

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TEX**

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

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

1 ACCOUNT #  
 (Ethics Commission Filers)

2 Total pages filed:  
**18**

3 CANDIDATE / OFFICEHOLDER NAME  
 MS / MRS / MR FIRST MI  
 Mr. Franklin D  
 NICKNAME LAST SUFFIX  
 Frank Moss Sr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
 5625 Eisenhower Dr.  
 Fort Worth, Texas 76112  
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE  
 AREA CODE PHONE NUMBER EXTENSION  
 (817) 446-8101

6 CAMPAIGN TREASURER NAME  
 MS / MRS / MR FIRST MI  
 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  
 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 Month Day Year  
 04 / 01 / 2011 THROUGH 05 / 04 / 2011

11 ELECTION  
 ELECTION DATE ELECTION TYPE  
 Month Day Year  
 05 / 14 / 2011  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  
 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

**OFFICE USE ONLY**

Date Received

RECEIVED

Date Handled: MAY 6 2011 Postmarked

CITY OF FORT WORTH  
 CITY SECRETARY

Receipt # Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

# 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**18 CONTRIBUTION TOTALS**

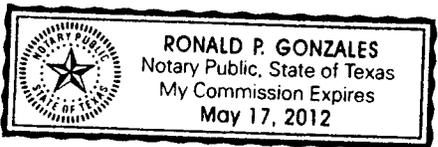
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,310.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 254.18
4. TOTAL POLITICAL EXPENDITURES	\$ 13,207.68
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,290.31
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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, Sr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin D. Moss, this the 6th day of May, 20 11, 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:

1/6

2 FILER NAME

Franklin (Frank) D. Moss, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

April  
2, 2011

5 Full name of contributor

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

Charles M. Groomer

6 Contributor address: City: State: Zip Code

4900 Lake Side Circle  
Fort Worth, Texas 76180

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

April  
5, 2011

Full name of contributor

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

PSEL PAC

Contributor address: City: State: Zip Code

2101 Main Street, Suite 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

April  
5, 2011

Full name of contributor

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

Good Government Fund

Contributor address: City: State: Zip Code

201 Main Street, Suite 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

April  
5, 2011

Full name of contributor

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

CH2M Hill Texas PAC

Contributor address: City: State: Zip Code

12377 Merit Dr, 10th Floor  
Dallas, Texas 75251-2224

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

April  
5, 2011

Full name of contributor

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

Rev. Michael Bell

Contributor address: City: State: Zip Code

2952 Dillard St.  
Fort Worth, Texas 76105

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 SCHEDULE 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:

2/6

2 FILER NAME

FRANKLIN (FRANK) D. MOSS, SR.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

April  
7, 2011

5 Full name of contributor

out-of-state PAC (ID#:

FORT WORTH RETIRED FIREFIGHTERS  
AND WIDOWS COMMITTEE

6 Contributor address: City: State: Zip Code

1617 Tierney Rd  
Fort Worth, Texas 76112

7 Amount of contribution (\$)

1,000.00

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

April  
7, 2011

Full name of contributor

out-of-state PAC (ID#:

GARY W. GILLEY

Contributor address: City: State: Zip Code

2924 Aiton Rd  
Fort Worth, Texas 76109

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April  
15, 2011

Full name of contributor

out-of-state PAC (ID#:

QUICKSILVER PAC

Contributor address: City: State: Zip Code

801 Cherry St., Suite 370, Unit 19  
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

April  
16, 2011

Full name of contributor

out-of-state PAC (ID#:

NICHOLAS STEPKOVICH

Contributor address: City: State: Zip Code

1212 Harrison Ave  
Arlington, Texas 76011

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

April  
18, 2011

Full name of contributor

out-of-state PAC (ID#:

CONSERVATIVE VOTERS FORUM

Contributor address: City: State: Zip Code

3501 Elm Creek Court  
Fort Worth, Texas 76109

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

3/6

2 FILER NAME

Franklin (Frank) D. Moss, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

April  
19, 2011

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

Michael K Berry

6 Contributor address; City; State; Zip Code

6217 Genda Road  
Fort Worth, Texas 76116

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

April  
19, 2011

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

M. Wayne Usry

Contributor address; City; State; Zip Code

8034 Meadowbrook Dr.  
Fort Worth, Texas 76120-5308

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

April  
20, 2011

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

Deoyd Jennings

Contributor address; City; State; Zip Code

4551 Parkwood Dr.  
Fort Worth, Texas 76140-1438

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April  
20, 2011

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

Jeff R. Davis

Contributor address; City; State; Zip Code

420 Throckmorton, Suite 640  
Fort Worth, Texas 76102

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

April  
20, 2011

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

Huff Associates State PAC

Contributor address; City; State; Zip Code

1201 North Bowser Rd  
Richardson, Texas 75081

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

4/6

2 FILER NAME

Franklin (Frank) D. Moss, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

April  
20, 2011

5 Full name of contributor

out-of-state PAC (ID#)

Cash America

6 Contributor address: City; State; Zip Code

1600 WEST 7th STREET  
FORT WORTH, TEXAS 76102

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

April  
20, 2011

Full name of contributor

out-of-state PAC (ID#)

E. Luis L. Bowman

Contributor address: City; State; Zip Code

3825 Canyon trail  
Burleson, Texas 76028

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)

Date

April  
20, 2011

Full name of contributor

out-of-state PAC (ID#)

Dorothy Wing

Contributor address: City; State; Zip Code

719 Royal View Court  
Weatherford, Texas 76087

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

April  
20, 2011

Full name of contributor

out-of-state PAC (ID#)

Anthony Burik

Contributor address: City; State; Zip Code

EAST LANCASTER  
FORT WORTH, TEXAS 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

April  
22, 2011

Full name of contributor

out-of-state PAC (ID#)

Greater Fort Worth Association of Realtors PAC

Contributor address: City; State; Zip Code

2650  
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

5/6

2 FILER NAME

FRANKLIN (Frank) D. MOSS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

April  
26, 2011

5 Full name of contributor

Judy Needham

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

6 Contributor address; City; State; Zip Code

6328 Collinwood Ave.  
Fort Worth, Texas 76107

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

April  
29, 2011

Full name of contributor

Rodger and Lisa R. Woodard

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

Contributor address; City; State; Zip Code

P.O. Box 1596  
Fort Worth, Texas 76119

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

April  
29, 2011

Full name of contributor

Apartment Assoc. Tarrant County PAC

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

Contributor address; City; State; Zip Code

6350 Baker Blvd  
Fort Worth, Texas 76118-6219

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April  
30, 2011

Full name of contributor

H.R. Perot, Jr.

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

Contributor address; City; State; Zip Code

P.O. Box 269014  
Piano, Texas 75226-9014

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

May  
3, 2011

Full name of contributor

Ross R. Calhoun

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

Contributor address; City; State; Zip Code

3709 Santiago Ct  
Irving, Texas 75062

Amount of contribution (\$)

1500.00

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 SCHEDULE 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:  
**8/9**

2 FILER NAME

**Franklin (Frank) D. Moss, Sr.**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**May 3, 2011**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**FT. WORTH. Police Officers Assn. Committee**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State; Zip Code

**904 Collier St  
Fort Worth, Texas 76102**

**3,000.00**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State; Zip Code

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State; Zip Code

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State; Zip Code

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1/10	<b>2</b> FILER NAME FRANKLIN (Frank) D. MOSS, Sr.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date April 1, 2011	<b>5</b> Payee name Gwinda BURNS
--------------------------------	-------------------------------------

<b>6</b> Amount (\$) 600.00	<b>7</b> Payee address; City; State; Zip Code 6015 Meadowbrook DR. FORT WORTH, TEXAS 76112
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Phone Bank Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date April 1, 2011	Payee name Kwik Kopy
-----------------------	-------------------------

Amount (\$) 665.45	Payee address; City; State; Zip Code 1850 Handley Dr. FORT WORTH, TEXAS 76112
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date April 4, 2011	Payee name U.S. POSTMASTER.
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Amount (\$) 650.00	Payee address; City; State; Zip Code FORT WORTH, TEXAS
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) POSTAGE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date April 6, 2011	Payee name US POSTMASTER.
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Amount (\$) 100.00	Payee address; City; State; Zip Code FORT WORTH, TEXAS
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) POSTAGE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2/10		<b>2</b> FILER NAME Franklin (Frank) D. Moss, Sr.		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date April 7, 2011		<b>5</b> Payee name FORT WORTH BLACK NEWS			
<b>6</b> Amount (\$) 240.00		<b>7</b> Payee address; City; State; Zip Code FORT WORTH, TEXAS 76			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> April 8, 2011		<b>Payee name</b> Carthrenta Harris			
<b>Amount (\$)</b> 180.00		<b>Payee address; City; State; Zip Code</b> 3950 Garrison Ave. FORT WORTH, TEXAS 76119			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Phone Bank/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> April 8, 2011		<b>Payee name</b> Kathrin Kellough			
<b>Amount (\$)</b> 180.00		<b>Payee address; City; State; Zip Code</b> 10277 E. Rancho Diego Lane. Crowley, Texas			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Phone Bank/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> April 8, 2011		<b>Payee name</b> Janice Shannon			
<b>Amount (\$)</b> 180.00		<b>Payee address; City; State; Zip Code</b> 6901 Windoward way FORT WORTH, TEXAS			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Phone Bank/Contract Labor		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>3/10</i>		<b>2</b> FILER NAME <i>FRANKLIN (FRANK) D. MOSS, SR.</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>April 8, 2011</i>		<b>5</b> Payee name <i>Mary Davidson</i>			
<b>6</b> Amount (\$) <i>220.00</i>		<b>7</b> Payee address; City; State; Zip Code <i>6901 Windward Way Forest Hill, Texas 76</i>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Phone Bank/Contract Labor</i>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>April 9, 2011</i>		Payee name <i>FRANKLIN D. MOSS, JR.</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>2333 Jenson Circle Fort Worth, Texas 76112</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <i>Contract Labor</i>		Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>April 10, 2011</i>		Payee name <i>AdTex Advertising</i>			
Amount (\$) <i>60.00</i>		Payee address; City; State; Zip Code <i>3800 Linkmeadow Aledo, Texas</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <i>Brochure Design</i>		Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>April 11, 2011</i>		Payee name <i>Kwik Kopy</i>			
Amount (\$) <i>76.83</i>		Payee address; City; State; Zip Code <i>1850 Handley Dr. Fort Worth, Texas 76112</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <i>Printing</i>		Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4 / 10</b>		2 FILER NAME <b>Franklin (Frank) D. Moss, Sr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>April 14, 2011</b>		5 Payee name <b>Kathryn Kellogg</b>			
6 Amount (\$) <b>180.00</b>		7 Payee address; City; State; Zip Code <b>10277 E. Rancho Diego Lane Knox, Texas</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Phone Bank/Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>April 14, 2011</b>		Payee name <b>Janice Shannon</b>			
Amount (\$) <b>180.00</b>		Payee address; City; State; Zip Code <b>6901 Windward Way Fort Worth, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Phone Bank/contract labor</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>April 14, 2011</b>		Payee name <b>Carthya Harris</b>			
Amount (\$) <b>180.00</b>		Payee address; City; State; Zip Code <b>3950 Garrison Ave Fort Worth, Texas 76119</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Phone Bank/contract labor</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>April 16, 2011</b>		Payee name <b>DONBAR Alumni Association</b>			
Amount (\$) <b>70.00</b>		Payee address; City; State; Zip Code <b>Fort Worth, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Banquet Tickets</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>5/10</b>		2 FILER NAME <b>Franklin (Frank) D. Moss, SR</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>April 16, 2011</b>		5 Payee name <b>Franklin D Moss, Jr.</b>			
6 Amount (\$) <b>250.00</b>		7 Payee address; City; State; Zip Code <b>2333 Jenson Circle Fort Worth, Texas 76112</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>April 20, 2011</b>		Payee name <b>Ad Tex Advertising</b>			
Amount (\$) <b>330.00</b>		Payee address; City; State; Zip Code <b>3800 Linkmeadow Dr Fort Worth, Texas Aledo, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Design for mailout</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>April 21, 2011</b>		Payee name <b>Kwik Kopy</b>			
Amount (\$) <b>1767.72</b>		Payee address; City; State; Zip Code <b>1850 Handley Dr Fort Worth, Texas 76112</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>April 22, 2011</b>		Payee name <b>US Postmaster</b>			
Amount (\$) <b>1017.88</b>		Payee address; City; State; Zip Code <b>Fort Worth, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Postage</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>6/10</b>		2 FILER NAME <b>Franklin (Frank) D. Moss, Sr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>Apr 22, 2011</b>		5 Payee name <b>Janice Shannon</b>			
6 Amount (\$) <b>180.00</b>		7 Payee address; City; State; Zip Code <b>6901 Windward Way Fort Worth, Texas</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Phone Bank/Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>April 22, 2011</b>		Payee name <b>Kathryn Kellough</b>			
Amount (\$) <b>180.00</b>		Payee address; City; State; Zip Code <b>10277 E. Rancho Diego Lane Crowley, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Phone Bank/Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>April 22, 2011</b>		Payee name <b>Carthrenta Harris</b>			
Amount (\$) <b>180.00</b>		Payee address; City; State; Zip Code <b>3950 Garrison Ave. Fort Worth, Texas 76114</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Phone Bank/Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>April 22, 2011</b>		Payee name <b>Mary Davidson</b>			
Amount (\$) <b>220.00</b>		Payee address; City; State; Zip Code <b>6901 Windward Way Forest Hill, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Phone Bank/Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7/10</b>		2 FILER NAME <b>Franklin (Frank) D. Moss, Sr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>April 23, 2011</b>		5 Payee name <b>Franklin D Moss, Jr.</b>			
6 Amount (\$) <b>250.00</b>		7 Payee address; City; State; Zip Code <b>2333 Jenson Circle Fort Worth, Texas 76112</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>April 25, 2011</b>		Payee name <b>Sam's Club</b>			
Amount (\$) <b>52.63</b>		Payee address; City; State; Zip Code <b>8351 Anderson Fort Worth, Texas 76120</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage for Campaign workers</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>April 26, 2011</b>		Payee name <b>KHVN</b>			
Amount (\$) <b>970.86</b>		Payee address; City; State; Zip Code <b>3270 Blaze Pkwy #100 Lexington, Ky 40509-1847</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Radio Advertising</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>April 26, 2011</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>100.66</b>		Payee address; City; State; Zip Code <b>1600 Eastchase Pkwy Fort Worth, Texas 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office Supplies</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8/10	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date April 27, 2011	5 Payee name Kwik Kopy
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6 Amount (\$) 792.39	7 Payee address; City; State; Zip Code 1850 Handley Fort Worth, Texas 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date April 28, 2011	Payee name Ad Tex Advertising
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Amount (\$) 480.00	Payee address; City; State; Zip Code 3800 Link meadow Abil, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date April 29, 2011	Payee name Janice Shannon
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Amount (\$) 144.00	Payee address; City; State; Zip Code 6901 Windward way Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank/Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date April 29, 2011	Payee name Mary Davidson
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Amount (\$) 220.00	Payee address; City; State; Zip Code 6901 Windward way Forest Hill, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank/Contract Labor	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9/10</b>		2 FILER NAME <b>Franklin (Frank) D. Moss, Sr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>April 29, 2011</b>		5 Payee name <b>Carthrenta Harris</b>			
6 Amount (\$) <b>171.00</b>		7 Payee address; City; State; Zip Code <b>3950 Garrison Ave. Fort Worth, Texas 76119</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Phone Bank/contract labor</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>April 29, 2011</b>		Payee name <b>Kathryn Kellough</b>			
Amount (\$) <b>180.00</b>		Payee address; City; State; Zip Code <b>10277 Rancho Diego Lane Crowley, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Phone Bank/contract labor</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>April 30, 2011</b>		Payee name <b>Franklin D. Moss, Jr.</b>			
Amount (\$) <b>250.00</b>		Payee address; City; State; Zip Code <b>2333 Jensen Circle Fort Worth, Texas 76112</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract labor</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>May 2, 2011</b>		Payee name <b>Campaign Systems, Inc.</b>			
Amount (\$) <b>526.61</b>		Payee address; City; State; Zip Code <b>300 Swell Ct Irving, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Mailing Labels &amp; Phone List</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16/10</b>		2 FILER NAME <b>Franklin (Frank) D. Moss, Sr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>April 28, 2011</b>		5 Payee name <b>AT&amp;T</b>			
6 Amount (\$) <b>525.97</b>		7 Payee address; City; State; Zip Code <b>PO Box 5093 Carol stream, IL 60197-5093</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Phone Bank Line Cost.</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>May 4, 2011</b>		Payee name <b>Saml's Club</b>			
Amount (\$) <b>81.50</b>		Payee address; City; State; Zip Code <b>8350 Anderson Fort Worth, Texas 76120</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Supplies for Company workers</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>April 14, 2011</b>		Payee name <b>Mary Davidson</b>			
Amount (\$) <b>220.00</b>		Payee address; City; State; Zip Code <b>6901 Windward Way Forest Hill, Texas</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Phone Bank/Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY 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 EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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