

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JAN 15 2004 at 4:44 p.m.

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:

12

OFFICE USE ONLY

Date Received

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr. NICKNAME

Franklin LAST

SUFFIX

Frank

Moss

Sr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5625 Eisenhower Dr.

Fort Worth, Texas 76112

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

446-8101

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr. NICKNAME

Edmond LAST

SUFFIX

Ed.

Moss

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7208 Park West Cir., Fort Worth, Texas 76134

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

714-4638

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

07 / 16 / 2003

01 / 15 / 2004

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

- / - / -

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council, District 5

13 OFFICE SOUGHT (if known)

NA

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

Franklin D. Moss

16 ACCOUNT # (Ethics Commission files)

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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

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

\$ *85.00*

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

\$ *4735.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *477.42*

4. TOTAL POLITICAL EXPENDITURES

\$ *2485.98*

CONTRIBUTION BALANCE

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

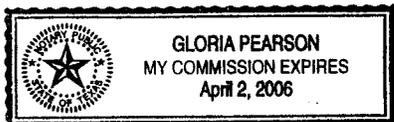
\$

OUTSTANDING LOAN TOTALS

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

\$ *-0-*

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.

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 *15* day of *January*, 20 *04*, to certify which, witness my hand and seal of office.

Gloria Pearson
Signature of officer administering oath

Gloria Pearson
Printed name of officer administering oath

City Auditor
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>1/4</i>	
2 FILER NAME <i>Franklin D. Moss</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/3/2003</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fort Worth Fire Fighters Committee</i>	7 Amount of contribution (\$) <i>1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>717 N. Retta Fort Worth, Texas 76111</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/7/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Moncrief</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>717 Taylor St., Suite 1030 Fort Worth, Texas 76102</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/7/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall C. Gideon</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3812 Monticello Fort Worth, Texas 76107</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/9/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monte R. Elliott</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6333 Meadows West Dr. Fort Worth, Texas 76132</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/9/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andre R. McEwing</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6024 Latana Ln. Fort Worth, Texas 76112</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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>2/1</i>	
2 FILER NAME <i>Franklin D. Moss</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/9/2004</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James N. Austin, Jr.</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2017 Teakwood Trace Fort Worth, Texas 76112</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/9/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobbie Edmond</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>110 West Sixth Street, Suite 914 Fort Worth, Texas 76102</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/9/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gwinda L. Burns</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 8704 Fort Worth, Texas 76124</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/9/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Art. Brender</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4121 Hampshire Blvd. Fort Worth, Texas 76103</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/9/2003</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brent Berryman</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3324 Spruce Fort Worth, Texas 76051</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: 3/4	
2 FILER NAME Franklin D Moss		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/9/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James R. Nichols	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4821 Overton Woods Dr. Fort Worth, Texas 76109			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/9/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James W. Congdon	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6413 FIANNA Hill Dr. Fort Worth, Texas 76132			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright L. Lassiter, III	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3337 Kimberly Lane Grand Prairie, Texas 75052			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Mallick	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5697 West Creek, Ste. E Fort Worth, Texas 76133			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas L. Krampitz	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1210 Nueces St., No. 200 Austin, Texas 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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: <div style="text-align: center; font-size: 1.2em;">4/4</div>	
2 FILER NAME <div style="font-size: 1.2em; text-align: center;">Franklin D MOSS</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 1.2em;">10/20/2003</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Benee Higginbotham Brooks</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">150.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">1612 Summit Ave., Ste 230 Fort Worth, Texas 76102</div>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 1.2em;">10/20/2003</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Deryd Jennings</div>	Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">50.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">4551 Parkwood Dr. Fort Worth, Texas 76140</div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">10/29/2003</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">William Meadows</div>	Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">100.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">3904 Hamilton Fort Worth, Texas 76109</div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">12/19/2003</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Circle K Riding Club</div>	Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">100.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">2025 Wilbarger Fort Worth, Texas 76119</div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">11/20/2003</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Gerald Alley</div>	Amount of contribution (\$) <div style="font-size: 1.2em; text-align: center;">1000.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">605 Loch Chalet Court Arlington, Texas 76012</div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1/1

2 FILER NAME Franklin D Moss 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>7/31/2003</u>	5 Payee name <u>Franklin D. Moss</u>	7 Amount (\$) <u>112.00</u>
6 Payee address; City; State; Zip Code <u>5625 Eisenhower Dr. Fort Worth, Texas 76112</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Misc expenses.</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>8/1/2003</u>	Payee name <u>Fort Worth Tarrant County NAACP</u>	Amount (\$) <u>50.00</u>
Payee address; City; State; Zip Code <u>1063 Evans Ave. Fort Worth, Texas 76104</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Donation - BACK to school Program</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>8/2/2003</u>	Payee name <u>Franklin D. Moss</u>	Amount (\$) <u>100.00</u>
Payee address; City; State; Zip Code <u>5625 Eisenhower Dr. Fort Worth, Texas 76112</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Travel Advance</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>10/6/2003</u>	Payee name <u>Epstein Group</u>	Amount (\$) <u>161.83</u>
Payee address; City; State; Zip Code <u>4055 International Plaza, Suite 520 Fort Worth, Texas 76109</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Mailing Labels for news letter.</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>2/2</i>
2 FILER NAME <i>Franklin D. MOSS</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/15/2003</i>	5 Payee name <i>Franklin D. MOSS, Jr.</i>	7 Amount (\$) <i>75.00</i>
6 Payee address; City; State; Zip Code <i>5625 Eisenhower Dr Fort Worth, Texas 76112</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Political Expense/Reports Contract Labor</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/19/2003</i>	Payee name <i>Rebecca Minneweather</i>	Amount (\$) <i>150.00</i>
Payee address; City; State; Zip Code <i>5808 Macco Lane Fort Worth, Texas 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Water Development Program</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/24/2003</i>	Payee name <i>Franklin D. MOSS</i>	Amount (\$) <i>150.00</i>
Payee address; City; State; Zip Code <i>5625 Eisenhower Dr Fort Worth, Texas 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Travel Advance</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/2/2003</i>	Payee name <i>Franklin D MOSS</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>5625 Eisenhower Dr. Fort Worth, Texas 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>MISC expenses</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
3/3

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
Franklin D Moss

4 Date	5 Payee name	7 Amount (\$)
<i>10/6/2003</i>	<i>Handley Development Corporation</i>	<i>100.00</i>
	6 Payee address; City; State; Zip Code <i>P.O. Box 8189 Fort Worth, Texas 76124</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship of Handley Street Fair/Festival</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
<i>10/10/2003</i>	<i>U.S. Post Master</i>	<i>300.00</i>
	Payee address; City; State; Zip Code <i>Meacham Post Office Fort Worth, Texas</i>	<i>Refunded <300.00> -0-</i>

Purpose of payment (See instructions regarding type of information required.) <i>Postage for TCBAGS mailing Refunded after expense.</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
<i>10/6/2003</i>	<i>Interdenominational Ministers Alliance</i>	<i>200.00</i>
	Payee address; City; State; Zip Code <i>Fort Worth, Texas</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Banquet Tickets</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
<i>10/11/2003</i>	<i>Dorothy R. Thompson Scholarship Fund</i>	<i>150.00</i>
	Payee address; City; State; Zip Code <i>5508 Bong Drive Fort Worth, Texas 76112</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Donation for scholarship Fund</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
4/4

2 FILER NAME *Franklin D MOSS* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/17/2003</i>	5 Payee name <i>Tonya Jackson</i>	7 Amount (\$) <i>239.87</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 12431 Fort Worth, Texas 76110</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Fund Raiser expense</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>10/20/2003</i>	Payee name <i>Franklin D. MOSS</i>	Amount (\$) <i>125.00</i>
Payee address; City; State; Zip Code <i>5625 Eisenhower DR. Fort Worth, Texas 76112</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Travel Advance</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>11/4/2003</i>	Payee name <i>Franklin D. MOSS</i>	Amount (\$) <i>100.00</i>
Payee address; City; State; Zip Code <i>5625 Eisenhower DR. Fort Worth, Texas 76112</i>		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>11/20/2003</i>	Payee name <i>Franklin D. MOSS</i>	Amount (\$) <i>200.00</i>
Payee address; City; State; Zip Code <i>5625 Eisenhower DR. Fort Worth, Texas 76112</i>		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5/5
2 FILER NAME Franklin D. MOSS		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/13/2003	5 Payee name NBC-LEO	7 Amount (\$) 50.00
6 Payee address; City; State; Zip Code NATIONAL League of CITIES Washington D.C.		
8 Purpose of payment (See instructions regarding type of information required.) Donation	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 1/11/2004	Payee name Walmart	Amount (\$) 67.83
Payee address; City; State; Zip Code meadowbrook Dr Fort Worth, Texas 76112		
Purpose of payment (See instructions regarding type of information required.) New year worker's Appreciation Party		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 7/15/2003	Payee name Franklin D MOSS	Amount (\$) (150.00)
Payee address; City; State; Zip Code 5625 Eisenhower Fort Worth, Texas 76112		
Purpose of payment (See instructions regarding type of information required.) Reimbursement For travel Advance Africa Trip - 6/25/2003		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 11/23/2004	Payee name Franklin D MOSS	Amount (\$) (240.00)
Payee address; City; State; Zip Code 5625 Eisenhower Drive Fort Worth, Texas 76112		
Purpose of payment (See instructions regarding type of information required.) Return Travel Advance		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>6/6</i>
2 FILER NAME <i>Franklin D Moss</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/23/2004</i>	5 Payee name <i>Franklin D. Moss</i>	7 Amount (\$) <i>5300.00</i>
6 Payee address; City; State; Zip Code <i>5625 Eisenhower Drive Fort Worth, Texas 76112</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for meeting & travel expense.</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>12/9/2004</i>	Payee name <i>Franklin D. Moss</i>	Amount (\$) <i>(262.97)</i>
Payee address; City; State; Zip Code <i>5625 Eisenhower Dr. Fort Worth, Texas 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement for travel expense from city of Fort Worth</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED