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 MAY - 1 2009 CITY OF FORT WORTH CITY SECRETARY

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

1 ACCOUNT # (Ethics Commission filers)

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: D

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 PHONE NUMBER EXTENSION

(817) 446-8101

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Edmund FIRST: 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

2333 Jenson Circle, Fort Worth, Texas 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 714-4638

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 4 / 10 / 2009 THROUGH Month Day Year: 5 / 1 / 2009

11 ELECTION

ELECTION DATE Month Day Year: 5 / 9 / 2009

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

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

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

Revised 05/27/2008

05-01-09 P03:37 IN

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Franklin (Frank) Moss, Sr.

16 ACCOUNT # (Ethics Commission Filers):

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political contributions accepted or political expenditures made 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	$ 0
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 12,145.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 743.61
	4. **TOTAL POLITICAL EXPENDITURES**	$ 8,296.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 9,584.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 359.69

19 AFFIDAVIT

MARTY HENDRIX
MY COMMISSION EXPIRES
April 3, 2013

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 Moss
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin (Frank) Moss, Sr., this the 1st day of May, 2009, to certify which, witness my hand and seal of office.

Marty Hendrix	Marty Hendrix	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/10/2009	Bill Walker 13600 Heritage Parkway Fort Worth, Texas 76108	50.00	

(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)
4/10/2009	Robert D. Banda 608 Paint Pony Trail N. Fort Worth, Texas 76108	50.00	

(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)
4/10/2009	Perkin to Will 10100 N Central Expressway #300 Dallas, Texas 75231	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)
4/10/2009	Stephen H. Berry 3108 West 6th St., Suite 222 Fort Worth, Texas 76107	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)
4/10/2009	Gary Terry 117 Shady Lake Court Hurst, Texas 76054	75.00	

(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: 2/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/10/2009	Ron Russell 2313 Forest Park Circle Mansfield, Texas 76063	50.00	

(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)
4/10/2009	Tequarial A. Earl 6001 Barton Hill Drive, Apt 514 Fort Worth, Texas 76112	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)
4/10/2009	Marion Mouton 3409 Stalcup Road Fort Worth, Texas 76119	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)
4/10/2009	Mimi Johnson 974 Cold Camp Road Frisco, Texas 75034	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)
4/10/2009	Alvin Jackson 6734 Richmond Drive Frisco, Texas 75035	100.00	

(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: 3/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/10/2009	Lanter Westerman Fort Worth, Texas 226 Bailey Ave.	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)
4/10/2009	Good Government Fund 201 Main Street, Suite 2500 Fort Worth, Texas 76102	1000.00	

(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)
4/10/2009	Texas Progressive Fund Fort Worth, Texas 76102 201 Main Street, Suite 2500	1000.00	

(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)
4/10/2009	Kelly Hart PAC 201 Main Street, Suite 2500 Fort Worth, Texas 76102	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)
4/10/2009	Conservative Voter Fund 3501 Elm Creek Court Fort Worth, Texas 76109	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.

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: 11/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/12/2009	Mr. & Mrs. Henry Jefferson 1717 Ellington Drive. Fort Worth, Texas 76112	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)
4/10/2009	Emmett Lee P.O. Box 50784 Fort Worth, Texas 76105	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)
4/13/2009	Frees and Nicholes PAC 4055 International Plaza #200 Fort Worth, Texas 76109	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)
4/14/2009	James Toal 341 Nursery Ln. Fort Worth, Texas 76114	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)
4/14/2009	Larry Shaw 3933 Kingsperry Ct. Arlington, Texas 76016	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: 5/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/14/2009	Robert P. Riley 4117 Walnut Creek Fort Worth, Texas 76137	50.00	

(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)
4/16/2009	John V. Roach 2805 Alta Rd. Fort Worth, Texas	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)
4/16/2009	Michael & Margaret Craddock 4904 Dexter Ave. Fort Worth, Texas 76107	50.00	

(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)
4/16/2009	Greater Fort Worth Association of Realtors ~~Assoc PAC~~ for PAC - Noncorporate 2650 Parkview Dr. Fort Worth, Texas 76102	1000.00	

(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)
4/20/2009	Jefferson Davis 4529 Mooreview Ave. 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/20/2009	Anthony Burks E. Lancaster Fort Worth, Texas 76112	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)
4/20/2009	Reby Cary 1804 Bunche Dr. Fort Worth, Texas 76112	50.00	

(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)
4/20/2009	Tunde + Kelli Obazee 2312 Escalante Ave. Fort Worth, Texas 76112	50.00	

(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)
4/20/2009	Abdelrahim Hassan 3509 W. Walnut Hill Lane #2001 Irving, Texas 75038	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)
4/20/2009	Roy C. Williams 13232 Montfort Dr., #421 Dallas, Texas 75240	25.00	

(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: 7/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/20/2009	Richard Barnett 1432 Barron Ln. Fort Worth, Texas 76112	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)
4/20/2009	Mervin U. Johnson P.O. Box 242 Fort Worth, Texas 76101	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)
4/20/2009	Don Willis 7205 Norman St. Fort Worth, Texas 76112	20.00	

(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)
4/20/2009	Timothy L. Williams 1925 Cliffbrook Court Fort Worth, Texas 76112	50.00	

(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)
4/20/2009	Nancy Liebman 1913 Cliffbrook Court Fort Worth, Texas 76112	20.00	

(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: 8/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/21/2009	Arnold and Harriette Gachman 1229 Shady Oaks Lane Fort Worth, Texas 76107	200.00	

(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)
4/21/2009	Waste Management PAC 1600 C. South Railroad st. Lewisville, Texas 75067	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)
4/23/2009	Darren L. James 1505 Sequoia Grove Ln. Lewisville, Texas 75067	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)
4/23/2009	Carlos M Delatorre 2300 Autumn Oaks Trail Arlington, Texas 76006	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)
4/25/2009	Committee for Public Safety Police Officers 904 Collier Street Fort Worth, Texas 76102	1000.00	

(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: 9/11

2 FILER NAME: Franklin (Frank) Moss, Jr.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/25/2009	Gwinda Burns 6015 Meadowbrook Dr. Fort Worth, Texas 76112	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 ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/2009	Martha V. Leonard 1411 Shady Oaks Lane Fort Worth, Texas 76107	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)
4/25/2009	Ross B. Calhoun 3709 Santiago Ct. Irving, Texas 75062	1000.00	

(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)
4/25/2009	mehrada Moayedi 3901 Airport Freeway, Ste 200 Bedford, Texas 76021	1000.00	

(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)
4/25/2009	Nancy Timmons 4800 Barberry Drive Fort Worth, Texas 76133	25.00	

(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: 10/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/25/2009	Michael + Marilyn Berry 6217 Genoa Road Fort Worth, Texas 76116	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 ☐ out-of-state PAC (ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/2009	Greater Fort Worth Real Estate Council PAC 301 Commerce St., Ste 2400 Fort Worth, Texas 76012	1000.00	

(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)
4/28/2009	Elwin E. Bennett P.O. Box 51320 Fort Worth, Texas 76105	50.00	

(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)
4/28/2009	Wayne Usry 8034 Meadowbrook Dr. Fort Worth, Texas 76120	50.00	~~50.00~~

(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)
4/28/2009	Carl W. Bell 5834 Park Lane Dallas, Texas 75225	100.00	

(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: 11/11

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/30/2009	James E. Drew 6707 Copperwood Ct. Arlington, Texas 76001-7842	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)
~~4/24/2009~~	~~AT&T~~ ~~P.O. Box 5001~~ ~~Carol Stream, Illinois~~	~~382.40~~	(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.

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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 (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/10/2009	Mary Davidson 6901 Windward Way Fort Worth, Texas 76	220.00

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 ($)
4/10/2009	Carrie M. Green 4208 Wilhelm Fort Worth, Texas 76119	180.00

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 ($)
4/10/2009	Vivian Wilson 4129 Burke Rd. Fort Worth, Texas 76119	180.00

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 ($)
4/10/2009	Dorothy Cary 4129 Burke Rd Fort Worth, Texas 76119	180.00

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 (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/10/2009	US Postal Service Jack D Watson Fort Worth, Texas 76161-9712	500.00

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

(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 ($)
4/11/2009	Sam's Club Anderson Street Fort Worth, Texas 76120	79.60

Purpose of payment (See instructions regarding type of information required.): Donation - Celebration of Life Supplies

(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 ($)
1/2/2009	US Postal Service Downtown Post office Fort Worth, Texas 76102	168.00

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 ($)
1/23/2009	Kwik Kopy 1850 Handley Drive Fort Worth, Texas 76112	188.90

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

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: 3/7

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/17/2009	Dorothy Cary 4133 Burke Rd. Fort Worth, Texas 76119	180.00

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 ($)
4/17/2009	Vivion Wilson 4129 Burke Rd Fort Worth, Texas 76119	180.00

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 ($)
4/17/2009	Carrie M. Green 4208 Wilhelm Fort Worth, Texas 76119	180.00

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 ($)
4/17/2009	Mary Davidson 6901 Windward Way Fort Worth, Texas 761	220.00

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

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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 (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/24/2009	Dorothy Gary 4133 Durke Rd Fort Worth, Texas 76119	180.00

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 ($)
4/24/2009	Vivian Wilson 4129 Burke Rd Fort Worth, Texas 76119	180.00

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 ($)
4/24/2009	Carrie M. Green 4208 Wilhelm Fort Worth, Texas 76119	180.00

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 ($)
4/24/2009	Mary Davidson 6901 Windward Way Fort Worth, Texas 76	220.00

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

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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 (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/17/2009	De Juan Adams 3800 Linkmeadow Drive Fort Worth, Texas 76008	605.00

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

(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 ($)
4/19/2009	Kwik Kopy 1850 Handley Drive Fort Worth, Texas 76112	1,359.70

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/20/2009	US Postal Service Jack D Watson Fort Worth, Texas 76161-9712	500.00

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

(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 ($)
4/24/2009	Mary Davidson 6901 Windward Way Fort Worth, Texas	100.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6/7

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/26/2009	Office Depot 1600 East Chase Parkway Fort Worth, Texas 76120	176.93

8 Purpose of payment (See instructions regarding type of information required.): 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	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/27/2009	Mathew Johnson 9820 Rimstone DR. Fort Worth Texas 76108	80.00

Purpose of payment (See instructions regarding type of information required.): Put out 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 / Payee address; City; State; Zip Code	Amount ($)
5/1/2009	Carrie M. Green 4208 Wilhelm Fort Worth, Texas 76119	162.00

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 ($)
5/1/2009	Mary L. Davidson 6901 Windward Way Fort Worth, Texas 76	220.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/7

2 FILER NAME: Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/1/2009	Vivian Wilson 4129 Burke Rd. Fort Worth, Texas 76119	171.00

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 ($)
5/1/2009	Dorothy Cary 4133 Burke Rd. Fort Worth, Texas 76119	180.00

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 ($)
5/1/2009	De Juan Adams 3800 Linkmeadow Drive Fort Worth, Texas 76008	400.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/21/2009	AT&T P.O. Box 5001 Carol Stream, Illinois 60197	382.49

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