04-30-03 RCVD

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# 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: 10

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Franklin MI: D

NICKNAME: Frank LAST: Moss SUFFIX: Sr.

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5625 Eisenhower Dr.
Fort Worth, Texas 76112

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Edmond MI: L.

NICKNAME: Ed LAST: Moss SUFFIX: —

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7208 Park West Circle
Fort Worth, Texas 76134

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 446-6860

8 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)

9 PERIOD COVERED

Month Day Year: 01 / 16 / 2003 THROUGH Month Day Year: 04 / 03 / 2003

10 ELECTION

ELECTION DATE Month Day Year: 05 / 03 / 2003

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Councilman District 5

12 OFFICE SOUGHT (if known): City Councilman, District 5

13 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

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH COVER SHEET PG 2**

**14 C/OH NAME**
Franklin D. Moss

**15 ACCOUNT #** (Ethics Commission filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

| COMMITTEE TYPE | COMMITTEE NAME |
|---|---|
| ☐ GENERAL | COMMITTEE ADDRESS |
| ☐ SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| ☐ additional pages | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**17 NO REPORTABLE ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION TOTALS**

| | | |
|---|---|---|
| | 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ |
| | 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 7,950.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ 347.03 |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 2798.48 |
| OUTSTANDING LOAN TOTALS | 5. 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.

SYLVIA GLOVER
Notary Public
STATE OF TEXAS
My Comm. Exp. 09/04/2005

AFFIX NOTARY STAMP / SEAL ABOVE

Franklin D. Moss
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Franklin Moss, this the 3rd day of April, 20 03, 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

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Revised 05/11/2000

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1/6

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/6/2003 | Devoyd Jennings<br>4551 Parkwood Dr<br>Fort Worth, Texas 76140 | 70.00 | |

9 Principal occupation (Optional)

10 Employer (Optional)

| 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) |
|---|---|---|---|
| 2/6/2003 | David F. Chappel<br>201 Main St., Suite 400<br>Fort Worth, Texas 76102 | | |

Principal occupation (Optional): Attorney

Employer (Optional)

| 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) |
|---|---|---|---|
| 2/6/2003 | Fort Worth Fire Fighters Committee for Responsible Government<br>417 N. Retta<br>Fort Worth, Texas 76111 | 1000.00 | |

Principal occupation (Optional)

Employer (Optional)

| 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) |
|---|---|---|---|
| 2/6/2003 | Linda Lattimore<br>115 W. 2nd St., Suite 210<br>Fort Worth, Texas 76102 | 200.00 | |

Principal occupation (Optional)

Employer (Optional)

| 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) |
|---|---|---|---|
| 2/6/2003 | Frank W. Harrison<br>3838 Oak Lawn Ave., Ste 1000<br>Dallas, Texas 75219 | 250.00 | |

Principal occupation (Optional)

Employer (Optional)

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

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2/6

2 FILER NAME: Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) | 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|---|---|---|---|
| 2/6/2003 | Mike Moncrief<br>777 Taylor St, Ste 1030<br>Fort Worth, Texas 76102 | 200.00 | | | |
| 2/6/2003 | Rev. Nehemiah Davis<br>2300 Timberline<br>Fort Worth, Texas 76 | 100.00 | | Minister | |
| 2/6/2003 | Andre R. McEwing<br>6024 Lantana Ln<br>Fort Worth, Texas 76112 | 100.00 | | | |
| 2/6/2003 | Dennis L. Flannigan<br>5611 Honey Locust Tr.<br>Arlington, Texas 76003 | 30.00 | | | |
| 2/6/2003 | Peidue, Brackett, Flores, Utt & Burns, JV<br>307 West 7th. St, Suite 1225<br>Fort Worth, Texas 76102 | 500.00 | | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 2/6

2 FILER NAME: Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/6/2003 | Rochell Hall<br>P.O. Box 15279<br>Fort Worth, Texas 76119 | 25.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 2/6/2003 | William W. Meadows<br>3904 Hamilton<br>Fort Worth, Texas 76107 | 100.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/6/2002 | Bobby Edmonds<br>210 West Sixth Street<br>Fort Worth, Texas 76102 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/6/2002 | Gary W. Terry<br>1315 Park Pl., No 507<br>Hurst, Texas 76053 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/6/2003 | Karman Johnson<br>6116 Forest Lane<br>Fort Worth, Texas 76112 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4/6

2 FILER NAME: Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) | 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|---|---|---|---|
| 2/28/2003 | Erma Johnson-Hadley<br>2362 Faett CT.<br>Fort Worth, Texas | 100.00 | | Administrator | |
| 3/17/2003 | Renee ~~Hugh~~ Higinbotham Brooks<br>1612 Summit Ave, Suite 230<br>Fort Worth, Texas 76102 | 250.00 | | | |
| 3/27/2003 | Good Government Fund<br>201 Main St., Suite 2500<br>Fort Worth, Texas 76102 | 500.00 | | | |
| 3/17/2003 | Donald R. and Doris Johnson<br>1804 Kinsale Dr.<br>Roanoke, Texas 76262 | 150.00 | | | |
| 3/27/2003 | PSEI-PAC<br>201 Main St., Suite 2500<br>Fort Worth, Texas 76102 | 500.00 | | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5/6

2 FILER NAME: Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/28/2003 | Dr. Armentha L. Hill<br>4520 S. Hughes<br>Fort Worth, Texas 76119 | 100.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 4/1/2003 | Jim and Ouida Bradshow<br>4613 Briarhaven Rd<br>Fort Worth, Texas 76109 | 150.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 4/1/2003 | Perdue, Brackett, Flores, Utt, & Burns LLP<br>307 West 7th St, Suite<br>Fort Worth, Texas 76102 | 500.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 4/2/2003 | O- PAC<br>301 Commerce St. Suite 2975<br>Fort Worth, Texas 76102 | 500.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/28/2003 | ANNE W. MARION<br>Burnett Plaza Suite 1500<br>801 Cherry St. Unit #9<br>Fort Worth, Texas | 1000.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6/6

2 FILER NAME: Franklin D Moss

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/28/2003 | K-PAC<br>201 Main St., Ste 2500<br>Fort Worth, Texas 76102 | 500.00 | |

9 Principal occupation (Optional)

10 Employer (Optional)

| 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 (Optional)

Employer (Optional)

| 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 (Optional)

Employer (Optional)

| 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 (Optional)

Employer (Optional)

| 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 (Optional)

Employer (Optional)

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

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

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# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Franklin D Moss

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 2/13/2002 | Tonya Jackson<br>P.O. Box 12431<br>Fort Worth, Texas 76110 | 900.00 |

8 Purpose of payment (See instructions regarding type of information required.): Fund Raiser Expense.

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 2/22/2003 | Fort Worth/Tarrant County NAACP<br>1063 Evans Ave.<br>Fort Worth, Texas 76104 | 120.00 |

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

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 2/27/2003 | US Post Master<br>Fort Worth, Texas | 280.00 |

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

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/7/2003 | Franklin D. Moss<br>5625 Eisenhower Dr.<br>Fort Worth, Texas 76112 | 250.00 |

Purpose of payment (See instructions regarding type of information required.): Travel Advance - NLC meeting Washington DC

•• 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:

2 FILER NAME
Franklin D Moss

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 3/13/2003 | City of Fort Worth<br>1000 Throckmorton St.<br>Fort Worth, Texas 76102 | 100.00 |

8 Purpose of payment (See instructions regarding type of information required.)
Filing fee for City Council Election

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/28/2003 | Franklin D. Moss<br>5625 Eisenhower Dr.<br>Fort Worth, Texas 76112 | 300.00 |

Purpose of payment (See instructions regarding type of information required.)
Travel Advance - TABCCM meeting to workshop - Victoria, Texas

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/2/2003 | Kwick Kopy<br>1850 Handley Drive.<br>Fort Worth, Texas 76112. | 501.45 |

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 / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

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