04-25-03P04:58 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: 16

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	FIRST	MI
Mr.	Franklin	D
NICKNAME	LAST	SUFFIX
Frank	Moss	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	FIRST	MI
Mr.	Edmond	L.
NICKNAME	LAST	SUFFIX
Ed	Moss	—

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 THROUGH Month Day Year

04 / 04 / 2003 THROUGH 04 / 25 / 2004

10 ELECTION

ELECTION DATE Month Day Year: 05 / 03 / 2003

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): CITY Council, District 5

12 OFFICE SOUGHT (if known): CITY Council 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

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	$ 120.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 6970.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 237.50
	4. TOTAL POLITICAL EXPENDITURES	$ 7058.82
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 25th day of April, 20 03, to certify which, witness my hand and seal of office.

Sylvia Glover	Sylvia Glover	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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.

5/6

2 FILER NAME: Franklin D Moss

3 ACCOUNT # (Ethics Commission filers):

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4/21/2003	Walter Donsky cliff brook Fort Worth, Texas 76112.	50.00	

10 Principal occupation (optional): 11 Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/17/2003			

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/22/2003	Gerald Show	50.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/22/2003	Richard Burnett	50.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/22/2003	James Dunnaway	250.00	

Principal occupation (optional): Employer (optional):

☐ out-of-state PAC (ID#: _____)

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

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 4/6

2 FILER NAME: Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers):

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4/21/2003	Ben and Lori Loughry 1107 Elizabeth Blvd. Fort Worth, Texas 76110	100.00	

10 Principal occupation (optional): 11 Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/21/2003	Francis E. McCarthy 4209 Rowan Drive Fort Worth, Texas 76116-8010	100.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/21/2003	Gerald Alley 606 Lock Chapet Court Arlington, Texas 76022	1000.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/21/2003	Stephen T. Meeks 1125 Hidden Oaks Dr. Bedford, Texas 76022	200.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/21/2003	Fred Mallick 5697 West Creek, Ste E Fort Worth, Texas 76133	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.

3/6

2 FILER NAME: Franklin D Moss

3 ACCOUNT # (Ethics Commission filers):

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4/17/2003	Ed Dotch 6524 Meadowbrook Fort Worth, Texas 76112	100.00	

10 Principal occupation (optional): 11 Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/17/2003	Adolphus Chadwick 1219 Springbrook Ck. Desoto, Texas 75115	50.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/17/2003	L. Clifford Davis 2101 Flemming Dr. Fort Worth, Texas 76112	50.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/20/2003	James Austin 2017 Teakwood Trace Fort Worth, Texas 76112	50.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/20/2003	Theadis Weare 6332 Warwick Hills Dr. Fort Worth, Texas 76132	200.00	

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 Filer page 2/6

2 FILER NAME: Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4/9/2003	Norma Roby 7578 Morrison Ct. Fort Worth, Texas 76112	250.00	

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/11/2003	Apartment Association of Tarrant County 6350 Baker Blvd Fort Worth, Texas 76118	500.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/11/2003	David Felding 314 Main St. Ste. 300 Fort Worth, Texas 76102	100.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/14/2003	Greater Ft. Wth. Association of Realtors Fort Worth, Texas	2000.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/15/2003	Vernell Sturns 612 Highwoods Trail Fort Worth, Texas 76112	100.00	

Principal occupation (optional) | Employer (optional)

☐ out-of-state PAC (ID#: _____)

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

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.

2 FILER NAME: Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers): 116

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4/4/2003	Joseph K. Dulle 2127 Pembroke Dr. Fort Worth, Texas 76110	50.00	

10 Principal occupation (optional): 11 Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/4/2003	Kenneth Barr 1000 Macon St. Fort Worth, Texas 76102	150.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/5/2003	Gary W. Terry 1315 Park Pl. No. 507 Hurst, Texas 76053	50.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/7/2003	Gwinda L. Burns P.O. Box 8704 Fort Worth, Texas 76124	250.00	

Principal occupation (optional): Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4/8/2003	Joe R. Thompson 4809 Brockton Ct. Fort Worth, Texas 76132	100.00	

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.

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: 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)
4/22/2003	TA Sims Fort Worth, Texas 76112	50.00	

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)

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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: 1/8

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 ($)
4/4/2003	Kwick Copy 1850 Handley Drive Fort Worth, Texas 76112.	201.03

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

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 ($)
4/4/2003	Hawk Electronics 6411 Camp Bowie Fort Worth, Texas 76116	248.00

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

•• 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 ($)
4/4/2003	U.S. Post Master. Fort Worth, Texas.	200.00

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 / Payee address; City; State; Zip Code	Amount ($)
4/7/2003	Charmain Pruitt Fort Worth, Texas 76119	50.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 04/04/2000

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/8

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 ($)
4/9/2003	Earline Miles 1908 S. Edgewood Terrace. Fort Worth Texas 76105	50.00

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

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 ($)
4/9/2003	~~Kwick~~ Kwick Kopy 1850 Handley Dr. Fort Worth, Texas 76112	326.75

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 ($)
4/11/2003	Kwick Kopy 1850 Handley Dr. Fort Worth, Texas 76112	92.01

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 ($)
4/11/2003	US Post Master Fort Worth, Texas 7	300.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3/8

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 ($)
4/12/2003	Charmain Pruitt. Fort Worth, Texas 76119	125.00

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

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 ($)
4/12/2003	Ralph McCloud. 2412 Annglenn Fort Worth Texas 76119	50.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/14/2003	US Post Master. Fort Worth, Texas 76	1106.00

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 / Payee address; City; State; Zip Code	Amount ($)
4/14/2003	US Post Master Fort Worth, Texas 76102	74.00

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

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

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Revised 04/04/2000

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/8

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 ($)
4/15/2003	Gotv Signs 1515 Brentwood Trail Keller, Texas 76248	1060.85

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

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 ($)
4/15/2003	The Epstein Group 4055 International Plaza. Fort Worth, Texas 76109	829.77

Purpose of payment (See instructions regarding type of information required.): Labels And Call List

•• 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 ($)
4/15/2003	Jackson & Associates P.O. Box 12431 Fort Worth, Texas 76110	351.00

Purpose of payment (See instructions regarding type of information required.): Fund Raiser & Consultant

•• 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 ($)
4/17/2003	U.S. Post Master Fort Worth, Texas	86.00

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

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

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Revised 04/04/2000

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5/8

2 FILER NAME: Frankin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/17/2003	Kwik Kopy 1850 Hanley Drive. Fort Worth, Texas 76112.	248.79

8 Purpose of payment (See instructions regarding type of information required.): Copying + Printing

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 ($)
4/19/2003	Frankin D. Moss 5625 Eisenhower Dr. Fort Worth, Texas 76112	60.00

Purpose of payment (See instructions regarding type of information required.): GAS Expense For workers.

•• 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 ($)
4/19/2003	C. Emmanuel Ekeke Arlington Texas.	97.50

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/19/2003	Siaa Ajaki Theta Arlington, Texas	97.50

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6/8

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 ($)
4/22/2003	US Post Master Fort Worth, Texas	118.00

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

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 ($)
4/21/2003	Chaimain Pruitt Fort Worth, Texas 76119	50.00

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

•• 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 ($)
4/22/2003	Christene Moss 5625 Eisenhower Dr. Fort Worth, Texas 76112	56.39

Purpose of payment (See instructions regarding type of information required.): Reimbursement for Campaign worker Supplies.

•• 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 ($)
4/22/2003	Franklin D. Moss, JR. 5625 Eisenhower Dr Fort Worth, Texas 76112	100.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7/8

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 ($)
4/22/2003	The Epstein Group 4055 International ~~Parkway~~ Plaza. Fort Worth, Texas	184.73

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

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 ($)
4/22/2003	Franklin D Moss 5625 Eisenhower Dr. Fort Worth, Texas 76112	50.00

Purpose of payment (See instructions regarding type of information required.): Misc Campaign Expense.

•• 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 ($)
4/23/2003	La Vida News 3605-A West Pioneer Parkway Arlington, Texas.	308.00

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

•• 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 ($)
4/24/2003	Earline Miles. 1908 S Edgewood Terrace. Fort Worth, Texas 76105	100.00

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

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

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Revised 04/04/2000

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8/8

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 ($)
4/25/2003	Renee Clevecond. Fort Worth, Texas 76	100.00

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

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 ($)
4/25/2003	Jonita Sanders Fort Worth, Texas	100.00

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 / 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

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

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