07-16-07 P04:16 IN

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

RECEIVED JUL 16 2007 CITY OF FORT WORTH CITY SECRETARY

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT# (Ethics Commission Use)

2 Total pages filed: 20

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

MS / MRS / MR: Mr. FIRST: Franklin MI:

NICKNAME: Frank LAST: Moss SUFFIX: Sr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE: 5625 Eisenhower Dr. Fort Worth, Texas 76112

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) PHONE NUMBER: 446-8101 EXTENSION: —

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Edmond MI: L.

NICKNAME: Ed. LAST: Moss SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE: 5625 Eisenhower Dr., Fort Worth, Texas 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 714-4638 EXTENSION: —

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Final report (Attach C/OH - FR) ☐ Exceeded $500 limit

☒ July 15 ☐ 8th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year: 5 / 3 / 2007 THROUGH Month Day Year: 7 / 15 / 2007

11 ELECTION

ELECTION DATE Month Day Year: — / — / —

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☒ Special

12 OFFICE

OFFICE HELD (if any): Fort Worth City Council District 5

13 OFFICE SOUGHT (if known): —

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

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

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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

[ ] additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 9780.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 1,021.85
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,609.01
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,000.00

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.

NOTARY PUBLIC STATE OF TEXAS
SYLVIA D. GLOVER
MY COMMISSION EXPIRES
September 19, 2009

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin Moss, this the 16th day of July, 20 07, to certify which, witness my hand and seal of office.

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

Revised 10/02/2006

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1/7

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)
5/4/2007	Gerald Alley 1900 Ballpark Way, Suite 110 Arlington, Texas 76012	1,000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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)
5/7/2007	Adolphis & Winstona Chadwick 1219 Springbrook Circle Desoto, Texas 75115	150.00	

(If travel outside of Texas, complete Schedule T)

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)
5/7/2007	Hammer & Nails Political Action Committee 6464 Brentwood Stair Rd., Suite 100 Fort Worth, Texas 76112	500.00	

(If travel outside of Texas, complete Schedule T)

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)
5/7/2007	Alice M. Hardgraves 3908 Bonita Springs Dr. Fort Worth, Texas 76123	100.00	

(If travel outside of Texas, complete Schedule T)

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)
5/7/2007	Jefferson Davis 4528 Moore view Fort Worth, Texas 76119	50.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional 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 A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2/7

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)
5/7/2007	Elijah Bagira 1800 E. Roberts Fort Worth, Texas 76104	500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 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)
5/9/2007	Robert Terrell / CH2M Hill Texas 309 West 7th St., Suite 1020 Fort Worth, Texas 76102	250.00	

(If travel outside of Texas, complete Schedule T)

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)
5/11/2007	Louis Sturns 5601 Bridge St., Suite 300 Fort Worth, Texas 76112	100.00	

(If travel outside of Texas, complete Schedule T)

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)
5/14/2007	Karl Komatsu 3905 Lenox Dr. Fort Worth, Texas 76107	500.00	

(If travel outside of Texas, complete Schedule T)

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)
5/14/2007	Fort Worth Police Officers Assn. 904 Collier Fort Worth, Texas 76102	1250.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional 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 A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3/

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)
5/17/2007	James Toal 341 Nursery Lane Fort Worth, Texas 76114	500.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 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)
5/23/2007	Vernell Sturns 612 Highwoods Tr. Fort Worth, Texas 76112	200.00	(If travel outside of Texas, complete Schedule T)

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)
			(If travel outside of Texas, complete Schedule T)

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)
			(If travel outside of Texas, complete Schedule T)

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)
			(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4/7

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 / Job title (See Instructions)	10 Employer (See Instructions)
6/6/07	MR & MRS. JOHN V. ROACH II 2805 ALTON RD. FORT WORTH, TX 76109	$200.00			
6/6/07	DEVOYD JENNINGS & GWEN BARBEE 4551 PARKWOOD DR. FORT WORTH, TX 76140	$50.00			
6/7/07	GROOVER WEAVER Contributor address; City; State; Zip Code	$500.00			
6/7/07	SPEED PAC 500 MAIN ST., STE 600 FORT WORTH, TX 76102	$250.00			
6/7/07	ANTHONY JOHNSON 8909 RAQUET CLUB DR. FORT WORTH, TX 76120	$30.00			

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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 A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5/7

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)
6/7/07	JAMES AUSTIN, JR. 2017 TEAKWOOD TERR. FORT WORTH, TX 76112-5430	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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)
6/7/07	LINDA PATTERSON 4514 COLT DR. ARLINGTON, TX 76017	$25.00	

(If travel outside of Texas, complete Schedule T)

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)
6/7/07	MICHAEL R. & RITA R. UTT 2901 6TH AVE FORT WORTH, TX 76110	$100.00	

(If travel outside of Texas, complete Schedule T)

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)
6/7/07	KARMEN JOHNSON 2601 SCOTT AVE., STE 109 FORT WORTH, TX 76103	$25.00	

(If travel outside of Texas, complete Schedule T)

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)
6/7/07	JAMES W. SCHELL 901 FORT WORTH CLUB BUILDING FORT WORTH, TX 76102	$250.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6/7

2 FILER NAME: FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/7/07	LARRY D. & SHARI SHAW 3903 KINGSFERRY CT. ARLINGTON, TX 76016	$250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/7/07	LON BURNAM P.O. BOX 1894 FORT WORTH, TX 76101	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/7/07	VENDIGM, LLC 5601 BRIDGE STREET, STE 300 FORT WORTH, TX 76112	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/7/07	JACKIE D. BEWLEY 2200 RIVERSIDE DR. FORT WORTH, TX 76104	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/7/07	EXELON PAC P.O. BOX 805379 CHICAGO, IL 60680-5379	$500.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7/7

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)
6/7/07	LAWRENCE B. DOLE 2121 SAN JACINTO ST., STE 1870 DALLAS, TX 75201	1,000.00	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 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)
6/19/07	PERDUE, BRACKETT, FLORES, UTT & BURNS, JV 307 WEST 7th ST., STE. 1225 FORT WORTH, TX 76102-5110	$500.00	(If travel outside of Texas, complete Schedule T)
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)
6/19/07	WASTE MANAGEMENT PAC 701 PENNSYLVANIA AVE. N.W., STE 910 WASHINGTON, D.C. 20004	$250.00	(If travel outside of Texas, complete Schedule T)
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)
6/19/07			(If travel outside of Texas, complete Schedule T)
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)
			(If travel outside of Texas, complete Schedule T)
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 foradditional reporting requirements.

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

LOANS

SCHEDULE E

Franklin D Moss

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1/1

2 FILER NAME: Franklin D Moss

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 5/8/2007

7 Name of lender: Franklin D Moss ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): 1,000.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: 5625 Eisenhower DR. Fort Worth, Texas 76112

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions): Real Estate Broker.

13 Employer (See Instructions): Moss RED Group

14 Description of Collateral: ☒ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____)

Loan Amount ($)

Is lender a financial institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Revised 10/02/2006

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: 1/10

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 ($)
5/4/2007	Kwik Kopy 1850 Handley Dr. Fort Worth, Texas 76112	311.59

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

(If travel outside of Texas, complete Schedule T)

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 ($)
5/4/2007	U.S. Post Master Polytechnic Post office Fort Worth, Texas 76104	100.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/11/2007	Michelle Reynolds 1700 Wind Star Way Fort Worth, Texas 76108	200.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/7/2007	Dorothy Cary 4133 Burke Fort Worth, Texas 76119	160.00

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

(If travel outside of Texas, complete Schedule T)

•• 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: 2/10

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 ($)
5/5/2007	Mary Turner 812 Judd Fort Worth, Texas 76104	160.00

8 Purpose of payment (See instructions regarding type of information required.): Phone Bank.
(If travel outside of Texas, complete Schedule T)

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 ($)
5/5/2007	Louis Hunt 2220 Ridgeview Dr. Fort Worth, Texas 76119	160.00

Purpose of payment (See instructions regarding type of information required.): Phone Bank.
(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/5/2007	Mary Davidson ~~#133~~ 6901 windward way Fort Worth, Texas 76140	200.00

Purpose of payment (See instructions regarding type of information required.): Phone Bank.
(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/7/2007	Lavida News 3603 W Pioneer Parkway Arlington, Texas 76013	150.00

Purpose of payment (See instructions regarding type of information required.): Ad
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3/10

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 ($)
5/8/2007	Kwik Kopy 1850 Handley Dr. Fort Worth, Texas 76112	759.40

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

(If travel outside of Texas, complete Schedule T)

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 ($)
5/8/2007	U.S. Post Master	690.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/10/2007	Civic Strategies 1201 W. Park Row Dr. Arlington, Texas 76013	604.00

Purpose of payment (See instructions regarding type of information required.): Mailing Labels + phone list

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/11/2007	Meadowbrook News P.O. Box 24264 Fort Worth, Texas 76124	195.00

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

(If travel outside of Texas, complete Schedule T)

•• 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: 4/10

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 ($)
5/11/2007	Michelle Reynolds 1700 Wind Star Way Fort Worth, Texas 76108	200.00

8 Purpose of payment (See instructions regarding type of information required.): Contract Labor
(If travel outside of Texas, complete Schedule T)

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 ($)
5/11/2007	Michelle Reynolds 1700 Wind Star Way Fort Worth, Texas 76108	50.00

Purpose of payment (See instructions regarding type of information required.): Contract Labor
(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/11/2007	Sam's Club 8351 Anderson Fort Worth, Texas 76120	56.31

Purpose of payment (See instructions regarding type of information required.): Supplies + Food for ~~Campaign~~ Election Day.
(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/12/2007	Franklin D. Moss 5625 Eisenhower Dr. Fort Worth, Texas 76112	100.00

Purpose of payment (See instructions regarding type of information required.): Campaign Day Expense.
(If travel outside of Texas, complete Schedule T)

•• 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: 5/10

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 ($)
5/12/2007	Mary Davidson 6901 Windward way Fort Worth, Texas 76140	290.00

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

(If travel outside of Texas, complete Schedule T)

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 ($)
5/12/2007	Mary Turner 812 Judd Fort Worth, Texas 76104	232.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/12/2007	Louis Hunt 2220 Ridgeview Dr. Fort Worth, Texas 76119	232.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/12/2007	Dorothy Cary 4133 Burke Fort Worth, Texas 76119	232.00

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

(If travel outside of Texas, complete Schedule T)

•• 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: 6/10

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 ($)
5/12/2007	Faye Henderson 715 E. Harvey Fort Worth, Texas 76104	232.00

8 Purpose of payment (See instructions regarding type of information required.): Phone Bank.
(If travel outside of Texas, complete Schedule T)

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 ($)
5/7/2007	Faye Henderson 715 E. Harvey Fort Worth, Texas 76104	160.00

Purpose of payment (See instructions regarding type of information required.): Phone Bank
(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/14/2007	Earline Miles 1908 Edgewood Terrace Fort Worth, Texas 76104	125.00

Purpose of payment (See instructions regarding type of information required.): Contract Labor
(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/16/2007	De Juan Adams 3800 Linkmeadow Dr. Aledo, Texas 76008	800.00

Purpose of payment (See instructions regarding type of information required.): Graphic work.
(If travel outside of Texas, complete Schedule T)

•• 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: 7/10

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 ($)
5/17/2007	US Post Master Handley Station Fort Worth, Texas 76112	82.00

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

(If travel outside of Texas, complete Schedule T)

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 ($)
5/17/2007	Earline Miles 1908 Edgewood Terrace Fort Worth, Texas 76105	100.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/18/2007	Michelle Reynolds 1700 Windword Way Fort Worth, Texas 76108	200.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
5/23/2007	East Fort Worth Business Assn. 7248 Ellis Rd. Fort Worth, Texas 76112	75.00

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

(If travel outside of Texas, complete Schedule T)

•• 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: 8/10

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 ($)
6/21/2007	Kwik Kopy 1850 Hardley Dr. Fort Worth, Texas 76112	73.22

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

(If travel outside of Texas, complete Schedule T)

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 ($)
6/28/2007	Ebenezer Missionary Baptist Church 1901 Amanda St. Fort Worth, Texas 76105	50.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
6/29/2007	Sam's Club 8351 Anderson Fort Worth, Texas 76120	121.73

Purpose of payment (See instructions regarding type of information required.): Supplies for worker's party

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
6/30/2007	Taylor Rental 811 University Dr. Fort Worth, Texas 76107	130.00

Purpose of payment (See instructions regarding type of information required.): Tables + chairs for worker's party

(If travel outside of Texas, complete Schedule T)

•• 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: 9/10

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 ($)
5/18/2007	Micaroni Grill University Dr. Fort Worth, Texas 76109	155.55

8 Purpose of payment (See instructions regarding type of information required.): Worker's Luncheon

(If travel outside of Texas, complete Schedule T)

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 ($)
5/5/2007	Enterprise Rent 1418 Milam Fort Worth, Texas 76112	575.80

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
7/1/2007	Open Channels Group, L.L.C P.O. Box 12431 Fort Worth, Texas	532.00

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
6/30/2007	Simantis, INC 7514 Pebble Dr. Fort Worth, Texas 76118	625.00

Purpose of payment (See instructions regarding type of information required.): Catering for worker's ~~picnic~~ outing

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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: 10/10

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 ($)
6/11/2007	At + T P.O. Box 630047 Dallas, Texas 75263	144.37

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

(If travel outside of Texas, complete Schedule T)

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 ($)
6/18/2007	Bank of America 5651 E. Lancaster Fort Worth, Texas 76112	159.19

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

(If travel outside of Texas, complete Schedule T)

•• 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 ($)
6/21/2007	U.S. Post master Polytechnic Post office Fort Worth, Texas 76105	164.00

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

(If travel outside of Texas, complete Schedule T)

•• 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.)

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED