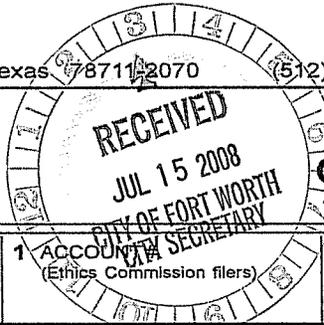


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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



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

1 ACCOUNTS SECRETARY (Ethics Commission filers)

2 Total pages filed:

8

3 CANDIDATE / OFFICEHOLDER NAME

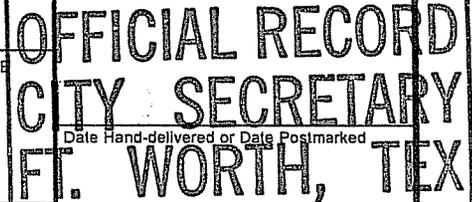
MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Mr. Franklin D

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
5625 Eisenhower Dr.  
Fort Worth, Texas 76112



Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 446-8101

Receipt # Amount

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Mr. Edmond L.  
Ed. MOSS

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
5625 Eisenhower Dr., 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 THROUGH Month Day Year  
1 / 1 / 2008 THROUGH 06 / 30 / 2008

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)  
City Council District 5

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 Franklin (Frank) Moss, Sr. 16 ACCOUNT # (Ethics Commission Filers)

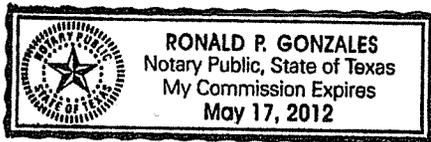
17 NOTICE FROM POLITICAL COMMITTEE(S)

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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,825.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,200.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,908.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,343.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,150.00

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 15 day of July, 2008, 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

<b>LOANS</b>		<b>SCHEDULE E</b>	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center; font-size: 1.5em;">1</p>	
2 FILER NAME <p style="font-size: 1.2em;">Franklin (Frank) Moss, Sr.</p>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$ —
5 Date of loan <p style="font-size: 1.2em;">5/15/2008</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">FRANKLIN MOSS</p>	9 Loan Amount (\$) <p style="font-size: 1.2em;">150.00</p>	
6 Is lender a financial Institution? <p style="font-size: 1.2em;">Y   <input checked="" type="radio"/> N</p>	8 Lender address;   City;   State;   Zip Code <p style="font-size: 1.2em;">5625 Eisenhower DR. FORT WORTH, TEXAS 76112</p>		10 Interest rate <p style="font-size: 1.2em;">0</p>
			11 Maturity date <p style="font-size: 1.2em;">NA</p>
12 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">REAL ESTATE BROKER.</p>		13 Employer (See Instructions) <p style="font-size: 1.2em;">MOSS RED GROUP</p>	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  ..... 17 Guarantor address;   City;   State;   Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial Institution? <p style="font-size: 1.2em;">Y   N</p>	Lender address;   City;   State;   Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1/1</i>	
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/3/2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fort Worth Retired Firefighters &amp; Widows Committee For Responsible Government</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7029 Treehaven Road Fort Worth, Texas 76116</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/11/2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perdue, Brackett, Flores, Witt &amp; Burns</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>307 West 7th Street # 1223 Fort Worth, Texas 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marti Moore</i>	Amount of contribution (\$) <i>325.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1162 Fort Worth, Texas 76110</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)	

**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: <p style="text-align: center;">1</p>
2 FILER NAME <p style="font-size: 1.2em;">Franklin (Frank) Moss, Sr.</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p style="font-size: 1.2em;">2/11/2008</p>	5 Payee name <p style="font-size: 1.2em;">U.S. Postmaster</p>	7 Amount (\$) <p style="font-size: 1.2em;">175.00</p>
6 Payee address; City; State; Zip Code <p style="font-size: 1.2em;">Mecham Post Office Fort Worth, Texas</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em;">Postage</p> <p style="font-size: 0.8em;">(If travel outside of Texas, complete Schedule T)</p>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p style="font-size: 1.2em;">2/11/2008</p>	Payee name <p style="font-size: 1.2em;">U.M.O.A.</p>	Amount (\$) <p style="font-size: 1.2em;">200.00</p>
Payee address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 19090 Fort Worth, Texas 76119</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em;">Donation to Pull'em up Program</p> <p style="font-size: 0.8em;">(If travel outside of Texas, complete Schedule T)</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p style="font-size: 1.2em;">2/13/2008</p>	Payee name <p style="font-size: 1.2em;">Armstrong A.M.E. Church</p>	Amount (\$) <p style="font-size: 1.2em;">70.00</p>
Payee address; City; State; Zip Code <p style="font-size: 1.2em;">401 W. N. Street Arlington, Texas 76011</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em;">Banquet tickets</p> <p style="font-size: 0.8em;">(If travel outside of Texas, complete Schedule T)</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name <p style="font-size: 1.2em;">S.E.A.R.C.H.</p>	Amount (\$) <p style="font-size: 1.2em;">100.00</p>
Payee address; City; State; Zip Code <p style="font-size: 1.2em;">3301 E. Rosedale Fort Worth, Texas 76105</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em;">Donation</p> <p style="font-size: 0.8em;">(If travel outside of Texas, complete Schedule T)</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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: <i>2</i>
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/18/2008</i>	5 Payee name <i>Ebenezer Missionary Baptist Church</i>	7 Amount (\$) <i>100.00</i>
6 Payee address; City; State; Zip Code <i>1901 Amanda Street Fort Worth, Texas 76105</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Ad</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>2/29/2008</i>	Payee name <i>Kwik Kopy</i>	Amount (\$) <i>134.58</i>
Payee address; City; State; Zip Code <i>1850 Handley Dr. Fort Worth, Texas 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Printing</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>2/24/2008</i>	Payee name <i>Sam's Club</i>	Amount (\$) <i>66.00</i>
Payee address; City; State; Zip Code <i>8351 Anderson Blvd. Fort Worth, Texas 76120</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Supplies for Reception</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>2/19/2008</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>82.67</i>
Payee address; City; State; Zip Code <i>1600 Eastchase Rwy Fort Worth, Texas 76120</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Office Supplies</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

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: <b>3/</b>
2 FILER NAME <b>Franklin (Frank) Moss, Sr.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/5/2008</b>	5 Payee name <b>Fort Worth Public Library</b> 6 Payee address; City; State; Zip Code <b>500 WEST 3rd Street Fort Worth, Texas 76102</b>	7 Amount (\$) <b>300.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Sponsorship of a museum Exhibit Prince Hall Grand Lodge (If travel outside of Texas, complete Schedule T)</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3/18/2008</b>	Payee name <b>Kwik Kopy</b> Payee address; City; State; Zip Code <b>1850 Handley Dr. Fort Worth, Texas 76112</b>	Amount (\$) <b>71.84</b>
Purpose of payment (See instructions regarding type of information required.) <b>Printing</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3/18/2008</b>	Payee name <b>U.S. Postmaster</b> Payee address; City; State; Zip Code <b>B. Rosedale Fort Worth, Texas 76105</b>	Amount (\$) <b>82.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Postage</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3/6/2008</b>	Payee name <b>Sam's Club</b> Payee address; City; State; Zip Code <b>8351 Anderson Blvd. Fort Worth, Texas 76120</b>	Amount (\$) <b>122.73</b>
Purpose of payment (See instructions regarding type of information required.) <b>Reception Supplies</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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: <b>4</b>
2 FILER NAME <b>FRANKLIN (Frank) MOSS, SR.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/10/2008</b>	5 Payee name <b>Bank of America</b> 6 Payee address; City; State; Zip Code <b>E. Lancaster, Fort Worth, Texas 76112</b>	7 Amount (\$) <b>150.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Travel Advance</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>3/24/2008</b>	Payee name <b>Santitas Club</b> Payee address; City; State; Zip Code <b>8351 Anderson Blvd. Fort Worth, Texas 76120</b>	Amount (\$) <b>80.29</b>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/17/2008</b>	Payee name <b>Office Depot</b> Payee address; City; State; Zip Code <b>1600 East Chase Pkwy Fort Worth, Texas 76120</b>	Amount (\$) <b>93.53</b>
Purpose of payment (See instructions regarding type of information required.) <b>Office Supplies and Printer Cartridges!</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>1/23/2008 1/31/2008</b>	Payee name <b>Fry's Electronics</b> Payee address; City; State; Zip Code <b>102 East I 20 Arlington, Texas 76018</b>	Amount (\$) <b>&lt; 125.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Refund of purchase of computer equipment</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED