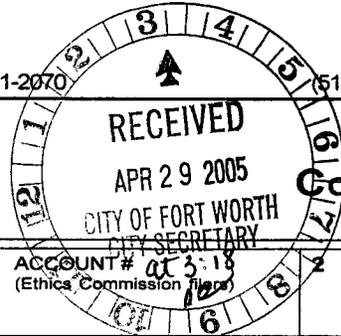


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1



The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # 013-18
(Ethics Commission File #)

2 Total pages filed:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CORA

MOSLEY

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5112 WINESANKER WAY
FORT WORTH, TX 76133

Change of Address

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 292 1482

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CARL

FRETWELL

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1328 E. RICHMOND
FORT WORTH TX 76104

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 926.2114

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

03 / 29 / 05

04 / 27 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

05 / 07 / 05

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL DIST. 6

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

CORA MOSLEY

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

additional pages

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ 66.00

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

\$ 650.00

EXPENDITURE TOTALS

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

\$ ---

4. TOTAL POLITICAL EXPENDITURES

\$ 2,229.01

CONTRIBUTION BALANCE

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

\$ - 0 -

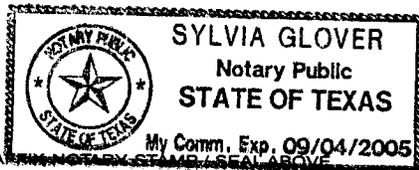
OUTSTANDING LOAN TOTALS

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.



Cora L Mosley
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Cora Mosley, this the 29th day of April, 20 05, 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 Schedule A: 1	
2 FILER NAME CORA MOSLEY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04-12-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rev Nehemiah DAVIS	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2300 Timberline Dr Fort Worth, TX			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04-15-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEYNA WILLIAMS	Amount of contribution (\$)	In-kind contribution description (if applicable) 500.00 web page design
Contributor address; City; State; Zip Code 4113 Yellowleaf Fort Worth, TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04-12-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rev Durham	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3721 Howard ST Fort Worth TX			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 6
2 FILER NAME CORA MOSLEY		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
3/25/05	CBE PRINTING f' Signs 4019 E. Berry Street Fort Worth TX 76119	194.85
7 Purpose of expenditure (See instructions regarding type of information required.) Purchase Magnetic Car Signs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
3/29/05	STAPLES 5640 Overton Ridge BLVD Fort Worth, TX	8.60
Purpose of expenditure (See instructions regarding type of information required.) Purchase of BLANK CDs		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
3-29-05	FED EX KINKOS 4485 BRYANT IRVIN RD. Fort Worth, TX	36.21
Purpose of expenditure (See instructions regarding type of information required.) Campaign Post Cards		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
3-30-05	Office MAX 5200 S. Hulen St Fort Worth, TX	27.05
Purpose of expenditure (See instructions regarding type of information required.) INK Cartridge for Printer		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
3-30-05	DON'S BUTTON 3906 W. Morrow Dr. Glendale, AR.	79.95
Purpose of expenditure (See instructions regarding type of information required.) campaign buttons		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 6
2 FILER NAME CORA MOSLEY		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-1-05	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code City View Station, Bryant Irving Fort Worth, TX 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$) 134.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-3-05	Payee name Office MAX Payee address; City; State; Zip Code 5200 S. Hulen St Fort Worth, TX Purpose of expenditure (See instructions regarding type of information required.) Copies	Amount (\$) 30.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-5-05	Payee name Office MAX Payee address; City; State; Zip Code 5200 S. Hulen Fort Worth, TX Purpose of expenditure (See instructions regarding type of information required.) Copies	Amount (\$) 3.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-5-05	Payee name POLI GRAPHICS Payee address; City; State; Zip Code 340 Broadway AVE Saint Paul Park, MN Purpose of expenditure (See instructions regarding type of information required.) YARD Signs	Amount (\$) 343.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04-06-05	Payee name Office Depot Payee address; City; State; Zip Code 4810 Southwest Blvd Fort Worth, TX Purpose of expenditure (See instructions regarding type of information required.) Copies	Amount (\$) 9.87 <input type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 6

2 FILER NAME
CORA MOSLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4-7-05</u>	5 Payee name <u>Office Depot</u>	8 Amount (\$) <u>3.25</u>
	6 Payee address; City; State; Zip Code <u>4810 Southwest BLVD Fort Worth TX</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Copies</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4-8-05</u>	Payee name <u>Office Depot</u>	Amount (\$) <u>43.30</u>
	Payee address; City; State; Zip Code <u>4810 Southwest BLVD Fort Worth TX</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Copies</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>04-11-05</u>	Payee name <u>FEDEx KINKOS</u>	Amount (\$) <u>107.94</u>
	Payee address; City; State; Zip Code <u>4485 BRYANT IRVIN Rd Fort Worth TX</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Cards</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4-11-05</u>	Payee name <u>U.S. Post Office</u>	Amount (\$) <u>76.40</u>
	Payee address; City; State; Zip Code <u>Cityview Station - Bryant Irving Rd Fort Worth TX</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Postage</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>4-11-05</u>	Payee name <u>Wedgwood Shopping News</u>	Amount (\$) <u>174.00</u>
	Payee address; City; State; Zip Code <u>6001 Granbury Rd Fort Worth TX</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Political Ad</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G 6
2 FILER NAME CORA MOSLEY		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/12/05	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code CityView Station - BRYANT IRVING Rd Fort Worth, TX 7 Purpose of expenditure (See instructions regarding type of information required.) Postage	8 Amount (\$) 161.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04-13-05	Payee name Office MAX Payee address; City; State; Zip Code 5200 S. Hulen St Fort Worth, TX Purpose of expenditure (See instructions regarding type of information required.) Copies	Amount (\$) 2.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-13-05	Payee name Tarrant County Elections Payee address; City; State; Zip Code 100 Weatherford St. Fort Worth, TX Purpose of expenditure (See instructions regarding type of information required.) Voter List	Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/15/05	Payee name U.S. Post Office Payee address; City; State; Zip Code CityView Station - BRYANT IRVING Rd. Fort Worth, TX Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) 230.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-15-05	Payee name Office MAX Payee address; City; State; Zip Code 5200 S. Hulen Fort Worth TX Purpose of expenditure (See instructions regarding type of information required.) Stamp creator	Amount (\$) 20.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 6

2 FILER NAME CORA MOSLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4-15-05</u>	5 Payee name <u>Staples</u>	8 Amount (\$) <u>27.26</u>
	6 Payee address; City; State; Zip Code <u>5650 Overton Ridge Blvd Fort Worth, TX</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>MAILING LABELS</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>04-16-05</u>	Payee name <u>FED EX KINKOS</u>	Amount (\$) <u>136.35</u>
	Payee address; City; State; Zip Code <u>4485 BRYANT IRVIN Rd. Fort Worth, TX</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Postcards</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>04-17-05</u>	Payee name <u>Office MAX</u>	Amount (\$) <u>24.99</u> cm
	Payee address; City; State; Zip Code <u>5200 S. Hulen St Fort Worth, TX</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Printer Cartridge</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>04-17-05</u>	Payee name <u>Office MAX</u>	Amount (\$) <u>1.14</u>
	Payee address; City; State; Zip Code <u>5200 S. Hulen St Fort Worth, TX</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Copies</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>04-18-05</u>	Payee name <u>U.S. Post Office</u>	Amount (\$) <u>138.00</u>
	Payee address; City; State; Zip Code <u>Wedgwood Station - Alta Mesa Blvd Fort Worth, TX</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Postage Stamps</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 6
2 FILER NAME CORA MOSLEY		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-17-05	5 Payee name Office MAX 6 Payee address; City; State; Zip Code 5200 S. Hulen ST Fort Worth, TX	8 Amount (\$) 14.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Printer Cartridge	
Date 04-19-05	Payee name Office Depot Payee address; City; State; Zip Code 4810 Southwest Blvd Fort Worth TX	Amount (\$) 42.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Copies	
Date 04-21-05	Payee name Office Depot Payee address; City; State; Zip Code 4810 Southwest Blvd Fort Worth TX	Amount (\$) 5.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Copies	
Date 04-27-05	Payee name Office MAX Payee address; City; State; Zip Code 5200 S. Hulen ST Fort Worth, TX	Amount (\$) 6.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Copies	
Date 04-27-05	Payee name LONE Star POSTER Co. Payee address; City; State; Zip Code 1716 S. MAIN ST Fort Worth TX	Amount (\$) 95.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Campaign Signs	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED