Wilhelm Fort Worth, Texas 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>phone bank.</i>	Description (if travel outside of Texas, complete Schedule T)
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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 <i>April 9, 2013</i>	Payee name <i>Five Star Media</i>
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Amount (\$) <i>975.00</i>	Payee address, City, State, Zip Code <i>5700 E. Loop 820 Fort Worth, Texas 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (if travel outside of Texas, complete Schedule T)
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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 <i>April 11, 2013</i>	Payee name <i>Five Star Media</i>
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Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code <i>5700 E. Loop 820 Fort Worth, Texas 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4/8		2 FILER NAME Franklin (Frank) Moss		3 ACCOUNT # (Ethics Commission Filers)	
4 Date April 18, 2013		5 Payee name Lavida News			
6 Amount (\$) 600.00		7 Payee address, City, State, Zip Code 5601 Bridge STREET FORT WORTH, TEXAS 76112			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Ads		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date April 18, 2013		Payee name Greater Meadowbrook News			
Amount (\$) 329.00		Payee address; City, State, Zip Code PO Box 24264 FORT WORTH, TEXAS 76124			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Ad.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date April 19, 2013		Payee name Dorothy Carey			
Amount (\$) 200.00		Payee address; City, State, Zip Code 4133 Burke Road FORT WORTH, TEXAS 76119			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Phone Bank.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date April 19, 2013		Payee name Mary Davidson			
Amount (\$) 240.00		Payee address; City, State, Zip Code 6901 Windward Way FOREST HILL, TEXAS			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) phone Bank.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5/8	2 FILER NAME Franklin (Frank) Moss	3 ACCOUNT # (Ethics Commission Filers)
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4 Date April 19, 2013	5 Payee name Carrie Green
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 4208 Wilhelm Fort Worth, Texas 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Phone Bank	(b) Description (If travel outside of Texas, complete Schedule T)
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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 April 19, 2013	Payee name Cartharena Harris
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Amount (\$) 200.00	Payee address; City; State; Zip Code 3950 Garrison Fort Worth, Texas 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T)
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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 April 19, 2013	Payee name AT&T
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Amount (\$) 692.14	Payee address; City; State; Zip Code P.O. Box 5093 Carol Stream, IL 60197-5093
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Telephone	Description (If travel outside of Texas, complete Schedule T)
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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 April 22, 2013	Payee name U.S. Postmaster
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Amount (\$) 1500.00	Payee address; City; State; Zip Code meacham Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bulk Mail Postage	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6/8	2 FILER NAME Franklin (Frank) MOSS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date April 23, 2013	5 Payee name Gwinda BURNS
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 6015 meadowbrook Drive FORT WORTH, TEXAS 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Phone Bank Lease	(b) Description (If travel outside of Texas, complete Schedule T)
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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 April 28, 2013	Payee name Christene MOSS
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Amount (\$) 600.00	Payee address; City; State; Zip Code 5625 Eisenhower Drive FORT WORTH, TEXAS 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimb for Walker Expense	Description (If travel outside of Texas, complete Schedule T)
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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 April 29, 2013	Payee name DSP
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Amount (\$) 445.79	Payee address; City; State; Zip Code 300 Boone Road, Suite A-9 FORT WORTH, TEXAS
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Yard signs	Description (If travel outside of Texas, complete Schedule T)
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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 April 30, 2013	Payee name Kwik Kopy
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Amount (\$) 520.68	Payee address; City; State; Zip Code 1815 Handley Drive FORT WORTH, TEXAS 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T)
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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 FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7/8	2 FILER NAME Franklin (Frank) Moss	3 ACCOUNT # (Ethics Commission Filers)
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4 Date April 26, 2013	5 Payee name Print Masters Studio, Inc.
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6 Amount (\$) 191.75	7 Payee address, City, State, Zip Code 4076 E. Lancaster Fort Worth, Texas 76103
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) + shirts	(b) Description (If travel outside of Texas, complete Schedule T)
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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 April 27, 2013	Payee name Carrie M. Green
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Amount (\$) 240.00	Payee address, City, State, Zip Code 4208 Wilhelm Fort Worth, Texas 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T)
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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 April 27, 2013	Payee name Dorothy Carey
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Amount (\$) 240.00	Payee address, City, State, Zip Code 4133 Burke Road Fort Worth, Texas 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank.	Description (If travel outside of Texas, complete Schedule T)
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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 April 27, 2013	Payee name Mary Davidson
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Amount (\$) 288.00	Payee address, City, State, Zip Code 6901 Windward Way Forest Hill, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T)
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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 FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>8/8</i>	2 FILER NAME <i>Franklin (Frank) Moss</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>April 27, 2013</i>	5 Payee name <i>Carthrenea Harris</i>	
6 Amount (\$) <i>240.00</i>	7 Payee address, City, State, Zip Code <i>3950 Garrison Fort Worth, Texas 76119</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Phone Bank</i>	(b) Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought Office held

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