

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECEIVED
JAN 15 2009
CITY SECRETARY

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	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
Mr. Franklin		Date Received	
Frank MOSS Sr.		OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX	
Date Hand-delivered or Date Postmarked			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE	Receipt #	Amount
5625 Eisenhower Dr. Fort Worth, Texas 76112		Date Processed	
Change of Address <input type="checkbox"/>		Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(817) 446-8101			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
Mr. Edmond			
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
07 / 01 / 2008 THROUGH 12 / 31 / 2008			
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		-	
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		
<input type="checkbox"/> additional pages			

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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,293.29
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,955.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 847.78
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,464.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,024.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 759.69

19 AFFIDAVIT

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

Franklin D. Moss
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin D. Moss, this the 15th day of January, 2009, 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:

1/9

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date
July
7
2008

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

Michael Ellis

6 Contributor address; City; State; Zip Code

6304 Cupertino Trace
Dallas, Texas 75252-2389

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
OCT
16
2008

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

Emmett Lee

Contributor address; City; State; Zip Code

5700 Ellington Dr.
Fort Worth, Texas 76112

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
OCT
14
2008

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

Scott Lee Miller

Contributor address; City; State; Zip Code

512 N. Bailey
Fort Worth, Texas 76107

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
OCT
16
2008

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

Reed Pigman, Jr.

Contributor address; City; State; Zip Code

200 Texas Way
Fort Worth, Texas 76106

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
OCT
16
2008

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

G. Malcolm Louder

Contributor address; City; State; Zip Code

500 W. 7th St Suite No. 275+ 1007
Fort Worth, Texas 76102-4773

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORMAS 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: <i>2/9</i>	
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>OCT 16 2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Perdue, Brackett, Flores, Witt & Burns</i> 6 Contributor address; City; State; Zip Code <i>307 West 7th St. Suite # 1225 Fort Worth, Texas 76102-5110</i>	7 Amount of contribution (\$) <i>1000.00</i>	8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date <i>OCT. 16 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>R. Denny Alexander</i> Contributor address; City; State; Zip Code <i>4200 S. Hulen St. Suite 617 Fort Worth, Texas 76109-4911</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>OCT. 17 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sam Brouse</i> Contributor address; City; State; Zip Code <i>301 Commerce, Suite 2040 Fort Worth, Texas 76102</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>OCT 17 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fort Worth Firefighters Committee</i> Contributor address; City; State; Zip Code <i>417 N. Reta St. Fort Worth, Texas 76111</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>OCT. 17 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rev. Nehemiah Davis</i> Contributor address; City; State; Zip Code <i>2300 Timberline Dr. Fort Worth, Texas 76119</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>3/9</i>	
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>OCT 17 2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William W. Meadows</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3904 Hamilton Ave. Fort Worth, Texas 76107</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date <i>OCT 17 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gary W. Terry</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>117 Shady Lake Ct. Fort Worth, Texas 76054</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>OCT 17 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John V. Roach, II</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2805 Alton Rd. Fort Worth, Texas 76109</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>OCT 18 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Judy G. Needham</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5328 Collinwood Ave. Fort Worth, Texas 76107</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>OCT 18 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>R. E. Balen</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4213 Caradewind Ln. Fort Worth, Texas 76107</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>4/9</i>	
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>OCT 20 2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mr. + Mrs. J. Mitchell Craddock</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4904 Dexter Fort Worth, Texas 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>OCT 20 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mac Churchill</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3125 N. E. Loop 820 Fort Worth, Texas 76137-2469</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>OCT 21 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Philip + Anne Moroneso</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>306 W 7th Street, Suite 888 Fort Worth, Texas 76102-4912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>OCT 22 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Luke Ellis</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Main Street Fort Worth, Texas 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>OCT 22 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dalani Maswandi</i>	Amount of contribution (\$) <i>60.00</i> 100.00	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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5/9	
2 FILER NAME Franklin (Frank) Moss, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date OCT 22 2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) E. K. Hicks	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 19165 Fort Worth, Texas 76119		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date OCT 22 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason G. N. Smith	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2257 College Ave. Fort Worth, Texas 76110-1939		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date OCT 22 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James N. Austin, Jr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2017 Teakwood Trce. Fort Worth, Texas 76112-5430		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date OCT 22 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joel C. Burns	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2420 S. Adams Fort Worth, Texas 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date OCT 22 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elvin E. Bennett	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 51320 Fort Worth, Texas 76105		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>6/9</i>	
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>OCT 22 2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Freeze and Nicholes PAC</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4055 International Plaza, Ste. 200 Fort Worth, Texas 76109</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <i>OCT 22 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Thomas L. Krampitz</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3420 Potomac Ave. Dallas, Texas 75205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>OCT 22 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jackie D. Bewley</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2200 S. Riverside Dr. Fort Worth, Texas 76104</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>OCT 22 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lineberger, Goggar, Blair + Simpson</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, Texas 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>OCT 25 2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carter Burdett</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>801 Cherry St., Ste. 2100 Fort Worth, Texas 76102-6803</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7/9

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date
OCT
25
2008

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

FT. Wth. Retired Firefighters + Widows

6 Contributor address; City; State; Zip Code

1617 Tierney Rd.
FORT WORTH, TEXAS 76112

7 Amount of contribution (\$)

1,000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

OCT
31
2008

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

James Bradshaw, Sr.

Contributor address; City; State; Zip Code

P.O. Box 100338
FORT WORTH, TEXAS 76185

Amount of contribution (\$)

250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

OCT
31
2008

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

MIKE MONCRIEF

Contributor address; City; State; Zip Code

777 Taylor St., Suite 1030
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

OCT
31
2008

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

H.R. Perot, Jr.

Contributor address; City; State; Zip Code

P.O. Box 269014
PLANO, TEXAS 75026-9014

Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

OCT
31
2008

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

Linda Paulik

Contributor address; City; State; Zip Code

6115 Camp Bowie
FORT WORTH, TEXAS 76116

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8/9	
2 FILER NAME Franklin (Frank) Moss, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date NOV 1 2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mehrdad Moayed 6 Contributor address; City; State; Zip Code 3901 Airport Freeway, Suite 200 Bedford, Texas 76021	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date NOV 1 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross B. Galhour Contributor address; City; State; Zip Code 3709 Santiago Ct. Irving, Texas 75062	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date NOV 5 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha U. Leonard Contributor address; City; State; Zip Code 1411 Shady Oaks Lane Fort Worth, Texas 76107	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date NOV 5 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendy Davis Contributor address; City; State; Zip Code 2737 Galder Ct. Fort Worth, Texas 76107	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date NOV 10 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Devoyd Jennings Contributor address; City; State; Zip Code 4551 Packwood Dr. Fort Worth, Texas 76140	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>9/9</i>	
2 FILER NAME <i>FRANKLIN (Frank) MOSS, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>OCT 18 2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Randall Gideon</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3812 Monticello Fort Worth, Texas 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <i>10/22/2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bennie Vinson</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4401 Foxfire way Fort Worth, Texas 76133</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1/1

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

Franklin D. Moss

9 Loan Amount (\$)

50.00

6 Is lender a financial Institution?

Y

N

8 Lender address; City; State; Zip Code

5625 Eisenhower DR.
FORT WORTH, TEXAS 76112

10 Interest rate

0

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

Real Estate Broker

13 Employer (See Instructions)

MOSS RED GROUP

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

NA

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

NA

19 Principal Occupation

NA

20 Employer

NA

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>1/6</i>
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/8/2008</i>	5 Payee name <i>STOP SIX Heritage Center</i> 6 Payee address; City; State; Zip Code <i>5100 Willie Street FORT WORTH, TEXAS 76105</i>	7 Amount (\$) <i>100.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>DONATION</i> (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 <i>7/12/2008</i>	Payee name <i>Walmart</i> Payee address; City; State; Zip Code <i>Meadowbrook Dr FORT WORTH, TEXAS 76112</i>	Amount (\$) <i>53.95</i>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/12/2008</i>	Payee name <i>Ebenezer Missionary Baptist Church</i> Payee address; City; State; Zip Code <i>1901 Amanda St. FORT WORTH, TEXAS 76105</i>	Amount (\$) <i>50.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Ad</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/24/2008</i>	Payee name <i>Bank of America</i> Payee address; City; State; Zip Code <i>5661 E. Lancaster FORT WORTH, TEXAS</i>	Amount (\$) <i>100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>TRAVEL ADVANCE</i> (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: <i>2/6</i>
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/14/2008</i>	5 Payee name <i>Lennys Sub Shop</i> 6 Payee address; City; State; Zip Code <i>2058 W. Berry St. Fort Worth, Texas 76109</i>	7 Amount (\$) <i>59.11</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Lunch for Pull EM up meeting</i> (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 <i>8/18/2008</i>	Payee name <i>OT 861</i> Payee address; City; State; Zip Code <i>Temple, Texas</i>	Amount (\$) <i>52.36</i>
Purpose of payment (See instructions regarding type of information required.) <i>GAS purchase</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/21/2008</i>	Payee name <i>Bank of America</i> Payee address; City; State; Zip Code <i>5661 E Lancaster Fort Worth, Texas</i>	Amount (\$) <i>260.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Travel Advance</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>10/30/2008</i>	Payee name <i>Bank of America</i> Payee address; City; State; Zip Code <i>5661 E. Lancaster Fort Worth, Texas 76112</i>	Amount (\$) <i>100.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Travel Advance TML meeting in Austin</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3/6

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/2008

5 Payee name

Fort Worth Tarrant County NAACP

6 Payee address; City; State; Zip Code

1063 EVANS AVE.
FORT WORTH, TEXAS 76104

7 Amount (\$)

90.00

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

Banquet Tickets

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Fort Worth Tarrant County NAACP

Payee address; City; State; Zip Code

1063 EVANS AVE.
FORT WORTH, TEXAS 76104

Amount (\$)

400.00

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

Banquet Tickets

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Michelle Reynolds

Payee address; City; State; Zip Code

1700 Windstar Way
FORT WORTH, TEXAS 76108

Amount (\$)

175.68

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

Reimbursement of Pull Em Up Campaign Printing Expense for handout cards

(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

Ambassadors of Fort Worth

Payee address; City; State; Zip Code

P.O. Box 3535
FORT WORTH, TEXAS

Amount (\$)

130.00

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

Ad.

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>4/6</i>
2 FILER NAME <i>Franklin (Frank) Moss, Jr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/3/2008</i>	5 Payee name <i>Enterprise Rent A Car</i> 6 Payee address; City; State; Zip Code <i>1418 Milam St. Fort Worth, Texas 76112</i>	7 Amount (\$) <i>146.22</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Rent A Car for TML Committee meeting in San Antonio, Texas (If travel outside of Texas, complete Schedule T)</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>12/4/2008</i>	Payee name <i>Open Channel</i> Payee address; City; State; Zip Code <i>P.O. Box 12431 Fort Worth, Texas 76110</i>	Amount (\$) <i>1,507.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Fund Raiser</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11/8/2008</i>	Payee name <i>Bank of America</i> Payee address; City; State; Zip Code <i>5661 E. Lancaster Fort Worth, Texas 76112</i>	Amount (\$) <i>153.69</i>
Purpose of payment (See instructions regarding type of information required.) <i>Travel Advance</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11/5/2008</i>	Payee name <i>Franklin D. Moss, Sr.</i> Payee address; City; State; Zip Code <i>5625 Eisenhower Dr. Fort Worth, Texas 76112</i>	Amount (\$) <i>135.31</i>
Purpose of payment (See instructions regarding type of information required.) <i>Repayment of loan to campaign</i> (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:
5/6

2 FILER NAME

FRANKLIN (Frank) MOSS, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/10/2008

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code

1500 East Chase Pkwy
FORT WORTH, TEXAS 76120

7 Amount (\$)

123.38

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

General 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

11/24/2008

Payee name

Bank of America

Payee address; City; State; Zip Code

5661 E Lancaster
FORT WORTH, TEXAS 76112

Amount (\$)

260.00

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

Travel Advance

(If travel outside of Texas, complete Schedule T)

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

Date

10/22/2008

Payee name

Franklin D. Moss, Sr.

Payee address; City; State; Zip Code

5625 Eisenhower Dr.
FORT WORTH, TEXAS 76112

Amount (\$)

130.00

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

Repayment of loan to Campaign

(If travel outside of Texas, complete Schedule T)

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

Date

12/11/2008

Payee name

Franklin D. Moss, Sr.

Payee address; City; State; Zip Code

5625 Eisenhower Dr
FORT WORTH, TEXAS 76112

Amount (\$)

175.00

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

Repayment of loan to Campaign

(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: <i>6/6</i>
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/19/2008</i>	5 Payee name <i>Hispanic Chamber of Commerce</i>	7 Amount (\$) <i>100.00</i>
6 Payee address; City; State; Zip Code <i>1327 N. Main Street FORT WORTH, TEXAS 76</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>DONATION to JOE P. RENNERT</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>12/11/2008</i>	Payee name <i>Sam's Club</i>	Amount (\$) <i>59.85</i>
Payee address; City; State; Zip Code <i>Anderson Blvd FORT WORTH, TEXAS 76120</i>		
Purpose of payment (See instructions regarding type of information required.) <i>General Supplies for Campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>12/23/2008</i>	Payee name <i>CVS Pharmacy</i>	Amount (\$) <i>54.95</i>
Payee address; City; State; Zip Code <i>6548 meadowbrook DR. FORT WORTH, TEXAS 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Gift to Aid for Christmas</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>11/14/2008</i>	Payee name <i>Franklin D. Moss</i>	Amount (\$) <i>200.00</i>
Payee address; City; State; Zip Code <i>5625 Eisenhower DR FORT WORTH, TEXAS 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Travel Advance</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

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