

RECEIVED

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

MAY 07 2004  
at 4:12

**FORM C/OH  
COVER SHEET PG 1**

|  |   |  |   |  |
|--|---|--|---|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. |   | 1 ACCOUNT #<br>(Ethics Commission filers)  | 2 Total pages filed:<br><b>15</b>   |  |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br>Mr. Franklin<br>NICKNAME: Frank<br>LAST: MOSS  | FIRST<br>MI<br>D<br>SUFFIX<br>Sr.  | <b>OFFICIAL RECORD<br/>CITY SECRETARY<br/>FT. WORTH, TEX</b><br>Date Received<br>Date Hand-delivered or Date Postmarked<br>Receipt #      Amount<br>Date Processed<br>Date Imaged |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>5625 Eisenhower Dr.<br>Fort Worth, Texas 76112  |  |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br>(817) 446-8101  |  |   |  |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR<br>Mr. Edmond<br>NICKNAME: Ed.<br>LAST: MOSS  | FIRST<br>MI<br>L.<br>SUFFIX<br>-   |   |  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>7208 Parkwest Cir., Fort Worth, Texas 76134  |  |   |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(817) 714-4638  |  |   |  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |   |  |
| 10 PERIOD COVERED  | Month Day Year      THROUGH      Month Day Year<br>4 / 16 / 04      5 / 8 / 2004  |  |   |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>5 / 15 / 04  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special |   |  |
| 12 OFFICE  | OFFICE HELD (if any)<br>Fort Worth City Council<br>DISTRICT 5   | 13 OFFICE SOUGHT (if known)<br>Fort Worth City Council<br>DISTRICT 5   |   |  |
| 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. **<br>Name<br>Address / PO Box; Apt. / Suite #; City; State; Zip Code  |  |   |  |
| <input type="checkbox"/> additional pages                      |   |  |   |  |
| <p><b>GO TO PAGE 2</b></p>                                     |   |  |   |  |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Franklin D Moss*

16 ACCOUNT # (Ethics Commission filers)

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

*NA*

COMMITTEE ADDRESS

*NA*

COMMITTEE CAMPAIGN TREASURER NAME

*NA*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*NA.*

additional pages

18 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)

\$ *7,100.00*

EXPENDITURE TOTALS

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

\$ *198.79*

4. TOTAL POLITICAL EXPENDITURES

\$ *6,102.00*

CONTRIBUTION BALANCE

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

\$ *997.93*

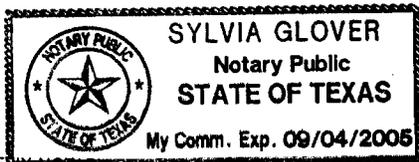
OUTSTANDING LOAN TOTALS

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

Sworn to and subscribed before me, by the said *Franklin Moss*, this the *7<sup>th</sup>* day of *May*, 20 *04*, to certify which, witness my hand and seal of office.

*Sylvia Glover*  
Signature of officer administering oath

*Sylvia Glover*  
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 this Schedule A:

1/3

2 FILER NAME

Franklin (Frank) Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/21/2004

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jack Bowley

6 Contributor address; City; State; Zip Code

P.O. Box 36288  
Dallas, Texas 75235

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23/2004

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Fort Worth Fire Fighter Committee

Contributor address; City; State; Zip Code

417 N. Betta  
Fort Worth, Texas

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2004

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Linbarger Goggan, Blair, Sampson LLP

Contributor address; City; State; Zip Code

P.O. Box 17428  
Austin, Texas 78760

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2004

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jason C.N. Smith

Contributor address; City; State; Zip Code

2757 College Ave.  
Fort Worth, Texas 76110-1939

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2004

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Edmond L. Moss

Contributor address; City; State; Zip Code

7208 Park West Cir.  
Fort Worth, Texas 76134

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

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 this Schedule A:               |  |
| 2 FILER NAME<br>Franklin (Frank) Moss  |  |  |                                | 3 ACCOUNT # (Ethics Commission files)<br>2/3 |  |
| 4 Date<br>4/28/2004  | 5 Full name of contributor<br>Franklin D. Moss               | <input type="checkbox"/> out-of-state PAC (ID#: _____) |                                | 7 Amount of contribution (\$)<br>500.00      | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>5625 Eisenhower Dr.<br>Fort Worth, Texas 76112       |  |  |                                |  |  |
| 9 Principal occupation \ Job title (See Instructions)  |  |  | 10 Employer (See Instructions) |  |  |
| Date<br>4/30/2004  | Full name of contributor<br>James R. Nichols                 | <input type="checkbox"/> out-of-state PAC (ID#: _____) |                                | Amount of contribution (\$)<br>300.00        | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>4821 Overton Wood Dr.<br>Fort Worth, Texas 76109       |  |  |                                |  |  |
| Principal occupation \ Job title (See Instructions)  |  |  | Employer (See Instructions)    |  |  |
| Date<br>4/30/2004  | Full name of contributor<br>Edward P. Bass                   | <input type="checkbox"/> out-of-state PAC (ID#: _____) |                                | Amount of contribution (\$)<br>500.00        | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>201 Main Street, Suite 3100<br>Fort Worth, Texas 76102 |  |  |                                |  |  |
| Principal occupation \ Job title (See Instructions)  |  |  | Employer (See Instructions)    |  |  |
| Date<br>4/30/2004  | Full name of contributor<br>Fort Worth Police Officers Assn. | <input type="checkbox"/> out-of-state PAC (ID#: _____) |                                | Amount of contribution (\$)<br>1000.00       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>904 Collier<br>Fort Worth, Texas 76102                 |  |  |                                |  |  |
| Principal occupation \ Job title (See Instructions)  |  |  | Employer (See Instructions)    |  |  |
| Date<br>5/16/2004  | Full name of contributor<br>Robert L. Lantrip                | <input type="checkbox"/> out-of-state PAC (ID#: _____) |                                | Amount of contribution (\$)<br>50.00         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>802 Hunter Ln.<br>Rockwall, Texas 75082-6402           |  |  |                                |  |  |
| 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 this Schedule A:

3/3

2 FILER NAME

Franklin (Frank) MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/6/2004

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Stephen P. Keller

6 Contributor address; City; State; Zip Code

2209 Valleydale Dr.  
Arlington, Texas 76013

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

5/6/2004

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Randall C. Gideon

Contributor address; City; State; Zip Code

3812 Montecello  
Fort Worth, Texas 76107

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

5/6/2004

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Texas Progress Fund

Contributor address; City; State; Zip Code

801 Cherry Street Unit #9  
Fort Worth, Texas 76102-6881

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

5/8/2004

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bert Williams

Contributor address; City; State; Zip Code

1700 Ellington Dr  
Fort Worth, Texas

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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 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:

2 FILER NAME

Franklin (Frank) Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/19/2004

US Post Master

6 Payee address; City; State; Zip Code

Handley Station  
Fort Worth, Texas 76112

111.00

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/20/2004

Earline Miles

Payee address; City; State; Zip Code

1908 Edgewood Terrace  
Fort Worth, Texas 76105

50.00

Purpose of payment (See instructions regarding type of information required.)

Voter Development

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/21/2004

Gloria Meeks

Payee address; City; State; Zip Code

2408 Rodeo St  
Fort Worth, Texas 76119

50.00

Purpose of payment (See instructions regarding type of information required.)

Food + supplies for phone bank.

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/14/2004

Mary Criss

Payee address; City; State; Zip Code

4605 Reed St  
Fort Worth Texas 76112

250.00

Purpose of payment (See instructions regarding type of information required.)

Voter Development

\*\* 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:<br><b>2/10</b>  |
| 2 FILER NAME<br><b>Franklin (Brank) Moss</b>   |  | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><b>3/23/2004</b>   | 5 Payee name<br><b>Mary Turner</b><br>6 Payee address; City; State; Zip Code<br><b>812 Judd St.<br/>Fort Worth, Texas 76104</b>    | 7 Amount (\$)<br><b>104.00</b>  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Phone Bank</b> |  | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br><b>4/23/2004</b>   | Payee name<br><b>Connie Hall</b><br>Payee address; City; State; Zip Code<br><b>3950 Garrison Ave.<br/>Fort Worth, Texas 76119</b>  | Amount (\$)<br><b>60.00</b>   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Phone Bank</b>   |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><b>4/23/2004</b>   | Payee name<br><b>Mary Davidson</b><br>Payee address; City; State; Zip Code<br><b>6901 Windward way<br/>Fort Worth, Texas 76140</b> | Amount (\$)<br><b>186.00</b>  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Phone Bank.</b>  |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><b>4/23/2004</b>   | Payee name<br><b>Kwik Kopy</b><br>Payee address; City; State; Zip Code<br><b>1850 Handley Dr.<br/>Fort Worth, Texas 76112</b>      | Amount (\$)<br><b>52.24</b>   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Printing</b>     |  | ** Complete if direct expenditure to benefit C/OH **<br>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:

3/10

2 FILER NAME

Franklin (Frank) MOSS

3 ACCOUNT # (Ethics Commission filers)

31

4 Date

4/23/2004

5 Payee name

Lewis Hunt

6 Payee address; City; State; Zip Code

2220 Ridge view  
FORT WORTH, TEXAS 76119

7 Amount (\$)

72.00

8 Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4/23/2004

Payee name

Linda Griffin

Payee address; City; State; Zip Code

3600 Montague Ct.  
FORT WORTH, TEXAS 76119

Amount (\$)

170.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4/23/2004

Payee name

Willie Henderson

Payee address; City; State; Zip Code

3033 Crenshaw Ave.  
FORT WORTH, TEXAS 76105

Amount (\$)

122.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4/23/2004

Payee name

Sharon Gray

Payee address; City; State; Zip Code

2333 Timberline  
FORT WORTH, TEXAS 76119

Amount (\$)

186.00

Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

\*\* 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:<br><b>4/10</b>   |
| 2 FILER NAME<br><b>Franklin (Frank) MOSS</b>   |   | 3 ACCOUNT # (Ethics Commission filers)<br><b>4</b>   |
| 4 Date<br><b>4/23/2004</b>   | 5 Payee name<br><b>Shirley Williams</b> | 7 Amount (\$)<br><b>250.00</b>   |
| 6 Payee address; City; State; Zip Code<br><b>2425 North Chen DR.<br/>Fort Worth, Texas 76119</b>                         |   |  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Phone Bank / Voter Development</b> |   | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
| Date<br><b>4/23/2004</b>   | Payee name<br><b>Gloria Meeks</b>       | Amount (\$)<br><b>500.00</b>   |
| Payee address; City; State; Zip Code<br><b>2408 Rodeo St.<br/>Fort Worth, Texas 76119</b>                                |   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Phone Bank / Voter Development</b>   |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>4/23/2004</b>   | Payee name<br><b>Earline Miles</b>      | Amount (\$)<br><b>50.00</b>  |
| Payee address; City; State; Zip Code<br><b>1908 Edgewood Terrace.<br/>Fort Worth, Texas 76105</b>                        |   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Voter Development</b>                |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>4/24/2004</b>   | Payee name<br><b>Kinko's</b>            | Amount (\$)<br><b>75.00</b>  |
| Payee address; City; State; Zip Code<br><b>1400 E Cope Land Rd.<br/>Arlington, Texas</b>                                 |   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>Printing</b>                         |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>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:

5 / 10

2 FILER NAME

Franklin (Frank) MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/24/2004

US POSTMASTER

6 Payee address; City; State; Zip Code

Polytechnic STATION  
Fort Worth, Texas 76105

111.00

8 Purpose of payment (See instructions regarding type of information required.)

POSTAGE.

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/28/2004

Gloria MEEKS

Payee address; City; State; Zip Code

2408 Rodco ST.  
Fort Worth, Texas 76119

50.00

Purpose of payment (See instructions regarding type of information required.)

Food & supplies for phone Bank.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/26/2004

Kwik COPY

Payee address; City; State; Zip Code

1850 Handley Dr.  
Fort Worth, Texas 76112

78.77

Purpose of payment (See instructions regarding type of information required.)

Printing

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/26/2004

Franklin D MOSS

Payee address; City; State; Zip Code

5625 Eisenhower Dr.  
Fort Worth Texas 76112

125.00

Purpose of payment (See instructions regarding type of information required.)

Worker's Travel Expense.

\*\* 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:<br><i>6/10</i>   |
| 2 FILER NAME<br><i>Franklin (Frank) MOSS</i>  |   | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><i>4/30/2004</i>  | 5 Payee name<br><i>Rebecca Miannewether</i> | 7 Amount (\$)<br><i>150.00</i>   |
| 6 Payee address; City; State; Zip Code<br><i>Macio Lane<br/>Fort Worth, Texas 76112</i>                     |   |  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>Voter Development</i> |   | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
| Date<br><i>4/30/2004</i>  | Payee name<br><i>Earline Miles</i>          | Amount (\$)<br><i>50.00</i>  |
| Payee address; City; State; Zip Code<br><i>Edge wood Terrace<br/>FORT WORTH, TEXAS 76105</i>                |   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>VOTER Development</i>   |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><i>4/30/2004</i>  | Payee name<br><del>Mary</del> <i>Turner</i> | Amount (\$)<br><i>176.00</i>   |
| Payee address; City; State; Zip Code<br><i>812 Judd St.<br/>FORT WORTH, TEXAS 76104</i>                     |   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank</i>          |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><i>4/30/2004</i>  | Payee name<br><i>Kwik Kopy</i>              | Amount (\$)<br><i>77.77</i>  |
| Payee address; City; State; Zip Code<br><i>1850 Handley DR.<br/>FORT WORTH, TEXAS 76112</i>                 |   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Printing</i>            |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>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:  
7/10

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

|   |                                   |                                |
|---|-----------------------------------|--------------------------------|
| 4 Date<br><i>4/30/2004</i>  | 5 Payee name<br><i>Lewis Hunt</i> | 7 Amount (\$)<br><i>184.00</i> |
| 6 Payee address; City; State; Zip Code<br><i>2220 Ridgeview<br/>Fort Worth, Texas 76119</i> |                                   |                                |

|   |  |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank.</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|  |                                    |                              |
|--|------------------------------------|------------------------------|
| Date<br><i>4/30/2004</i>   | Payee name<br><i>Mary Davidson</i> | Amount (\$)<br><i>210.00</i> |
| Payee address; City; State; Zip Code<br><i>6901 Windward way<br/>Fort Worth, Texas 76140</i> |                                    |                              |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank.</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|   |                                  |                              |
|---|----------------------------------|------------------------------|
| Date<br><i>4/30/2004</i>  | Payee name<br><i>Connie Hall</i> | Amount (\$)<br><i>148.00</i> |
| Payee address; City; State; Zip Code<br><i>3950 Garrison Ave.<br/>Fort Worth, Texas 76119</i> |                                  |                              |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank.</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|  |                                  |                              |
|--|----------------------------------|------------------------------|
| Date<br><i>4/30/2004</i>   | Payee name<br><i>Sharon Gray</i> | Amount (\$)<br><i>276.00</i> |
| Payee address; City; State; Zip Code<br><i>2333 Timberline<br/>Fort Worth, Texas 76119</i> |                                  |                              |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank.</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>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:<br><i>8/10</i>  |
| 2 FILER NAME<br><i>Franklin (Frank) Moss</i>   |   | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><i>4/30/2004</i>   | 5 Payee name<br><i>Shirley Williams</i> | 7 Amount (\$)<br><i>250.00</i>  |
| 6 Payee address; City; State; Zip Code<br><i>2425 North Chen Dr.<br/>Fort Worth, Texas 76119</i>                         |   |   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank / Voter Development</i> |   | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br><i>4/30/2004</i>   | Payee name<br><i>Cara Thomas</i>        | Amount (\$)<br><i>164.00</i>  |
| Payee address; City; State; Zip Code<br><i>703 N. Oaks St.<br/>Fort Worth, Texas 76011</i>                               |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank.</i>                      |   | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><i>4/30/2004</i>   | Payee name<br><i>Linda Griffin</i>      | Amount (\$)<br><i>216.00</i>  |
| Payee address; City; State; Zip Code<br><i>3600 Montague Ct.<br/>Fort Worth, Texas 76119</i>                             |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank.</i>                      |   | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br><i>4/30/2004</i>   | Payee name<br><i>Willie Henderson</i>   | Amount (\$)<br><i>190.00</i>  |
| Payee address; City; State; Zip Code<br><i>3033 Crenshaw Ave.<br/>Fort Worth, Texas 76105</i>                            |   |   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank.</i>                      |   | ** Complete if direct expenditure to benefit C/OH **<br>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:  
9/10

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

|   |                                     |                         |
|---|-------------------------------------|-------------------------|
| 4 Date<br>4/30/2004   | 5 Payee name<br><b>Gloria Meeks</b> | 7 Amount (\$)<br>500.00 |
| 6 Payee address; City; State; Zip Code<br>2408 Rodeo St.<br>Fort Worth, Texas 76119 |                                     |                         |

|   |  |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Phone Bank / Voter Development | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|  |                                  |                       |
|--|----------------------------------|-----------------------|
| Date<br>4/30/2004  | Payee name<br><b>Cara Thomas</b> | Amount (\$)<br>204.00 |
| Payee address; City; State; Zip Code<br>703 N. Oaks<br>Fort Worth, Texas 76011 |                                  |                       |

|  |   |
|--|---|
| Purpose of payment (See instructions regarding type of information required.)<br>Phone Bank. | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|--|---|

|  |                                     |  |
|--|-------------------------------------|--|
| Date<br>4/30/2004  | Payee name<br><b>US Post Master</b> | Amount (\$)<br>148 <sup>00</sup> / <sub>74</sub> |
| Payee address; City; State; Zip Code<br>Polytechnic Station<br>Fort Worth, Texas 76105 |                                     |  |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.)<br>Postage. | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|  |                                     |                      |
|--|-------------------------------------|----------------------|
| Date<br>4/30/2004  | Payee name<br><b>US Post Master</b> | Amount (\$)<br>74.00 |
| Payee address; City; State; Zip Code<br>Polytechnic Post Office<br>Fort Worth, Texas 76105 |                                     |                      |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.)<br>Postage. | ** Complete if direct expenditure to benefit C/OH **<br>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:

2 FILER NAME *Franklin (Frank) Moss* 3 ACCOUNT # (Ethics Commission filers) *10/10*

|  |                                      |                               |
|--|--------------------------------------|-------------------------------|
| 4 Date<br><i>5-4-2004</i>  | 5 Payee name<br><i>Shagala Brown</i> | 7 Amount (\$)<br><i>84.50</i> |
| 6 Payee address; City; State; Zip Code<br><i>55 Ramey Ave.<br/>Fort Worth, Texas 76112</i> |                                      |                               |

|   |  |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>Phone Bank.</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|---|--|

|  |                                     |                              |
|--|-------------------------------------|------------------------------|
| Date<br><i>5-5-2004</i>  | Payee name<br><i>US POST MASTER</i> | Amount (\$)<br><i>148.00</i> |
| Payee address; City; State; Zip Code<br><i>Handley Station<br/>Fort Worth, Texas 76112</i> |                                     |                              |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br><i>POSTAGE.</i> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>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.) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>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.) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|---|--|

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**