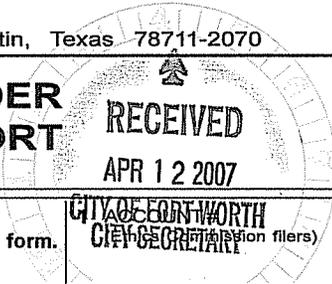


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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



RECEIVED  
APR 12 2007

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

2 Total pages filed:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: Mr. FIRST: FRANKLIN MI: D. NICKNAME: Frank LAST: MOSS SUFFIX: SR.	<b>OFFICE USE ONLY</b> Date Received <b>OFFICIAL RECORD</b> <b>CITY SECRETARY</b> Date Hand-delivered or Date Postmarked <b>FT. WORTH, TEX</b> Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5625 Eisenhower DR. Fort Worth, Texas 76112	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 446-8101	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: Mr. FIRST: Edmond MI: L. NICKNAME: Ed. LAST: MOSS SUFFIX:	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5625 Eisenhower DR Fort Worth Texas 76112	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 714 4638	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 3 / 12 / 2007    THROUGH    4 / 12 / 2007	
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 12 / 2007	
<b>12 OFFICE</b>	OFFICE HELD (if any): NA OFFICE SOUGHT (if known): Fort Worth City Council, District 5	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** 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 _____	

GO TO PAGE 2

**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)

additional pages

•• 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,900.00 ✓
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 335.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,086.63 ✓
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,813.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Franklin D. Moss  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin P. Moss, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

Ronald P. Gonzales  
Signature of officer administering oath

Ronald P. Gonzales  
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: <u>1/18</u>	
2 FILER NAME <u>FRANKLIN D. MOSS</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/23/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>GWINDA L. BURNS</u>	7 Amount of contribution (\$) <u>\$250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>6015 MEADOWBROOK DR. FORT WORTH, TX 76112</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/23/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ELIZABETH PALMER</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>307 W. 7TH ST, STE. 1225 FORT WORTH, TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/23/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>PERDUE, BRACKETT, UTT, FLORES &amp; BURNS</u>	Amount of contribution (\$) <u>\$1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>307 W. 7TH ST, STE. 1225 FORT WORTH, TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/23/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>KENNETH BARR</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3101 AVONDALE AVE. FORT WORTH, TX 76109</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/23/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DAVID CHAPPELL</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2501 PARKVIEW DR. FORT WORTH, TX</u>		(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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2/18</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/23/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DON &amp; WANDA CONLEY</b> 6 Contributor address; City; State; Zip Code <b>1850 HANDLEY DR. FORT WORTH, TX 76112</b>	7 Amount of contribution (\$) <b>\$200.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR &amp; MRS. C. DAVID FIELDER</b> Contributor address; City; State; Zip Code <b>2305 WOODSONG TRAIL ARLINGTON, TX 76016</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSEPH &amp; ANITA LONGORIA</b> Contributor address; City; State; Zip Code <b>1103 ALEXANDER HOUSTON, TX</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONALD ROSEMAN</b> Contributor address; City; State; Zip Code <b>701 KUHLMAN RD. HOUSTON, TX 77024</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. GREGORY EAST</b> Contributor address; City; State; Zip Code <b>2811 SANDPIPER ST. HUMBLE, TX 77396</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3/18</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/23/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARL O. SANDIN</b> 6 Contributor address; City; State; Zip Code <b>545 STUDEWOOD DR. HOUSTON, TX</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY &amp; NANCY WISEMAN</b> Contributor address; City; State; Zip Code <b>33 GAGE CT. HOUSTON, TX 77024</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>B. LYNN STAVINOHA</b> Contributor address; City; State; Zip Code <b>4918 BRIDGEWATER ARLINGTON, TX 76017</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ELIZABETH BANDA</b> Contributor address; City; State; Zip Code <b>1006 N. TILLERY AVE. DALLAS, TX 75211</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAROLD &amp; KARIN LEREW</b> Contributor address; City; State; Zip Code <b>P.O. Box 1841 WICHITA FALLS, TX 76037</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4/18</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/23/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GREGG M. McLAUGHLIN</b> 6 Contributor address; City; State; Zip Code <b>4319 VINE RIDGE CT. ARLINGTON, TX 76017</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEVIN &amp; STEPHANIE BRENNEN</b> Contributor address; City; State; Zip Code <b>6708 STONEHAM AMARILLO, TX</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID HUDSON</b> Contributor address; City; State; Zip Code <b>P.O. BOX 8411 TYLER, TX 75711</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DR. MONTE &amp; LAURA MONROE</b> Contributor address; City; State; Zip Code <b>4514 16<sup>TH</sup> ST. LUBBOCK, TX 79416</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL L. DARLOW</b> Contributor address; City; State; Zip Code <b>5201 HUISACHE ST. BELLAIRE, TX 77401</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>5/18</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/23/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JASON &amp; KATHY BAILEY</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>7302 BRACE ST. HOUSTON, TX 77061</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TAB &amp; BONNIE BEALL</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1513 TYLER, TX 75710-1513</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JACKIE &amp; ROSEMARIE BENLEY</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2912 CROMWELL WAY FLOWER MOUND, TX 75022</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BEN A. LANFORD</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1111 JACKSBORO HWY FORT WORTH, TX 76147</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/27/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MICHAEL &amp; RITA UTT</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2901 6TH AVENUE FORT WORTH, TX 76110</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6/18</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/27/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DON &amp; WANDA CONLEY</b> 6 Contributor address; City; State; Zip Code <b>1850 HANDLEY DR. FORT WORTH, TX 76112</b>	7 Amount of contribution (\$) <b>\$ 200.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/29/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TOBY &amp; BRENDA FORD</b> Contributor address; City; State; Zip Code <b>1012 SHADY HILL LANE BURLESON, TX 76028</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/29/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JEFFREY B. KING</b> Contributor address; City; State; Zip Code <b>2317 STADIUM DR. FORT WORTH, TX 76109</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/29/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>REILLY FAMILY</b> Contributor address; City; State; Zip Code <b>1017 S. FM ROAD 5 ALEDO, TX 76008</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/29/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DAN MCCARTY</b> Contributor address; City; State; Zip Code <b>2729 COLONIAL PKWY FORT WORTH, TX 76109</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7/18

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/29/07

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

ELVIN E. BENNETT

6 Contributor address; City; State; Zip Code

P.O. BOX 51320  
FORT WORTH, TX 76105

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/29/07

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

JOHN WESLEY CORNELSEN, JR.

Contributor address; City; State; Zip Code

6709 GEORGIA AVE.  
NORTH RICHLAND HILLS, TX 76180

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/07

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

THOMAS & JACQUELINE GALBREATH

Contributor address; City; State; Zip Code

11717 CAMBRIA CT  
ALEDO, TX 76008

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/07

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

JAMES B. DUNAWAY

Contributor address; City; State; Zip Code

777 TAYLOR ST. #1040  
FORT WORTH, TX ~~76102~~ 76102

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/07

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

GARY GILLEY

Contributor address; City; State; Zip Code

2924 ALTON RD.  
FORT WORTH, TX 76109

Amount of contribution (\$)

\$250.00

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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8/18

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/29/07

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

SAM BROUS

6 Contributor address; City; State; Zip Code

301 COMM

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/29/07

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

G. PHILLIP & MARY POOLE

Contributor address; City; State; Zip Code

3637 WATONGA  
FORT WORTH, TX 76107

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/07

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

LEE & KATHERINE NICOL

Contributor address; City; State; Zip Code

3882 S. HILLS CIR  
FORT WORTH, TX 76109

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/07

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

DONALD & JOAN SCOTT

Contributor address; City; State; Zip Code

3872 BELLAIRE CIRCLE  
FORT WORTH, TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/07

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

MR. & MRS. JOHN M. STEVENSON

Contributor address; City; State; Zip Code

1207 HILLCREST ST.  
FORT WORTH, TX 76107

Amount of contribution (\$)

\$50.00

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9/18

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/29/07

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

MAC N. CHURCHILL

6 Contributor address; City; State; Zip Code

3125 N.E. LOOP 820  
FORT WORTH, TX 76137

7 Amount of contribution (\$)

\$200.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/29/07

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

THOMAS & TERESA HUFFINES

Contributor address; City; State; Zip Code

122 TRIPLE K. CT.  
WEATHERFORD, TX 76137

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/07

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

JASON & JULIE BUNNELS

Contributor address; City; State; Zip Code

2626 HOWELL ST. #800  
DALLAS, TX 75204

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/07

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

ELIZABETH HOLLAND

Contributor address; City; State; Zip Code

509 EASTWOOD AVE.  
FORT WORTH, TX 76107

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/07

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

HUGH & RUBY COLLINS

Contributor address; City; State; Zip Code

1733 BUNCHE DR.  
FORT WORTH, TX 76112

Amount of contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10/18

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/07

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

M. SUZANNE FROSSARD

6 Contributor address; City; State; Zip Code

3709 S. UNIVERSITY DR.  
FORT WORTH, TX 76113

7 Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/30/07

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

JOE B. CRAINE

Contributor address; City; State; Zip Code

P.O. BOX 3062  
FORT WORTH, TX 76113

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/07

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

RANDALL C. GIDEON

Contributor address; City; State; Zip Code

3812 MONTICELLO  
FORT WORTH, TX

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/07

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

J. MICHAEL & MARGARETH CRADDOCK

Contributor address; City; State; Zip Code

4904 DEXTER  
FORT WORTH, TX 76107

Amount of contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/07

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

CONSERVATIVE VOTERS FORUM

Contributor address; City; State; Zip Code

3501 ELM CREEK CT.  
FORT WORTH, TX 76109

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11/18

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/07

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

RICK & DEBRA WESSELL

6 Contributor address; City; State; Zip Code

4003 FAIR HILL CT.  
COLLEVILLE, TX

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/31/07

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

DEAN HATCH

Contributor address; City; State; Zip Code

5513 ASPEN LN.  
FORT WORTH, TX 76112

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/07

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

CASH AMERICA INTERNATIONAL INC  
MULTI-CANDIDATE POLITICAL ACTION COMM.

Contributor address; City; State; Zip Code

1600 W. 7TH ST.  
FORT WORTH, TX 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/07

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

FREESE & NICHOLS PAC

Contributor address; City; State; Zip Code

4055 INTERNATIONAL PLAZA #200  
FORT WORTH, TX 76109

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/07

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

ROCHELLE HALL

Contributor address; City; State; Zip Code

P.O. Box 15279  
FORT WORTH, TX 76119

Amount of contribution (\$)

\$25.00

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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

12/18

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/2/07

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

ART. & LYNDIA BRENDER

6 Contributor address; City; State; Zip Code

421 HAMPSHIRE BLVD.  
FORT WORTH, TX 76103

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/2/07

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

L.V. & TERESA ELLIS

Contributor address; City; State; Zip Code

1205 MISTLETOE DR.  
FORT WORTH, TX 76110

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/07

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

JUDY NEEDHAM

Contributor address; City; State; Zip Code

5328 CULLINWOOD AVE.  
FORT WORTH, TX 76107

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/07

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

JOSEPH R. MALY & MAE MALY

Contributor address; City; State; Zip Code

6820 SAWGRASS DR.  
FORT WORTH, TX 76132

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/07

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

THOMAS L. KRAMPITZ

Contributor address; City; State; Zip Code

1210 NUECES ST. # 200  
AUSTIN, TX 78701

Amount of contribution (\$)

\$200.00

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 for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>13/18</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/3/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID PETTIT</b>	7 Amount of contribution (\$) <b>\$200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2209 IRWIN AVENUE FORT WORTH, TX 76110</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/3/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAVLIK ASSOCIATES, LP</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>SUNDANCE SQUARE 115 W. 202 ST., #210 FORT WORTH, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/3/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FORT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>417 N. RETTA FORT WORTH, TX 76111</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/3/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL R. BERRY</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6217 GENOVA FORT WORTH, TX 76116</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/3/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES &amp; JUDY SCHEU</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>901 FORT WORTH CLUB BLDG, FORT WORTH, TX 76102</b>		(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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>14/18</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/3/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>G. MALCOLM LOUDEN</b> 6 Contributor address; City; State; Zip Code <b>500 W. 7TH ST., UNIT 27 # 1007 FORT WORTH, TX 76102</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/3/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CARLOS M. DELATORRE</b> Contributor address; City; State; Zip Code <b>2300 AUTUMN OAKS TRL. ARLINGTON, TX 76006</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/3/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GYNA BIVENS &amp; BETTY BIVENS</b> Contributor address; City; State; Zip Code <b>P.O. BOX 8595 FORT WORTH, TX 76124</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/3/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ANTHONY BURKS</b> Contributor address; City; State; Zip Code <b>5001 BRIDGE ST. # 300 FORT WORTH, TX 76112</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/3/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CHRIS SALONE</b> Contributor address; City; State; Zip Code <b>P.O. BOX 15455 FORT WORTH, TX 76119</b>	Amount of contribution (\$) <b>\$75.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15/18

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/3/07

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

JASON C. N. SMITH

6 Contributor address; City; State; Zip Code

2257 COLLEGE AVE.  
FORT WORTH, TX 76110

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/3/07

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

THOMAS & ELLEN HARRIS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/07

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

WILLIAM H. WALKER

Contributor address; City; State; Zip Code

13600 HERITAGE PLWY  
FORT WORTH, TX 76177

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/07

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

ELIZABETH PALMER

Contributor address; City; State; Zip Code

307 W. TIE STREET  
FORT WORTH, TX 76102

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/07

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

BENNIE & JOAN VINSON

Contributor address; City; State; Zip Code

4401 FOXFIRE WAY  
FORT WORTH, TX 76133

Amount of contribution (\$)

\$25.00

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**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

16/18

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/5/07

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

H.R. PEROT, JR.

6 Contributor address; City; State; Zip Code

P.O. Box 269014  
PLANO, TX 75026

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/5/07

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

K-PAC

Contributor address; City; State; Zip Code

201 MAIN ST., STE 2500  
FORT WORTH, TX 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/07

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

PSEL PAC

Contributor address; City; State; Zip Code

201 MAIN ST., STE 2500  
FORT WORTH, TX 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/07

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

GOOD GOVERNMENT FUND

Contributor address; City; State; Zip Code

201 Main St., Ste 2500  
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/07

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

LAW OFFICE OF JIM LANE

Contributor address; City; State; Zip Code

204 W. CENTRAL AVE  
FORT WORTH, TX 76106

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>17/18</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/5/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KRISTIN L. VINSON</b> 6 Contributor address; City; State; Zip Code <b>836 BENTREE DR. FORT WORTH, TX 76120</b>	7 Amount of contribution (\$) <b>\$25.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/9/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SERGIO E. GARCIA</b> Contributor address; City; State; Zip Code <b>4325 CANYON GLEN CIR. AUSTIN, TX 78732</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/9/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SANDY GRIFFIN</b> Contributor address; City; State; Zip Code <b>117 HUCKS HIDEAWAY DRIPPING SPRINGS, TX 78620</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/9/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOHN T. BANKS</b> Contributor address; City; State; Zip Code <b>3306 TREADSDFT COVE AUSTIN, TX 78748</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/9/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES O. CULLINS</b> Contributor address; City; State; Zip Code <b>P.O. Box 817 LUBBOCK, TX 79408</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="font-size: 1.5em;">18/18</span>	
2 FILER NAME <span style="font-size: 1.2em;">FRANKLIN D. MOSS</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.2em;">4/10/07</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">JAMES R. TOAL</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">\$500.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">341 NURSERY LN, FORT WORTH, TX 76114</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

1/7

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/22/2007

Kwik Kopy  
 Payee address: City: State: Zip Code

131.99

1850 Handley Dr.  
 Fort Worth, Texas 76112

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

3/22/2007

U.S. Post Master.  
 Payee address: City: State: Zip Code

Poly Post office  
 Fort Worth, Texas 76105

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

3/20/2007

U.S. Post Master.  
 Payee address: City: State: Zip Code

Jack D. Watson Post office  
 Fort Worth, Texas 76161-9712

359.00

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

BusRate permit & postage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2/7

2 FILER NAME

Franklin D Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/  
/2007

5 Payee name

Office Depot

7 Amount (\$)

41.12

6 Payee address: City: State: Zip Code

1600 East Chase Parkway  
Fort Worth, Texas 76120

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

office supplies

(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

3/22/  
/2007

Payee name

I.M. Terrell Alumni Assn.

Payee address: City: State: Zip Code

Amount (\$)

50.00

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

Banquet (luncheon) tickets

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

3/23/  
/2007

Payee name

U.S. Postmaster

Payee address: City: State: Zip Code

Jack D. Watson post office  
Fort Worth, Texas 76161-9712

Amount (\$)

189.00

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

3/23/  
/2007

Payee name

Kwik Kopy

Payee address: City: State: Zip Code

1805 Handley Dr.  
Fort Worth, Texas 76112

Amount (\$)

61.66

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

Printing

(If travel outside of Texas, complete Schedule T)

-- 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:

3/7

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/24/2007

5 Payee name

GOTV SIGNS

6 Payee address: City: State: Zip Code

1515 Brentwood TRAIL  
Keller, Texas 76245

7 Amount (\$)

1265.00

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

Deposit on signs

(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

3/29/2007

Payee name

Kwik Kopy

Payee address: City: State: Zip Code

1850 Handley DR.  
Fort Worth, Texas 76112

Amount (\$)

729.80

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

Printing

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

3/29/2007

Payee name

John Carter's Place

Payee address: City: State: Zip Code

5309 E. Lancaster Ave.  
Fort Worth, Texas 76112

Amount (\$)

475.00

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

Reception refreshments

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

3/30/2007

Payee name

Campaign Systems

Payee address: City: State: Zip Code

300 Sewell Ct.  
Irving, Texas 75038

Amount (\$)

591.21

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

Mailing Labels + call list

(If travel outside of Texas, complete Schedule T)

-- 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:

4/7

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/3/2007

5 Payee name

Prairie View Alumni Association

6 Payee address: City: State: Zip Code

7 Amount (\$)

70.00

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

Luncheon tickets

(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

4/3/2007

Payee name

Kwik Kopy

Payee address: City: State: Zip Code

1850 Handley DR.  
Fort Worth, Texas 76112

Amount (\$)

150.68

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

Printing

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

3/30/2007

Payee name

Kwik Kopy

Payee address: City: State: Zip Code

1850 Handley DR.  
Fort Worth, Texas 76112

Amount (\$)

112.58

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

Printing

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4/3/2007

Payee name

KHUN Radio Station

Payee address: City: State: Zip Code

5787 South Hampton Rd, Suite 285  
Dallas, Texas 75232

Amount (\$)

1080.00

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

Radio Advertisement

(If travel outside of Texas, complete Schedule T)

-- 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:

5/7

2 FILER NAME

Franklin D Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/3/2007

Wal Mart

56.83

6 Payee address: City: State: Zip Code

6513 meadowbrook DR.  
Fort Worth, Texas 76112

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

Food & supplies for 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

Amount (\$)

4/15/2007

Fort Worth Black News

240.00

Payee address: City: State: Zip Code

P.O. Box 121961  
Fort Worth, Texas 76121

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

Ad 1  
(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

Amount (\$)

4/6/2007

U.S. Postmaster

1548.00

Payee address: City: State: Zip Code

Jack D. Watson Post Office  
Fort Worth, Texas 76161-9712

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

Amount (\$)

4/6/2007

Kwik Kopy

938.20

Payee address: City: State: Zip Code

1850 Handley DR.  
Fort Worth, Texas 76112

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

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

-- 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:

6/7

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/6/2007

Mary Davidson  
6 Payee address; City; State; Zip Code

6901 Windward way  
Fort Worth, Texas 76140

200.00

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

Amount (\$)

4/6/2007

Sam's Club  
Payee address; City; State; Zip Code

Fort Worth, Texas 76120

137.42

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

Food + supplies for phone Bank and workers meeting  
(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

Amount (\$)

4/6/2007

G.T.O.  
Payee address; City; State; Zip Code

1515 Brentwood Trail  
Keller Texas 76245

1581.90

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

Campaign Signs

(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

Amount (\$)

4/8/2007

Adams Creative  
Payee address; City; State; Zip Code

3800 Link meadow DR,  
Fort Worth, Texas 76008

250.00

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

Graphic Design

(If travel outside of Texas, complete Schedule T)

\*\* 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:

1/7

2 FILER NAME

FRANKLIN D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/2007

5 Payee name

La Vida News

7 Amount (\$)

336.00

6 Payee address; City; State; Zip Code

3603 A. West Pioneer Parkway  
Arlington, Texas 76013

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

Ads

(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

4/11/2007

Payee name

U.S. Post Master

Amount (\$)

78.00

Payee address; City; State; Zip Code

Hendley Post Office  
Fort Worth, Texas 76112-9998

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

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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