

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:

9

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 Mr. Franklin Douglas
 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 Court, Fort Worth, Texas 76112

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (817) 914-4638

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 THROUGH Month Day Year
 07/01/2010 THROUGH 12/31/2010

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special

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

13 OFFICE SOUGHT (if known)
 NA

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: NA
 Address / PO Box / Apt / Suite # / City / State / Zip Code: NA

OFFICE USE ONLY

Date Received: 34507600115
 RECEIVED
 JAN 18 2011
 Date Hand-Delivered or Date Registered: CITY SECRETARY
 Receipt # 562540601
 Date Processed:
 Date Imaged:

OFFICIAL RECORD
 CITY SECRETARY
 FORT WORTH, TEX

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)

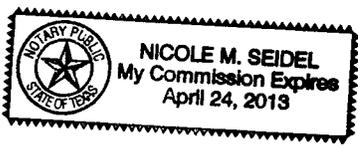
additional pages

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,112.49
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,266.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,232.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT



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

Franklin Moss
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin Moss this the 18th day of January 20 11 to certify which, witness my hand and seal of office.

Nicole M. Seidel
Signature of officer administering oath

Nicole M Seidel
Printed name of officer administering oath

Asst. to the City Secretary
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:

1/1

2 FILER NAME

FRANKLIN (Frank) MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/27/2010

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

FORT WORTH FIRE FIGHTERS COMMITTEE

6 Contributor address: City: State: Zip Code

417 N BETTA
FORT WORTH, TEXAS 76111

7 Amount of contribution (\$)

5,000.00

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

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)

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 for additional reporting requirements

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1/6

2 FILER NAME

Franklin (Frank) Moss

3 ACCOUNT # (Ethics Commission filer)

4 Date

5 Payee name

7

Amount (\$)

7/25/2010

Fort Worth Association of RealTISTS

6 Payee address: City: State: Zip Code

PO BOX 15573

Fort Worth, Texas 76119

200.00

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

membership

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

7/19/2010

Sam's Club

Payee address: City: State: Zip Code

8351 Anderson Blvd

Fort Worth, Texas 76120

146.47

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

Meeting 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

Amount (\$)

7/27/2010

Michelle Reynolds

Payee address: City: State: Zip Code

1700 Windstar way

Fort Worth, Texas 76108

121.37

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

meeting 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

Amount (\$)

8/11/2010

Umaja

Payee address: City: State: Zip Code

Fort Worth, Texas

100.00

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

Donation - Back to school Supplies

(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

2/6

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/15/2010

5 Payee name

Jeremy Craney

7 Amount (\$)

65.00

6 Payee address: City: State: Zip Code

FORT WORTH, TEXAS

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

Computer Consulting Service
(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

8/2/2010

Payee name

Bank America

Amount (\$)

60.00

Payee address: City: State: Zip Code

5621 East Lancaster
Fort Worth, Texas 76112

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

8/11/2010

Payee name

Bank America

Amount (\$)

100.00

Payee address: City: State: Zip Code

5621 East Lancaster
Fort Worth, Texas 76112

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

8/16/2010

Payee name

Lausky at the Peabody

Amount (\$)

65.00

Payee address: City: State: Zip Code

Memphis Tennessee

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

General Supplies
(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 files)

4 Date

5 Payee name

7 Amount (\$)

8/31/2010

Enterprise Rent a Car

6 Payee address: City: State: Zip Code

1418 Milan

Fort Worth, Texas 76112

119.46

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

AUTO RENTAL FOR TABCCM MEETING

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

9/3/2010

Roseland McDonald

Payee address: City: State: Zip Code

2828 Major St.

Fort Worth, Texas 76112

300.00

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

CONSULTANT SERVICES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

9/7/2010

Sam's Club

Payee address: City: State: Zip Code

8351 Anderson Blvd.

Fort Worth, Texas 76120

117.20

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

MEETING 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

Amount (\$)

9/12/2010

Bank America

Payee address: City: State: Zip Code

5621 East Lancaster

Fort Worth, Texas 76112

340.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4/6

2 FILER NAME

Franklin (Frank) MOSS, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/20/2010

Arlington Branch NAACP

6 Payee address: City: State: Zip Code

P.O. Box 173746

Arlington, Texas 76003

50.00

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

Banquet Ticket

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

10/7/2010

Franklin (Frank) Moss, Sr.

Payee address: City: State: Zip Code

5625 Eisenhower Dr.

Fort Worth, Texas 76112

100.00

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

~~Ad Sponsorship Annual Festival~~
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

Payee name

Amount (\$)

10/12/2010

Texas Association of Black City Council Members

Payee address: City: State: Zip Code

1821 Rutherford Lane, Suite 400

Austin, Texas 78754

250.00

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

Sponsorship - Golf Tournament

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

10/25/2010

Bank Americo

Payee address: City: State: Zip Code

5651 East Lancaster

Fort Worth, Texas 76112

300.00

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

Travel Advance to Corpus Christi and Austin

(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 filer)

4 Date

5 Payee name

7 Amount (\$)

10/7/2010

HISTORIC Handley Development

6 Payee address: City: State: Zip Code

3128 Handley Drive
Fort Worth, Texas 76112

100.00

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

Ad + sponsorship Handley Festival
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

11/1/2010

Dunbar 6th Grade Center

Payee address: City: State: Zip Code

5100 Willie Street
Fort Worth, Texas 76105

50.00

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

Date

Payee name

Amount (\$)

11/3/2010

FORT WORTH TARRANT COUNTY BRANCH NAACP

Payee address: City: State: Zip Code

1063 Evans Ave
Fort Worth, Texas 76104

200.00

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

Amount (\$)

11/12/2010

Gwen Hicks Art Gallery

Payee address: City: State: Zip Code

5911 East Rose Dale
Fort Worth, Texas 76112

60.00

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

Art work for Council office

(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

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1 Total pages Schedule F:

6/6

2 FILER NAME

Franklin (Frank) Moss, Sr.

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

11/27/2010

Ambassadors of Fort Worth

6 Payee address: City: State: Zip Code

Fort Worth, Texas

85.00

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

Ad

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/1/2010

Bank America

Payee address: City: State: Zip Code

5621 East Rosedale
Fort Worth, Texas 76112

100.00

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

Payee name

Amount (\$)

11/1/2010

American Airlines

Payee address: City: State: Zip Code

DFW Airport

50.00

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

Change flight fee

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/12/2010

EAST FORT WORTH BUSINESS ASSOCIATION

Payee address: City: State: Zip Code

PO Box 8861
Fort Worth, Texas 76124

75.00

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

membership

(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