

OFFICIAL RECORD
CITY SECRETARY
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:
8

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

OFFICE USE ONLY

Date Received

RECEIVED

Date Hand-d... for 2011 Postmarked
JAN 17 2012
 CITY SECRETARY

Receipt # Amount

Date Processed

Date Imaged

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) 429 9071

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

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 THROUGH Month Day Year
 7 / 1 / 2011 THROUGH 12 / 31 / 2011

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

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

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.
 Name
 Address / PO Box; Apt. / Suite #: City; State; Zip Code
 additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

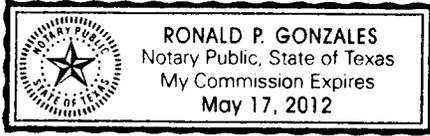
15 C/OH NAME <i>Franklin (Frank) Moss</i>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 480.03
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,114.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,276.22
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 D. Moss, this the 17th day of January, 20 12, 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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1/1/1

2 FILER NAME

Franklin (Frank) Moss

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

8-1-2011

6 Full name of pledgor out-of-state PAC (ID#: _____)

Kay Granger

7 Pledgor address; City; State; Zip Code

1701 River Run, Suite 207
Fort Worth, Texas

8 Amount of pledge (\$)

200.00

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind 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 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: 1/3	2 FILER NAME Franklin (Frank) MOSS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-15-2011	5 Payee name Franklin MOSS
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 5625 Eisenhower Fort Worth, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel Advance	(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 7-25-2011	Payee name Fort Worth Tarrant County NAACP
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Amount (\$) 500.00	Payee address; City; State; Zip Code 1063 Evans Ave Fort Worth, Texas 76104
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banquet Tickets	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 8-25-2011	Payee name Center for Stop Six Heritage
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Amount (\$) 300.00	Payee address; City; State; Zip Code 5100 Willie Street Fort Worth, Texas 76104
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	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 8-4-2011	Payee name Franklin MOSS
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Amount (\$) 140.00	Payee address; City; State; Zip Code 5625 Eisenhower Fort Worth, Texas 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Advance	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.

1 Total pages Schedule F: 2/5	2 FILER NAME Franklin (Frank) Moss	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-10-2011	5 Payee name Raceway
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6 Amount (\$) 53.03	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel out of District	(b) Description (If travel outside of Texas, complete Schedule T) GAS Purchas
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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	Payee name Franklin Moss
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Amount (\$) 300.00	Payee address; City; State; Zip Code 5625 Eisenhower Dr. Fort Worth, Texas 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel out of District	Description (If travel outside of Texas, complete Schedule T) Travel Advance
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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 8-11-2011	Payee name Bank of America
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Amount (\$) 100.00	Payee address; City; State; Zip Code E. Lancaster Fort Worth, Texas 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel out of town	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 9-12-2011	Payee name Franklin Moss
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Amount (\$) 100.00	Payee address; City; State; Zip Code 5625 Eisenhower Dr. Fort Worth, Texas 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel out of District	Description (If travel outside of Texas, complete Schedule T) Travel Advance
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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.

1 Total pages Schedule F: <i>3/5</i>	2 FILER NAME <i>Franklin Moss</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-5-2011</i>	5 Payee name <i>Historic Handley Development Corp.</i>
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6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 8189 Fort Worth, Texas 76124</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Ad</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-5-2011</i>	Payee name <i>TABCCM</i>
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Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>1821 Rutherford Lane, Suite 400 Austin, Texas 78754</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>sponsorship</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-7-2011</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>108.23</i>	Payee address; City; State; Zip Code <i>1600 Eastchase Fort Worth, Texas 76120</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Supplies</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-10-2011</i>	Payee name <i>CUS</i>
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Amount (\$) <i>57.32</i>	Payee address; City; State; Zip Code <i>6548 meadowbrook Fort Worth, Texas 76112</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Gift Card</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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: <i>4/4</i>	2 FILER NAME <i>Franklin (Frank) MOSS</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-25-2011</i>	5 Payee name <i>Gordon Boswell</i>
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6 Amount (\$) <i>64.90</i>	7 Payee address; City; State; Zip Code <i>1220 Pennsylvania Ave Fort Worth, Texas 76104</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Flowers</i>	(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 <i>12-17-2011</i>	Payee name <i>Prince Hall Grand Lodge of Texas</i>
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Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>3433 Martin Luther King Freeway Fort Worth, Texas 76119</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Toy Give Away</i>
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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 <i>12-21-2011</i>	Payee name <i>CUS</i>
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Amount (\$) <i>54.95</i>	Payee address; City; State; Zip Code <i>6548 meadowbrook Dr Fort Worth, Texas 76112</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <i>Gift Card</i>
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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 <i>12-30-2011</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>59.53</i>	Payee address; City; State; Zip Code <i>1600 Eastchase Fort Worth, Texas 76120</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Supplies</i>	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.

1 Total pages Schedule F: <i>5/5</i>	2 FILER NAME <i>Franklin (Frank) Moss</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9-29-2011</i>	5 Payee name <i>Franklin D. Moss</i>
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6 Amount (\$) <i>140.00</i>	7 Payee address; City; State; Zip Code <i>5625 Eisenhower Dr. Fort Worth, Texas 76112</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>out of town travel</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Travel Advance</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-4-2011</i>	Payee name <i>Texaco</i>
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Amount (\$) <i>51.78</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Out of town travel</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gas Purchase</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8- - 2011</i>	Payee name <i>Paul Quinn College</i>
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Amount (\$) <i>105.00</i>	Payee address; City; State; Zip Code <i>3837 Simpson Stuart Road Dallas, Texas 75241</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>meeting expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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