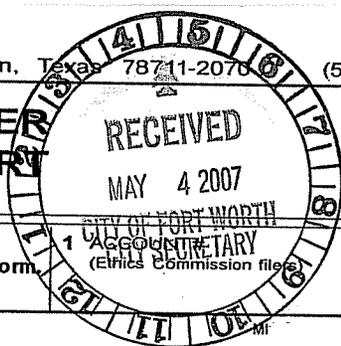


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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



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

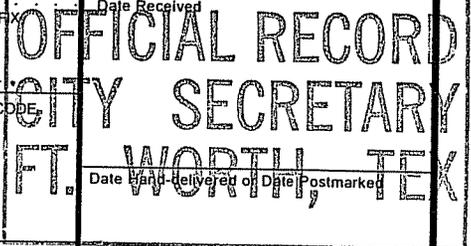
2 Total pages filed:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST SUFFIX  
 MR FRANKLIN D.  
 NICKNAME LAST SUFFIX  
 FRANK MOSS SR.

**OFFICE USE ONLY**



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 5625 EISENHOWER DRIVE  
 FORT WORTH, TX 76112

Receipt # Amount

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (817) 446-8101

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST SUFFIX  
 MR EDMOND L.  
 NICKNAME LAST SUFFIX  
 ED. MOSS

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 5625 EISENHOWER DRIVE FORT WORTH, TX 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (817) 714-4638

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 THROUGH Month Day Year  
 4 / 13 / 2007 THROUGH 5 / 2 / 2007

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  General  Special  
 5 / 12 / 2007

12 OFFICE

OFFICE HELD (if any)  
 N/A

13 OFFICE SOUGHT (if known)  
 FORT WORTH CITY COUNCIL, DISTRICT 5

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

15 C/OH NAME

*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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

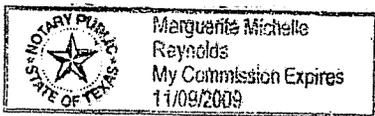
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,450.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 667.45
4. TOTAL POLITICAL EXPENDITURES	\$ 7307.04
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6956.33
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - -

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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 D. MOSS, this the 4<sup>th</sup> day of May, 2007, to certify which, witness my hand and seal of office.

*M. Reynolds*  
Signature of officer administering oath

M. REYNOLDS  
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>4</u>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/13/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THEOPHLOUIS ? NANCY SIMS</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4421 KINGSDALE DR. FORT WORTH, TX 76119</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/13/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BEN &amp; LORI LOUGHY</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1107 ELIZABETH BLVD. FORT WORTH, TX 76110</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/13/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID &amp; PAMELA BURGHER</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4509 WESTWAY AVE DALLAS, TX 75205</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/13/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHALANN ? TYRONNE BUSH</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12608 SWEET BAY DR EULESS, TX 76040</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/16/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EMMETT LEE</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5700 EISENHOWER FORT WORTH, TX 76112</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>2/4</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/16/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARTHA V. LEONARD</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1411 SHADY OAKS LN FORT WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/19/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHESAPEAKE ENERGY CORPORATION</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 COMMERCE ST., STE 600 FORT WORTH, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/19/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDIE &amp; ISOLINA HOWARD</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1912 MCCLESKY COURT FORT WORTH, TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/22/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WAYNE &amp; CARIN USRY</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8034 MEADOWBROOK DR FORT WORTH, TX 76120</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/22/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR. &amp; MRS. JOHN M. STEVENSON</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1207 HILLCREST ST. FORT WORTH, TX 76107</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**  
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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>3/4</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/22/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GIBSON ; SANDRA LEWIS</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4016 STORE FRONT DR. FORT WORTH, TX 76135</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/22/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM ; PATRICIA MEADOWS</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3904 HAMILTON AVE FORT WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/30/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Q-PAC</b>	Amount of contribution (\$) <b>\$750.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 COMMERCE ST., STE 3200 FORT WORTH, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/1/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLAUDIE MOSS, JR.</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2511 HEATHER BROOK LN, APT. 612 ARLINGTON, TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/1/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JIM ; OUIDA BRADSHAW</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 100338 FORT WORTH, TX 76185</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4/4</b>	
2 FILER NAME <b>FRANKLIN D. MOSS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/2/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT E. STARR</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2903 ROSS AVE. FORT WORTH, TX 76106</b>		(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)	
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 files)

4 Date

4/11/2007

5 Payee name

Enterprise Rent a Car

6 Payee address: City, State, Zip Code

1418 Milam  
Fort Worth, Texas 76112

7 Amount (\$)

890.03

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

Rental car for campaign.  
(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

4/1/2007

Payee name

GOTV Signs

Payee address: City, State, Zip Code

1515 Brentwood Trail  
Keller, Texas 76245

Amount (\$)

171.90

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

4/13/2007

Payee name

Michelle Reynolds

Payee address: City, State, Zip Code

1700 Windstar Way  
Fort Worth, Texas 76108

Amount (\$)

155.00

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

4/16/2007

Payee name

Faye Henderson

Payee address: City, State, Zip Code

715 E. Harvey Ave.  
Fort Worth, Texas 76104

Amount (\$)

128.00

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  
*2/7*

2 FILER NAME

*Franklin D. Moss*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*4/16/2007*

5 Payee name

*Mary Turner*

6 Payee address, City, State, Zip Code

*812 Judd  
Fort Worth, Texas 76104*

7 Amount (\$)

*128.00*

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

*4/16/2007*

Payee name

*LOUIS HUNT*

Payee address, City, State, Zip Code

*2220 Ridgeview Dr.  
Fort Worth, Texas 76119*

Amount (\$)

*128.00*

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

*4/16/2007*

Payee name

*Mary Davidson*

Payee address, City, State, Zip Code

*6901 Windward Way  
Fort Worth, Texas 76140*

Amount (\$)

*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

*4/16/2007*

Payee name

*Dorothy Cary*

Payee address, City, State, Zip Code

*4133 Burke Rd.  
Fort Worth, Texas 76119*

Amount (\$)

*128.00*

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

3/7

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission files)

4 Date

4/20/2007

5 Payee name

Louis Hunt

7 Amount (\$)

160.00

6 Payee address, City, State, Zip Code

2220 Ridgeview Dr.  
FORT WORTH, TEXAS 76119

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

4/20/2007

Payee name

Faye Henderson

Amount (\$)

160.00

Payee address, City, State, Zip Code

715 E. Harvey  
FORT WORTH, TEXAS 76104

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

4/20/2007

Payee name

Dorothy Cary

Amount (\$)

160.00

Payee address, City, State, Zip Code

4133 Burke  
FORT WORTH, TEXAS 76119

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

4/20/2007

Payee name

Mary Davidson

Amount (\$)

200.00

Payee address, City, State, Zip Code

6901 Windward Way  
FORT WORTH, TEXAS 76140

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

4/7

2 FILER NAME

FRANKLIN D MOSS

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

4/23/2007

Earline Miles

75.00

6 Payee address, City, State, Zip Code

1908 Edgewood terrace  
Fort Worth, Texas 76104

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

Contract Labor/GAS Exp.

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 (\$)

4/26/2007

Kwik Kopy

892.20

Payee address, City, State, Zip Code

1850 Handley Dr.  
Fort Worth, Texas 76112

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

Printing

-- 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 (\$)

4/27/2007

Kwik Kopy

290.00

Payee address, City, State, Zip Code

1850 Handley DR.  
Fort Worth, Texas 76112

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

Printing

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

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

4/28/2007

Michelle Reynolds

200.00

Payee address, City, State, Zip Code

1700 Wind Star Way  
Fort Worth, Texas 76108

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

5/2

2 FILER NAME

FRANKLIN D MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/29/2007

De Juan Adams

6 Payee address, City, State, Zip Code

3800 Linkmeadow Drive  
Fort Worth, Texas 76008

825.00

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

Graphic Design work.  
(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 (\$)

4/27/2007

Faye Henderson

Payee address, City, State, Zip Code

715 E. Harvey Ave.  
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

Amount (\$)

4/27/2007

Mary Turner

Payee address, City, State, Zip Code

812 Judd  
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

Amount (\$)

4/27/2007

Louis E. Hunt

Payee address, City, State, Zip Code

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

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

6/7

2 FILER NAME

FRANKLIN D MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/27/2007

Mary Davidson  
 Payee address: City, State, Zip Code  
~~4133~~ 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 (\$)

4/28/2007

Porothy Cary  
 Payee address, City, State, Zip Code  
 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

Date

Payee name

Amount (\$)

4/29/2007

Home Depot  
 Payee address: City, State, Zip Code  
 1151 Bridge wood Drive  
 Fort Worth, Texas 76112

67.46

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

stakes for 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 (\$)

4/30/2007

Community News  
 Payee address: City, State, Zip Code  
 Brentwood stair  
 Fort Worth, Texas 76103

700.00

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  
*1/1*

2 FILER NAME

*FRANKLIN D MOSS*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*5/11/2009*

5 Payee name

*U.S. POST MASTER*

6 Payee address, City, State, Zip Code

*Mecham Post office  
Fort Worth, Texas*

7 Amount (\$)

*801.00*

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

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

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